

NZ ASSOCIATION OF OCCUPATIONAL THERAPISTS (INC)

MEDICAL PROFESSIONALS LIABILITY INSURANCE

1 JULY 2011 - 1 JULY 2012

Insurance coverage is available at low cost to all NZAOT Members for the year 1 July 2011 to 1 July 2012. On receipt of your remittance NZAOT will issue evidence of the cover and a GST receipt for the cost.

Limit	Insurance Cost	GST	Total Payable
\$500,000/ \$1,000,000	\$106.00	\$15.90	\$121.90
\$1,000,000/ \$2,000,000	\$131.00	\$19.65	\$150.65
\$2,000,000/ \$4,000,000	\$151.00	\$22.65	\$173.65
Student \$500,000/ \$1,000,000	\$41.00	\$6.15	\$47.15

NZAOT MEDICAL PROFESSIONALS LIABILITY INSURANCE

Please complete this form and return it with a cheque to NZAOT (Liability Insurance), PO Box 10493 Wellington 6143 or other payment as below:

For payments by internet: Westpac, Molesworth St Branch, Wellington: Ac/ No: 03-0518-0179615-00

For payment by credit card: Print name on card:

Credit Card number and Expiry Date

I deposited the amount of \$ on OR

I enclose my cheque for a limit of:

- | | | | |
|-------------------------------|---|----------------------|--------------------------|
| Student \$500,000/\$1,000,000 | @ | \$47.15 (GST incl.) | <input type="checkbox"/> |
| \$500,000/\$1,000,000 | @ | \$121.90 (GST incl.) | <input type="checkbox"/> |
| \$1,000,000/\$2,000,000 | @ | \$150.65 (GST incl.) | <input type="checkbox"/> |
| \$2,000,000/\$4,000,000 | @ | \$173.65 (GST incl.) | <input type="checkbox"/> |

I am not aware of any claim or complaint against me in connection with my profession as an Occupational Therapist or Student.

Signed: Name:

Dated:

Address:

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