

Extension Details

Note: Extensions are available if applied for prior to the expiry date of the original policy.

Date _____

Agency Name _____ Telephone No. _____ Fax No. _____

Consultant Name _____

Please complete the following on behalf of your client and fax to our office on (09) 489 8167;

Clients Name _____

Policy No. _____

Expiry date of CURRENT policy _____

How many additional days / months of Insurance are now required? _____

New expiry date requested _____

Which countries will be visited? _____

Have there been any claims on this policy? _____

Are there any claims pending? _____

If so, Claim Details _____

Important Note

If your client applied for approval on a Pre-existing condition before departing their country of residence, it **does not** automatically extend. **THEY MUST RE-APPLY** to the Medical Hotline on **FREEPHONE 0800 800 357**.

If your client has suffered from any physical defect, infirmity or any medical condition for which treatment, consultation or investigation has been sought during the period of insurance of their existing policy, this is now considered to be a pre-existing medical condition and is excluded on any further insurance.

Office Use Only

To be completed by Comprehensive Travel Insurance

This application has been **Accepted** **Declined**

The additional gross premium to charge your client \$ _____

Please issue a new policy for the new period **from** _____ **to** _____

Either We will adjust the current policy .The additional charges will appear on your next statement.

or Please issue a new policy on CTIsales for the new duration.

Authorised By _____ **Date** _____

Please note : this authorisation is valid for 7 days ONLY.