

Please Ensure You Read This Information Before Completing This Form

You **MUST** apply for cover and cover must be approved by us in writing prior to the issue of a Certificate of Insurance if:

- You have a High Risk Existing Medical Condition; or
- you require cover for any other existing medical condition other than those automatically covered; or
- you are 70 years of age or over; or
- you have answered yes to the question in the application regarding undergoing or having undergone or been referred for any tests or investigations into any undiagnosed or suspected medical condition.

We **WILL NOT PAY** any claim if you are aged 70 years of over at the time the Certificate of Insurance is to be issued or a claim arising as a result of, or exacerbated by, or consequential upon your existing medical condition **UNLESS** you have applied for cover, we have agreed to cover you and you have paid any additional amount payable we ask for. The amount payable may include administrative costs and any risk based surcharges applicable to your application.

An existing medical condition is:

- any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, or which is medically documented or under investigation in the 12 months prior to the issue of the Certificate of Insurance; or
- any physical, mental illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, or for which treatment, medication, preventative medication, advice, preventative advice or investigation have been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance and in the case of the Annual Multi Trip Travel Plan also within 30 days of booking a particular trip.

Note:

- Where any condition, illness or disease is the subject of an investigation, that condition, illness or disease falls within this definition, regardless of whether or not a diagnosis of the condition, illness or disease has been made.
- This definition applies regardless of whether or not the condition, illness or disease displays symptoms.
- This definition applies to you, your travelling party, your relatives, your business colleague, or any other person whose state of health could affect your travel plans.

High Risk Existing Medical Conditions

If you are applying for an International or Annual Multi Trip Travel Plan you must tell us if you or anyone in your travelling party has any of the following Existing Medical Conditions.

Cardiovascular / Cerebrovascular Diseases

- Angina (Coronary Artery Disease / Ischaemic Heart Disease)
- Myocardial Infarction (Heart Attack)
- Cardiomyopathy
- Cardiac arrhythmias (disturbances to the Heart rhythm)
- Cerebrovascular Accident (CVA/Stroke/TIA Transient Ischaemic Attack)
- Cardiac Valve Disease
- Previous cardiac surgery (stents, Bypass Surgery, valve replacement, and pacemakers / Intracardiac devices)
- Aneurysms
- Peripheral Vascular Disease

Chronic Lung Diseases

- Emphysema
- Chronic Bronchitis
- Bronchiectasis
- Chronic Obstructive Airways Pulmonary Disease (COAD/COPD)
- Pulmonary Fibrosis/Asbestosis
- Cystic Fibrosis

Neurological Disorders

- MS (Multiple Sclerosis)
- Parkinsons Disease
- Motor Neurone Disease
- Muscular Dystrophy
- Myasthenia Gravis
- Traumatic Brain Injury

Others

- Organ Transplants
- Any Back condition, including chronic pain and/or surgery in the last 5 years
- Any Condition for which you have undergone surgery or which has been under investigation within the last 12 months
- Any Condition that is awaiting investigation or treatment
- Any Cancer that was diagnosed within the last 5 years excluding non-melanoma skin cancers

The Following Medical Conditions Do Not Require You To Apply For Cover

Provided the following existing medical conditions are stable and you or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigation in relation to any of these conditions, cover is provided without medical application

- **Acne**
- **Allergies** - such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
- **Anaemia** - including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
- **Asthma** - provided you are under 60 years of age and you have not required cortisone medication, except taken by inhaler or puffer, or hospitalisation for the past 12 months including as an outpatient.
- **Bell's palsy**
- **Benign breast cysts**
- **Bunions**
- **Carpal Tunnel syndrome**
- **Coeliac disease**
- **Diabetes Mellitus Types 1 and 2** - provided you were not diagnosed in the last 12 months and where you have no known cardiovascular, hypertensive, vascular disease, no related kidney, eye or neuropathy complications
- **Epilepsy** - you have been seizure free for the past 12 months or do not require more than 1 anti-seizure medication
- **Goitre, hypothyroidism, Hashimotos disease, Graves disease**
- **Hiatus hernia/Gastro-oesophageal reflux disease, Peptic ulcer disease**
- **High Blood Pressure (Hypertension) – stable**
- **High Cholesterol (Hypercholesterolaemia)**
- **High Lipids (Hyperlipidaemia)**
- **Insulin resistance, impaired glucose tolerance**
- **Incontinence**
- **Menopause**
- **Migraines** - except where you have been hospitalised in the past 12 months
- **Nocturnal cramps**
- **Osteoporosis** - where there have been no fractures and you do not require more than 1 medication or suffer any back pain condition
- **Plantar fasciitis**
- **Pregnancy related illness of the mother up to & including 26 weeks gestation** - Provided there have been no complications in this pregnancy or any previous pregnancy; or this pregnancy has not been assisted by artificial reproductive technique eg IVF
- **Raynaud's Disease**
- **Trigeminal neuralgia**
- **Trigger finger**
- **Routine screening tests where no underlying disease has been detected.**

One Travellers Medical Appraisal Form per applicant needs to be completed and submitted, via our representative, for review by us. Once reviewed we:

- may offer you insurance; and
- may provide cover for an existing medical condition on either a full or restricted basis. An Assessment Number will be issued and you will be advised of the additional amount payable (refer to table on page 2); or
- will advise you that we are unable to insure an existing medical condition; or
- may offer altered terms and conditions to the policy.

