

# Medical Declaration Form (Under 81 years of age)

Effective 1 February 2008

Important Information to read **before** completing this form:

## Pre-existing Medical Conditions

**Please read this section carefully.**

Travel Insurance only provides cover for emergency overseas medical events that are unforeseen. Medical conditions that were pre-existing at the time of the policy being issued are not covered, unless they are a condition that we expressly agree to cover.

If you have a Pre-existing Medical Condition that is not covered, we will not pay any claims arising from, related to or associated with that condition. This means that you may have to pay for an overseas medical emergency which can be prohibitive in some countries.

### What is a Pre-existing Medical Condition?

A Pre-existing Medical Condition means:

- (a) an ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware;
- (b) A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor);
- (c) Any condition for which you take prescribed medicine;
- (d) Any condition for which you have had surgery;
- (e) Any condition for which you see a medical specialist; or
- (f) Pregnancy. \*

**This definition applies to you, your travelling companion or a relative.**

\* Pregnancy cover is explained on page 10 of the Product Disclosure Statement.

Your condition is not a Pre-existing Medical Condition if your medical condition arose after the date of issue of your policy.

### How do I obtain cover for my Pre-existing Medical Condition?

If you have a Pre-existing Medical Condition and you want cover for that condition, read the following information.

**If you have any questions, please contact us on 1800 227 771.**

We have the absolute right to accept or decline cover, or impose special conditions such as an excess or reduced benefits.

### Step 1 - Pre-existing Medical Conditions which are automatically excluded

We will not pay any costs or expenses arising directly or indirectly from any of the following Pre-existing Medical Conditions, e.g. cost of medical care while overseas, or cost of cancellation of your travel plans due to a change in health.

1. Any type of cancer that you have previously been diagnosed with, or secondaries from that cancer
2. Any condition for which surgery/treatment/procedure is planned
3. Any condition which arises from signs or symptoms that you are currently aware of, but;
  - a) You have not yet sought a medical opinion regarding the cause; OR
  - b) You are currently under investigation to define a diagnosis; OR
  - c) You are awaiting specialist opinion
4. Any condition for which you have undergone surgery in the past 6 weeks
5. Any condition for which you have ever required spinal or brain surgery
6. Any condition which has caused a seizure in the past 12 months
7. Any chronic or recurring pain (including back pain) requiring regular medication or other ongoing treatment such as physiotherapy or chiropractic treatment
8. Any mental illness as defined by DSM-IV including;
  - a) Dementia, depression, anxiety, stress or other nervous condition;
  - b) Behavioural diagnoses such as autism; and
  - c) A therapeutic or illicit drug or alcohol addiction
9. Any cardiovascular disease (see examples) if you have
  - a) Experienced angina (chest pain) within the past 6 months; or
  - b) You have had a stroke or a Transient Ischaemic Attack (TIA) within the past 12 months

Travel insurance is available to you, however there is no provision to claim for any of the medical conditions as listed in the above Step 1.

### Step 2 - Pre-existing Medical Conditions which are automatically covered - no additional premium is payable.

You are automatically covered if your Pre-existing Medical Condition is described below, provided that you have **not** been hospitalised (including Day Surgery or Emergency Department attendance) for that condition in the past 24 months. If Hospitalisation has occurred, or your condition does not meet the description, cover is not automatic: you are required to submit a completed Medical Declaration Form, as explained in Step 3.

We do not require any further information or a Medical Declaration form if your condition is described in this list, and has not caused hospitalisation in the past 24 months:

### Step 2 Continued

- 1 Acne
- 2 Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance and Hay Fever
- 3 Asthma – providing that you are less than 60 years of age at the time of application and/or have no other lung disease.
- 4 Bell's palsy
- 5 Benign Positional Vertigo
- 6 Bunions
- 7 Carpal Tunnel Syndrome
- 8 Cataracts
- 9 Coeliac disease
- 10 Congenital Blindness
- 11 Congenital Deafness
- 12 Diabetes Mellitus (Types I and II) – providing you were diagnosed over 12 months ago, have no eye, kidney, nerve or vascular complications and do not also suffer from a known cardiovascular disease, hypertension or hypercholesterolaemia.
- 13 Dry eye syndrome
- 14 Epilepsy – providing there has been no change to your medication regime in the past 12 months
- 15 Folate Deficiency
- 16 Gastric Reflux
- 17 Goitre
- 18 Glaucoma
- 19 Graves' Disease
- 20 Hiatus Hernia
- 21 Hypercholesterolaemia (High Cholesterol) - provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 22 Hyperlipidaemia (High Blood Lipids) - provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 23 Hypertension (High Blood Pressure)– provided you do not also suffer from a known cardiovascular disease and/or diabetes
- 24 Hypothyroidism, including Hashimoto's Disease
- 25 Impaired Glucose Tolerance
- 26 Incontinence
- 27 Insulin Resistance
- 28 Iron Deficiency Anaemia
- 29 Macular Degeneration
- 30 Meniere's Disease
- 31 Menopause
- 32 Migraine
- 33 Nocturnal cramps
- 34 Osteopaenia
- 35 Osteoporosis
- 36 Pernicious Anaemia
- 37 Plantar fasciitis
- 38 Raynaud's Disease
- 39 Sleep apnoea
- 40 Solar keratosis
- 41 Trigeminal Neuralgia
- 42 Trigger finger
- 43 Vitamin B12 Deficiency

