



Australian National  
Institute of **Business  
and Technology**

CRICOS: 02506B 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 BUPA 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**