IF OFFERED, COVER FOR AN EXISTING MEDICAL CONDITION MUST BE TAKEN UP WITHIN 14 DAYS OF THE ASSESSMENT DATE AND AN ASSESSMENT NUMBER MUST APPEAR ON YOUR CERTIFICATE OF INSURANCE.

What Forms Need To Be Completed To Apply For Cover?

Cover for an Existing Medical Condition is not available to Deposit Protection, Australian Cancellation And Additional Expenses, Elements ('Budget') and Inbound Travel Plans or after departure.	APPLICATION FORM on PDS	TRAVELLERS MEDICAL APPRAISAL FORM
INTERNATIONAL TRAVEL PLAN (Residents of Australia)		
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S) OR REQUIRING COVER FOR ANY OTHER EXISTING MEDICAL CONDITION(S)	✓	✓ In some cases Doctors Declaration to be completed
70 YEARS OR OVER REGARDLESS OF HEALTH	✓	✓ In some cases Doctors Declaration to be completed
INTERNATIONAL TRAVEL PLAN (Non-residents of Australia)		
0 - 59 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S) OR REQUIRING COVER FOR ANY OTHER EXISTING MEDICAL CONDITION(S)	✓	✓ In some cases Doctors Declaration to be completed
60 YEARS OR OVER REGARDLESS OF HEALTH		POLICY NOT AVAILABLE
ANNUAL MULTI TRIP TRAVEL PLAN		
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S) OR REQUIRING COVER FOR ANY OTHER EXISTING MEDICAL CONDITION(S)	✓	✓ In some cases Doctors Declaration to be completed
70 YEARS OR OVER REGARDLESS OF HEALTH		POLICY NOT AVAILABLE
AUSTRALIAN TRAVEL PLAN (Residents of Australia)		
ALL AGE GROUPS REQUIRING COVER FOR EXISTING MEDICAL CONDITION(S)	✓	✓ In some cases Doctors Declaration to be completed
AUSTRALIAN TRAVEL PLAN (Non-residents of Australia)		
0 - 69 YEARS REQUIRING COVER FOR ANY EXISTING MEDICAL CONDITION(S)	✓	✓ In some cases Doctors Declaration to be completed
70 YEARS OR OVER REGARDLESS OF HEALTH		POLICY NOT AVAILABLE

Additional Amount Payable

INTERNATIONAL TRAVEL PLANS	PER APPLICANT
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S)	\$100
0 - 69 YEARS REQUIRING COVER FOR ANY NON-HIGH RISK EXISTING MEDICAL CONDITION(S)	NO CHARGE
70 YEARS OR OVER WITH AN EXISTING MEDICAL CONDITION	\$100
70 YEARS OR OVER WITHOUT AN EXISTING MEDICAL CONDITION	NO CHARGE
ANNUAL MULTI TRIP TRAVEL PLANS	PER APPLICANT
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S)	\$150 (PER POLICY YEAR / OR PART THEREOF)
0 - 69 YEARS REQUIRING COVER FOR ANY NON-HIGH RISK EXISTING MEDICAL CONDITION(S)	NO CHARGE
AUSTRALIAN TRAVEL PLANS	PER APPLICANT
ANY AGE REQUIRING COVER FOR AN EXISTING MEDICAL CONDITION	\$35

Privacy

If you would prefer for your application and Travellers Medical Appraisal Form to be processed directly, mark the form "Confidential" and fax to our Medical Underwriting Department on (03) 8523 2961 or email to travel.emc@qbe.com

NOTE: IF THERE IS INSUFFICIENT SPACE ON THIS FORM ATTACH A SEPARATE SHEET.

Travel Agent's Name & Address

Name: TRAVEL INSURANCE COVER
Address: PO BOX 1435
CROWS NEST NSW 1585
info@travelinsurancecover.com.au

Travellers Medical Appraisal Form - To Be Completed By Each Applicant

When complete forward this form to 'Medical Underwriting Department' either by fax on (03) 8523 2961 or scan and email to travel.emc@qbe.com

NOTE: IF INSUFFICIENT SPACE ATTACH A SEPARATE SHEET.

