



OSHC REQUEST FORM

Griffith Student number:	Family Name:	C	Contact number:		
	First name:	E	Email:		
	Other names:				
_					
UPGRADE/EXTEND VIS	SA LENGTH COVER	VISA EXPI	IRY DATE: / /		
To request Visa Length Health Co An OSHC Allianz Care Australia rep times that the Allianz Care Australia move-to-australia/health-insurance	representatives are available, check OSH	mplete the following i number of months and			
Current Overseas Student	Health Cover details:				
Policy number:	Singl	le 🔲 🛛 Dual Far	mily 🔲 Multi-Family 🗖		
Details of Visa Length Cov	er required:				
*Refer to Page 2 for insured groups	Single 🗖	Dual Family 🗖	Multi-Family 🗖		
Start Date: / /	End Date: / / N	Number of months	required:		
Premium \$	Please pay the premium	amount via your studer	nt account so cover can be provided.		
	ISA LENGTH COVER				
Student Health Cover fee.			ou may be exempt from this ongoing Overseas		
You must provide documentary e	vidence including your policy certificate	e / policy documents	or your alternate visa with this form.		
□ I have engaged Health	Cover with another OSHC provi	der. (Please attach	n policy from other provider)		
Name of Alternative Provider:	Start Date:				
Level of Cover:	End Date:				
□ I am no longer a holder o	of a student visa. (Please attach	a copy of your cur	rent alternate visa.)		
STUDENT DECLARATION					
I certify that the above information is Signature:	s correct and that all necessary documenta	tion will be attached. Date:	1 1		

LODGING INSTRUCTIONS

Please submit this form to the International Office via intl-oshc@griffith.edu.au or via <u>Ask Us</u> > Ask a question > Subject: OSHC Request Form > Question: OSHC Upgrade / Exemption > Upload your form and supporting documentation > Select a topic - 'International' - 'Overseas Student Health Cover' > Submit

Any additional Visa Length Cover premium will be charged to your student account. Please pay via your student account as soon as you receive your premium charge (<u>https://www.griffith.edu.au/students/enrolment-timetables-fees/paying-your-fees</u>). Your cover will not be scheduled until payment has been made.

Queries in relation to this form can be emailed to intl-oshc@griffith.edu.au.

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OSHC VISA LENGTH COVER RATES 2023

Duration	Single	Dual	Multi	Duration	Single	Dual	Multi
1	67	268	414	37	2,394	8,801	13,660
2	133	535	824	38	2,493	9,125	14,162
3	200	802	1,238	39	2,593	9,449	14,665
4	267	1,069	1,651	40	2,692	9,773	15,168
5	334	1,337	2,064	41	2,792	10,097	15,671
6	400	1,604	2,477	42	2,891	10,421	16,174
7	455	1,829	2,822	43	2,991	10,745	16,676
8	513	2,052	3,168	44	3,090	11,069	17,179
9	568	2,276	3,514	45	3,190	11,393	17,682
10	626	2,500	3,858	46	3,289	11,717	18,185
11	681	2,724	4,204	47	3,389	12,041	18,688
12	738	2,947	4,549	48	3,488	12,365	19,190
13	804	3,182	4,920	49	3,560	12,676	19,660
14	869	3,418	5,292	50	3,633	12,986	20,129
15	935	3,655	5,663	51	3,705	13,297	20,598
16	1,002	3,890	6,035	52	3,778	13,608	21,067
17	1,067	4,128	6,404	53	3,850	13,919	21,536
18	1,133	4,366	6,776	54	3,923	14,230	22,006
19	1,199	4,601	7,147	55	3,995	14,540	22,475
20	1,265	4,838	7,519	56	4,068	14,851	22,944
21	1,331	5,074	7,890	57	4,140	15,162	23,413
22	1,396	5,311	8,261	58	4,212	15,473	23,882
23	1,463	5,546	8,632	59	4,285	15,784	24,352
24	1,528	5,784	8,938	60	4,357	16,094	24,821
25	1,593	6,012	9,289	61	4,448	16,428	25,338
26	1,656	6,240	9,641	62	4,539	16,763	25,855
27	1,720	6,468	9,992	63	4,630	17,096	26,372
28	1,784	6,696	10,344	64	4,721	17,430	26,890
29	1,848	6,924	10,696	65	4,812	17,764	27,407
30	1,911	7,152	11,047	66	4,902	18,098	27,924
31	1,976	7,373	11,399	67	4,993	18,432	28,441
32	2,039	7,594	11,750	68	5,084	18,766	28,958
33	2,103	7,814	12,102	69	5,175	19,099	29,476
34	2,167	8,035	12,454	70	5,266	19,434	29,993
35	2,231	8,256	12,805	71	5,357	19,768	30,510
36	2,294	8,477	13,157	72	5,448	20,101	31,027

Insured groups

Single	Dual family	Multi family
	or	

Your OSHC policy will be arranged with **OSHC Allianz Care Australia** Please visit <u>www.allianzcare.com.au/en</u> for policy details and to order your new OSHC card.