



OVERSEAS STUDENT HEALTH COVER (OSHC)

Claim form for Reimbursement of OSHC for Continuing IPRS and ADB Students

TITLE:	<input type="text"/>	STUDENT NO:	<input type="text"/>
FAMILY NAME:	<input type="text"/>		
GIVEN NAME(S):	<input type="text"/>		
DEPARTMENT:	<input type="text"/>		
SCHOLARSHIP:	<input type="text"/>		
DEGREE:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
	<input type="text"/>		
PHONE No:	<input type="text"/>		
EMAIL:	<input type="text"/>		

I have renewed my OSHC From: to:

Amount: \$ I attach the receipt herewith.

I understand that it will be my responsibility to renew my OSHC before the expiry date.

SIGNATURE: DATE:

For further information on current premiums please view our website:
www.services.unimelb.edu.au/scholarships/pgrad/allowances/oshc.html

Please return this completed form with receipt(s) to:
Melbourne Scholarships Office, Level 3, John Smyth Building, University of Melbourne, VIC 3010.

OFFICE USE ONLY	
SCHOLARSHIP END DATE:	<input type="text"/>
THEMIS ACCOUNT:	<input type="text"/>
AMOUNT TO BE PAID:	<input type="text"/>
SCHOLARSHIP APPROVAL:	<input type="text"/> DATE: <input type="text"/>
CONFIRMED ON STIPEND:	<input type="text"/> DATE: <input type="text"/>