

# Uni-Care Agent Application Form

## Organisation details

Name of organisation:

Organisations website address:

Address line 1:

Address line 2:

Address line 3:

Address line 4:

Education institutes in New Zealand you're affiliated with:

Number of applications expected each year:

## Certificate of insurance recipient

Certificates of insurance are sent via email from our system.  
Do you want certificates to be sent to you, your client or both?

- You  
 Your client  
 Both

## User details

Please provide the details of your organisations contacts and any other persons who require access to our administration tools:

Role	Name	Email Address	Contact Phone	Does this person need a login to our self-service portal?
Primary contact				<input type="radio"/> Yes <input type="radio"/> No
Accounts (If different from above)				<input type="radio"/> Yes <input type="radio"/> No
Other				<input type="radio"/> Yes <input type="radio"/> No

## Premium refunds

If payments are made to Uni-Care by credit card, we will process a refund to the original card number unless otherwise instructed.

For non-credit card refunds, please provide us with a New Zealand Bank Account Number.

Account Number:   -     -       -     **Please note: Do not enter credit card details.**

Bank            Branch            Account Number            Suffix