



Australian National
Institute of **Business
and Technology**

CRICOS: 02056B RTO: 21368

OSHC Request Form

Student Name: _____ Student Number: _____

Course: _____

Phone: _____ Email: _____

Please select relevant option(s):

First Issue

6 Months - Single Cover

12 Months - Single Cover

6 Months - Family Cover

12 Months - Family Cover

(Related to your VISA requirements only)

Renewal

Membership No: _____

Card Re-issue (replacement for lost card)

Membership No: _____

Student Acknowledgement:

1. I understand that I must have paid the OSHC fee before I can apply for or renew my overseas health cover.
2. ANIBT will forward my request to WorldCare and I understand that it may take **up to 10 working days** from the date this OSHC Request Form is received at ANIBT for my membership details/card to be ready for collection.
3. I understand that I will be contacted via my **ANIBT Student Email Account** once the card has been issued, and it is my responsibility to collect it from ANIBT Reception in a timely manner.

Student Signature

Date

Approved by:

Administration Officer Signature

Date