

This form must be submitted at least 28 days before departure to the La Trobe Abroad Office together with your OEPD Form

**Student Use - Information and application**

This form is used to assess a student's eligibility to obtain university insurance cover. This cover is in accordance with La Trobe University's Corporate Travel Insurance Policy number 93101253 (undergraduate students)/93131586 (postgraduate students) with Chubb Insurance Company of Australia Ltd.

All postgraduate and undergraduate students are covered under the University's travel insurance for an international La Trobe Activity approved by La Trobe. The La Trobe insurance policy has a limit of 365 days for a La Trobe Activity. Insurance cover is provided 10 business days prior to the commencement of each semester and 10 business days following the termination of each semester of a La Trobe Activity.

"**La Trobe Activity**" means one or two semesters to be undertaken by the Student at the host institution abroad as approved by La Trobe.

Key benefits provided include:

- Personal Accident and Sickness
- Unlimited Overseas Medical and Evacuation
- Luggage, Money and Portable Electronic Equipment
- Missed Transport Connection
- Chubb Emergency Response 24/7 +61 2 9929 2216

**You are strongly advised to purchase your own travel and health insurance for any additional days that you are not covered under the La Trobe insurance policy.**

Please ensure to carefully read through the summary of the insurance policy for the key benefits and exclusions through the link below:  
[latrobe.edu.au/insurance/travel](http://latrobe.edu.au/insurance/travel)

No cover applies to destinations advised as "Do not travel" by the Department of Foreign Affairs and Trade. Travel Advisory Levels explained:  
[smartraveller.gov.au/resources/travel-advice-explained.html](http://smartraveller.gov.au/resources/travel-advice-explained.html)

For more information, please see [latrobe.edu.au/insurance/travel](http://latrobe.edu.au/insurance/travel)

La Trobe student number

Full name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Destination Country	City	Host Institution	Program commencement date (including host university orientation and arrival dates)	Travel end date (including end of host university examinations/final assessment dates)
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**Students accepting the University's insurance cover:**

I have read through the travel insurance policy carefully and agree to the terms and conditions of the policy.

I accept the University's travel insurance cover.

Student signature \_\_\_\_\_ Date (dd/mm/yyyy)   /   /

**La Trobe Abroad Use Only**

DFAT advisory rating (Please tick):

Exercise normal safety precautions (Level 1)

Reconsider your need to travel (Level 3)

Exercise a high degree of caution (Level 2)

Do not travel (Level 4)

Comments

Staff name \_\_\_\_\_ Staff position \_\_\_\_\_

Signature/stamp \_\_\_\_\_ Date (dd/mm/yyyy)   /   /

**Disclaimer:** This form provides a summary of the key benefits of La Trobe University's Corporate Travel Policy and is subject to the policy terms, conditions, exclusions, deductibles and sums insured.