### Step 3 - Is your Pre-existing Medical Condition described in the list below?

1. Any condition for which you have been hospitalised (including day surgery), or attended the Emergency Department in the past 24 months.
2. Any condition that requires ongoing treatment with prednisone or other immunosuppressant therapy [refer to "Words with Special meanings" page 26 of the PDS].
3. You have had heart problems requiring coronary angiography, stents, bypass grafting (CABG) or any valve replacements in the past 12 months or you had such procedures more than 3 years ago.
4. You have a Pacemaker or AICD (internal defibrillator).
5. You have had a Cerebrovascular Accident (Stroke) or Transient Ischaemic Attack (TIA) in the past 24 months.
6. Diabetes resulting in eye, kidney, nerve or vascular complications.
7. HIV infection.
8. Epilepsy if you are on two or more anti-convulsant medications.
9. Cystic fibrosis.
10. Any past history of Deep Vein Thrombosis (DVT) or Pulmonary Embolism.

**If you have any condition described in Step 3, you will need to complete a Pre-existing Medical Condition(s) Assessment Application, as outlined in Step 4.**

If the condition is not outlined in Step 3, we do not require any further information and you do NOT need to complete a Pre-existing Medical Assessment Application Form or see your doctor. You are accepted for cover providing you pay under the relevant Pre-existing Medical Plan.

### Step 4 - How do I get my Pre-existing Medical Condition assessed?

Fax the completed medical declaration form to us. We will usually process the assessment within 1 business day.

If we accept cover, you must pay under the relevant Pre-existing Medical Plan.

We have the right to accept or decline cover.

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### Disclosure of Pre-existing Medical Conditions

This form should be completed by the traveller. If you do not feel comfortable, or confident answering the medical questions on page 3, you should request the assistance of your usual doctor. (Any resulting costs incurred are the responsibility of the traveller).

#### Before continuing, please confirm:

I am less than 81 years of age (Pre-Existing Medical cover is not available to passengers aged 81 years and over).

#### AND

I have a Pre-existing Medical Condition and would like to apply for it to be covered.

(if not, please reread page 1 to check whether you need to complete this form)

We will advise you of the outcome of this assessment in writing, usually within 1 business day **provided both pages of the form have been completed in full and signed.**

**PLEASE USE BLOCK LETTERS** (a separate application must be completed for each passenger)

**Note: Where there is insufficient space, please attach a separate sheet to provide details**

#### 1. Personal Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Title: \_\_\_\_\_

Male  Female  Date of Birth: / / \_\_\_\_\_

Are you an Australian Citizen or Permanent Resident? **Y**  **N**

**PLEASE NOTE:** Pre-existing medical cover is only available to Australian Citizens or Permanent Residents

#### 2. Contact Details

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

#### 3. Trip Details

Departure Date: / / \_\_\_\_\_ Return Date: / / \_\_\_\_\_

If your application is for an Annual Frequent Traveller Policy please indicate the full year commencement dates:

Countries to be visited: \_\_\_\_\_

Mode of Travel: Aircraft  Car  Coach  Ship  Train

Are you intending to: Ski  Trek

Total cost of trip per person - AUD\$: \_\_\_\_\_

#### 4. Health Details

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever smoked? **Y**  **N**

If yes: How many per day?  Still a smoker? **Y**  **N**  If no, how long ago did you cease smoking? \_\_\_\_\_

#### 5. Insurance Details

Cover required: Plan A-Worldwide Holiday  Plan B-Worldwide Business

**PLEASE NOTE:** Pre-existing Medical Condition Cover is not available on other plans.

Have you: (a) Applied for cover for this journey with any other insurer? **Y**  **N**  If yes, please provide details: \_\_\_\_\_

**PLEASE NOTE:** If your cover was denied or any special terms or conditions were applied, please supply a copy of the assessment forms.

