



# OSHC REQUEST FORM

## PERSONAL DETAILS

Griffith Student number:	Family name:	Contact number:
	First name:	
	Other names:	
Email:		

## ☐ UPGRADE/EXTEND VISA LENGTH COVER

VISA EXPIRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Government visa regulations require students to have Visa Length Health Cover when applying for or extending their student visa.

**To request Visa Length Health Cover or to change your policy, please complete the following information.**

An OSHC Allianz Care Australia representative can assist you to calculate the number of months and premium required. For details of the locations and times that the Allianz Care Australia representatives are available, check [OSHC on-campus support](#).

### Current Overseas Student Health Cover details:

Policy number: \_\_\_\_\_ Single ☐ Dual Family ☐ Multi-Family ☐

### Details of Visa Length Cover required:

*\*Refer to page 2 for insured groups*

Single ☐ Dual Family ☐ Multi-Family ☐

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of months required: \_\_\_\_\_

Premium \$ \_\_\_\_\_ Please pay the premium amount via your student account so cover can be provided.

## ☐ EXEMPTION FROM VISA LENGTH COVER

If you have engaged another provider for the length of your visa or are no longer on a student visa, you may be exempt from this ongoing Overseas Student Health Cover fee.

**You must provide documentary evidence including your policy certificate / policy documents or your alternate visa with this form.**

### ☐ I have engaged Health Cover with another OSHC provider. (Please attach policy from other provider)

Name of Alternative Provider: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Level of Cover: \_\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ☐ I am no longer a holder of a student visa. Please attach a copy of your current alternate visa.

## STUDENT DECLARATION

I certify that the above information is correct and that all necessary documentation will be attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## LODGING INSTRUCTIONS

Please submit this form to the International Office via [intl-oshc@griffith.edu.au](mailto:intl-oshc@griffith.edu.au) or via Ask Us.

To submit via [Ask Us](#) select 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. Your cover will not be scheduled until payment has been made.




Questions about this form can be emailed to [intl-oshc@griffith.edu.au](mailto:intl-oshc@griffith.edu.au).

Griffith University collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's [Privacy Plan](#).

# OSHC VISA LENGTH COVER RATES 2025

Duration	Single	Dual	Multi	Duration	Single	Dual	Multi
1	\$74	\$419	\$812	37	\$2,615	\$13,729	\$26,774
2	\$145	\$835	\$1,616	38	\$2,723	\$14,235	\$27,758
3	\$218	\$1,251	\$2,426	39	\$2,832	\$14,741	\$28,743
4	\$292	\$1,668	\$3,235	40	\$2,940	\$15,246	\$29,729
5	\$364	\$2,085	\$4,046	41	\$3,049	\$15,751	\$30,715
6	\$437	\$2,503	\$4,855	42	\$3,157	\$16,257	\$31,702
7	\$497	\$2,854	\$5,531	43	\$3,267	\$16,762	\$32,684
8	\$561	\$3,201	\$6,209	44	\$3,375	\$17,268	\$33,671
9	\$621	\$3,550	\$6,888	45	\$3,484	\$17,774	\$34,657
10	\$684	\$3,900	\$7,561	46	\$3,592	\$18,278	\$35,643
11	\$743	\$4,250	\$8,240	47	\$3,701	\$18,784	\$36,628
12	\$806	\$4,597	\$8,917	48	\$3,809	\$19,289	\$37,612
13	\$878	\$4,963	\$9,643	49	\$3,887	\$19,774	\$38,534
14	\$949	\$5,333	\$10,373	50	\$3,967	\$20,258	\$39,453
15	\$1,021	\$5,702	\$11,099	51	\$4,046	\$20,743	\$40,372
16	\$1,094	\$6,068	\$11,829	52	\$4,125	\$21,229	\$41,292
17	\$1,166	\$6,440	\$12,552	53	\$4,204	\$21,714	\$42,210
18	\$1,237	\$6,811	\$13,280	54	\$4,284	\$22,199	\$43,131
19	\$1,309	\$7,177	\$14,008	55	\$4,363	\$22,682	\$44,051
20	\$1,382	\$7,548	\$14,738	56	\$4,443	\$23,167	\$44,971
21	\$1,453	\$7,916	\$15,464	57	\$4,521	\$23,652	\$45,889
22	\$1,525	\$8,285	\$16,191	58	\$4,599	\$24,138	\$46,809
23	\$1,598	\$8,652	\$16,919	59	\$4,679	\$24,623	\$47,730
24	\$1,668	\$9,023	\$17,518	60	\$4,758	\$25,107	\$48,649
25	\$1,740	\$9,378	\$18,207	61	\$4,857	\$25,628	\$49,662
26	\$1,808	\$9,734	\$18,896	62	\$4,957	\$26,151	\$50,676
27	\$1,878	\$10,091	\$19,585	63	\$5,056	\$26,670	\$51,689
28	\$1,948	\$10,446	\$20,275	64	\$5,156	\$27,191	\$52,704
29	\$2,018	\$10,802	\$20,964	65	\$5,254	\$27,712	\$53,718
30	\$2,086	\$11,157	\$21,652	66	\$5,353	\$28,233	\$54,732
31	\$2,158	\$11,502	\$22,343	67	\$5,453	\$28,753	\$55,744
32	\$2,227	\$11,847	\$23,030	68	\$5,551	\$29,275	\$56,757
33	\$2,296	\$12,190	\$23,720	69	\$5,651	\$29,795	\$57,772
34	\$2,367	\$12,535	\$24,410	70	\$5,751	\$30,317	\$58,786
35	\$2,436	\$12,879	\$25,098	71	\$5,850	\$30,839	\$59,800
36	\$2,505	\$13,224	\$25,788	72	\$5,949	\$31,357	\$60,813

## Insured groups

Single	Dual family		Multi family
		or	

Your OSHC policy will be arranged with **OSHC Allianz Care Australia**  
Please visit [Allianz Care](#) for policy details and to order your new OSHC card.