

Application for reimbursement of OSHC

(for IPRS, MIPRS, VMIPRS, and FIPRS awardees only)

The information on this form is collected for the primary purpose of reimbursing your overseas student health cover. Other purposes for collection include attending to administrative matters, corresponding with you and statistical analysis. If you choose not to complete all questions on this form it will not be possible for Monash University to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

Please note:

1. Reimbursement for Overseas Students Health Cover (OSHC) is only made to current holder of International Postgraduate Research Scholarship (IPRS), Monash International Postgraduate Research Scholarship (MIPRS), Vera Moore International Postgraduate Research Scholarship (VMIPRS) or Faculty International Postgraduate Research Scholarship (FIPRS).
2. Reimbursement will be made on a pro-rata basis for each calendar year. (i.e. January – December).
3. Reimbursement can only be made for a maximum of 12 months at a time, commencing from the start date of the scholarship.
4. Reimbursement will be made for the cost of a standard OSHC policy (single or family) from an approved provider.
5. The scholarship does not cover the cost of extra OSHC, ie: ancillary services (dental, optical, etc).
6. It is the responsibility of the individual student to ensure that they maintain continuous cover for the entire duration of their studies.
7. ORIGINAL TAX INVOICE must be attached with this application.

A. Student Details

| | | |
|------------------------|--|-----------------------------|
| Student ID: | | |
| Family Name: | | |
| Given Name: | | |
| Date of Birth: | | Sex (Male / Female): |
| Address: | | |
| | | |
| Contact (home): | | Contact (work): |
| Email: | | |

Scholarship: IPRS MIPRS VMIPRS FIPRS

B. OSHC Details

| | | |
|-------------------------|-------|---------------------------------------|
| OSHC provider: | | |
| Membership no: | | Type of cover (single/family): |
| Period of cover: | from: | to: |

I understand that:

1. it is my responsibility to renew my Overseas Student Health Cover (OSHC) before it expires; and
2. It is a condition of my student visa that I must maintain a continuous cover for the entire duration of my stay in Australia.

Signature: _____

Date: _____

This completed form with Original Tax Invoice should be submitted to:

Monash Research Graduate School, Research Services

Building 3D, Clayton Campus, Wellington Rd
 Monash University, VIC 3800, Australia
 Telephone + 61 3 9905 3009 Facsimile + 61 3 9905 5042
 Email mrgs@adm.monash.edu.au www.mrgs.monash.edu.au/