(b) Ever made any medical travel insurance claims over AUD\$1,000 in total? **Y**  **N**  If yes, please provide details: \_\_\_\_\_

#### 6. Contact Persons

If English is not your preferred language or you wish to nominate a person to speak on your behalf, please provide the name and number of a person who can discuss your medical status with our qualified clinical staff.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

#### What happens now?

Please fax or email (with attachments as scanned documents) the completed medical declaration form (as outlined below) The assessment outcome will be directed (via email/fax) to Travel Insurance Direct, within 1 business day provided all relevant information is present and/or unless instructed otherwise.

Travel Insurance Direct  
 Postal Address: 5/24 York Street, Sydney NSW 2000  
 Phone: 1300 843 843  
 Fax: (02) 8263 0444  
 Email: medicalassessment@tid.com.au

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## Medical History

This document provides information on which we base our risk assessment decision i.e. to accept or decline Pre-existing Medical Conditions.

### Personal Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_

### 7. Medical History

Please answer 'Yes' or 'No' to all questions (a - n) in this section. If you answer 'Yes', to any of the questions, please complete all details in that question.

Additionally refer to page 4 of this medical declaration form.

a) Have you ever had a blood clot, such as a Deep Vein Thrombosis (DVT) or Pulmonary Embolism? **Y**  **N**

If yes: Date: / / Reason for clot (eg pregnancy, after surgery, aeroplane journey): \_\_\_\_\_

What are your planned preventive measures for this journey? \_\_\_\_\_

b) Do you have an HIV infection? **Y**  **N**  If yes: Latest CD4 count: \_\_\_\_\_ Date of latest CD4 count: / /

c) Have you ever been diagnosed with a chronic lung disease (including Emphysema and Chronic Bronchitis, Bronchiectasis, COAD (Chronic Obstructive Airways Disease) or COPD (Chronic Obstructive Pulmonary Disease), Cystic Fibrosis, Asbestosis and Asthma)? **Y**  **N**

If yes: Name of condition? \_\_\_\_\_ What medication do you currently take for this condition? \_\_\_\_\_

Date you were last in Hospital/Emergency Department with this condition: / /

d) Do you have Diabetes Mellitus? **Y**  **N**

If yes: Date of Diagnosis: / / What medication do you currently take for this condition? \_\_\_\_\_

Do you have any resulting problems with your:

Eyes:  Details: \_\_\_\_\_

Kidneys:  Details: \_\_\_\_\_

Legs (e.g. loss of feeling, ulcers):  Details: \_\_\_\_\_

e) Do you take medication for Hypertension (high blood pressure)? **Y**  **N**

f) Do you take medication for Hypercholesterolaemia (high cholesterol)? **Y**  **N**

g) Have you ever had Angina (chest pain)? **Y**  **N**  If yes: How often? \_\_\_\_\_

When was your last attack? / / What treatment do you take for it? \_\_\_\_\_

h) Have you ever had a heart attack (myocardial infarct)? **Y**  **N**

If yes: Date of heart attack: / /

i) Have you ever had coronary angiography, stents, bypass grafting (CABG) or any valve replacements?? **Y**  **N**

If yes: Name of procedure and date: / /

Have you experienced any angina since that procedure? **Y**  **N**

j) Have you ever had a stroke (CVA) or mini-stroke (TIA)? **Y**  **N**

If yes: Name of event and date: / /

Do you suffer from any deficits e.g. inability to speak, decreased sensation, loss of balance, weakness, cognitive dysfunction, visual changes, abnormal reflexes, and problems walking? **Y**  **N**  Details: \_\_\_\_\_

k) Do you take any medication for your heart, or to thin your blood? **Y**  **N**

If yes: List medications: \_\_\_\_\_

l) Do you have a Pacemaker or AICD (internal defibrillator)? **Y**  **N**

If yes: Type of device inserted: \_\_\_\_\_ Date of insertion: / /

When was the last assessment of the device made by a cardiologist - or is an assessment planned before commencing the trip? \_\_\_\_\_

m) Have you been hospitalised (including day surgery), or attended the Emergency Department in the past 24 months? **Y**  **N**

If yes, please provide details:

Date of event	Reason for attendance
1 / /	
2 / /	
3 / /	

n) Please provide details of any other Pre-existing Medical Conditions (as defined on page 1 of this document) not yet mentioned:

Medical condition	Current medication/treatment
1	
2	
3	
4	
5	

Were any of these conditions newly diagnosed in the last 3 months? **Y**  **N**

If yes, please provide details: \_\_\_\_\_

### 8. Passenger's Declaration:

I confirm that all my answers are correct and complete. I have read and retained a copy of the Product Disclosure Statement (PDS). I have not withheld any information likely to affect my application for cover. I authorise any doctor, hospital, clinic or any other person to give Mondial Assistance any medical information (past and current). A photocopy of the authorisation is valid as the original. I have read the Product Disclosure Statement and I consent to the correct use and disclosure of my personal information by Allianz or Mondial Assistance to such persons and for such purposes stated in the Privacy Policy.

I agree not to be covered for any Pre-existing Medical Conditions unless disclosed in this form and Mondial Assistance has agreed to cover those conditions.

Passenger's Signature: \_\_\_\_\_ Date: / / \_\_\_\_\_

**In your opinion is your patient medically fit to undertake the proposed journey without suffering a medical episode?** **Y**  **N**

Travel overseas, particularly by commercial aircraft, places significant stress on individuals with a medical condition which may result in decompensation. This fact must be taken into account when completing the medical declaration.

### Doctor's Declaration:

I hereby declare that the information detailed on this form is accurate and complete and that no information has been withheld which may influence the insurer.

Signature of Physician: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: / / \_\_\_\_\_

Qualifications: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Doctors Stamp and Initial:

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### Additional Option for applicants with DVT, Recent Hospitalisation (inc. Emergency Dept and Day Surgery), Cardiac, Respiratory and/or Vascular complications

*Prolonged travel, particularly at altitude in commercial aircraft, places increased stress upon the cardiovascular and respiratory systems via a number of different mechanisms. Despite patients being stable in their normal environment our experience over many hundreds of thousands of cases is that there is a quantifiable risk associated with your planned trip based on a risk assessment of your past medical history for your cardiovascular or respiratory conditions.*

*We offer your specialist medical practitioners an opportunity to provide evidence regarding the risk of deterioration during travel. The insurer will then assess the application based on this expert advice. Any decision will be based heavily on this advice so we would ask that the opinion offered is considered. This is especially important should in the future the patient suffer an adverse event during the planned travel.*

In particular, where the applicant has any of the following issues:

- A past history of Deep Vein Thrombosis (DVT) or Pulmonary Embolism
- A chronic lung disease (including Emphysema and Chronic Bronchitis, Bronchiectasis, COAD (Chronic Obstructive Airways Disease) or COPD (Chronic Obstructive Pulmonary Disease), Cystic Fibrosis, Asbestosis and Asthma is present
- Diabetes (Type I or II) where any nerve eye or vascular complications has occurred,
- Angina (chest pain) has occurred within the past 6 months,
- Heart problems requiring angiography, stents or bypass grafting (CABG) in the past 12 months or such procedures were performed more than 10 years ago,
- A Cerebrovascular Accident (Stroke) or Transient Ischaemic Attack (TIA) has occurred in the past 24 months,
- A Pacemaker or AICD (Internal Defibrillator) has been inserted,
- Hospitalisation (including day surgery), or attendance to an Emergency Department has occurred within the past 24 months.

As the applicant, you are invited to submit a specialist letter certifying you are medically fit to travel and unlikely to suffer a medical episode arising from this condition.

Where this information is not supplied with the initial application **and** we initially decline your application for cover for your Pre-existing Medical Condition, the applicant may be requested to supply a specialist letter as outlined above, before any review of the assessment can be completed.

### Privacy Policy

We (Allianz and our agent Mondial Assistance) require your informed permission to collect, use and disclose your personal information for the following purposes:

- (a) Assessing your request for travel insurance in respect of your known medical conditions;

**and**

- (b) Arranging and managing your travel insurance if we accept risk. In the course of undertaking our functions and activities as stated above, it may be necessary to collect from and disclose to the following third parties your personal information (including sensitive information and health information):

- (c) Medical practitioners;  
 (b) Health service providers;  
 (c) Hospitals and clinics;  
 (d) International assistance providers; and  
 (e) Any other person we deem necessary.

Except as stated above or as otherwise required or authorised by law, we will not collect, use or disclose your personal information to any other third party without your prior knowledge or consent. Collection of your personal information is governed by the Privacy Act 1988 (Cth) and/or with your consent. You are permitted to access your information held by us and should contact our Privacy Officer if you wish to do so or if you have any questions about the way we handle your personal information. If necessary personal information is not provided, we will be unable to do business with you.

#### Travel Insurance Direct

**Postal Address: 5/24 York Street, Sydney NSW 2000**

**Phone: 1300 843 843**

**Fax: (02) 8263 0444**

**Email: [medicalassessment@tid.com.au](mailto:medicalassessment@tid.com.au)**

This insurance is arranged and managed by ETI Australia Pty Ltd, trading as Mondial Assistance, ABN 52 097 227 177, AFSL 245631 and is issued and underwritten by Allianz Australia Insurance Limited, ABN 15 000 122 850, AFSL 234708

**For any questions please call our dedicated  
Pre-existing Medical Team on 1800 227 771**

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