Title Full Name

Date of Birth / / Postcode

Is the applicant travelling as a dependant child? Yes No

Male Female Height Weight

Phone (Home/Mobile) Phone (Work)

Email

Have you applied for travel insurance with QBE within the last 3 years? Yes No

Policy Selected International Australian Annual Multi Trip

If travelling overseas, are you spending more than 72 hours in the USA, Canada, South or Central America or Antarctica? Yes No

What is the country or region you will be spending the majority of the trip?

Flights Cruises Snow Sports Trekking Trip Value \$

Travel Dates / / to / /

Agency Name TRAVEL INSURANCE COVER Consultant Name

Agency Phone () 02 9423 6940 Agency Fax () 02 9423 6968

Have you booked your travel arrangements through this Agency? Yes No
In most cases if you answer the questions fully and accurately we will be able to process your application for travel insurance on the information supplied. In certain circumstances we may ask you to have our Doctor's Declaration completed by your usual Medical Practitioner before cover can be assessed.

GENERAL HEALTH QUESTIONS

Can you walk 50 metres unaided? Yes No

Do you require a wheelchair for the trip? Yes No

Are you currently a smoker? Yes No

If you have quit smoking, how many years since you last smoked?

Do you need oxygen, CPAP or have any other special travel requirements? Yes No

If yes to any of the above please give details:

Have you been hospitalised in the past 3 years for any reason? Yes No
Date and details including treatment

Have you;

Suffered from any form of heart condition? Yes No

Suffered from any vascular condition, stroke or TIA? Yes No

Suffered from any form of cancer or malignancy? Yes No

Suffered from any respiratory conditions (including asthma)? Yes No

Suffered from any psychiatric conditions including stress, anxiety, depression or any other mental condition? Yes No

Are you;

Travelling to obtain medical treatment? Yes No

Suffering from a terminal condition or registered with palliative care? Yes No

Suffering from metastatic cancer or secondaries? Yes No

Awaiting any medical tests/investigations or treatment? Yes No

Suffering from any other medical condition? Yes No

Pregnant? Yes No

A. HEART CONDITIONS

What is the heart condition?

If you have been referred to a specialist for this condition please give specialists name, contact number and how often you are seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details, including dates of any of the following: Bypass surgery, angioplasty or stenting, valve replacements or any other corrective heart surgery.

Please give details, including dates of any of the following: Heart attack, heart failure, cardiomyopathy, ventricular failure or valve disease.

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment? Please include all medications you are currently taking.

B. VASCULAR CONDITIONS

What is the vascular condition?

If you have been referred to a specialist for this condition please give specialists name, contact number and how often you are seen.

If you have had any tests, eg radiology, angiograms or pathology for this condition in the past 2 years please give details and results if known.

Please give details, including dates of carotid artery surgery, angioplasty, stenting or any other corrective surgery.

Please give details, including dates including the dates of stroke, TIA (transient ischemic attack), peripheral vascular disease or aneurysm, pulmonary embolus, deep vein thrombosis (clot).

Please give details of any claudication (pains in the legs due to vascular disease) or lower limb ulcers.

Please give details of any proposed surgery, tests or treatment.

Dates and details of hospitalisation for vascular condition.

Please give a brief history of the condition and how it affects you.

What is your treatment? Please include all medications you are currently taking.

Travel Agent's Name & Address	TRAVEL INSURANCE COVER
Name:	PO BOX 1435
Address:	CROWS NEST NSW 1585
	info@travelinsurancecover.com.au

APPLICANT DETAILS

Title	Full Name

C. RESPIRATORY CONDITIONS

What is the respiratory condition?

If you have been referred to a specialist for this condition please give specialists name, contact number and how often you are seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details of bronchitis or chest infections that occur with asthma.

How often and when did you last require antibiotics?

Please give details of how often and when did you last require cortisone (prednisolone).

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment? Please include all medications you are currently taking.

D. PREGNANCY

Are you currently pregnant? Yes No Due Date / /

How many weeks will you be when you travel?

Was the pregnancy assisted by artificial reproductive techniques, eg IVF? Yes No

If yes please give details

Please give details if you have had previous miscarriages.

Please give details if you have suffered any pregnancy related complications either in this or in previous pregnancies.

Please give details of any special recommendations made by your doctor in regard to this trip.

E. CANCER

What is the condition?

If you have been referred to a specialist for this condition please give specialists name, contact number and how often you are seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment? Please include all medications you are currently taking.

F. MEDICAL CONDITION

What is the condition?

If you have been referred to a specialist for this condition please give specialists name, contact number and how often you are seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment? Please include all medications you are currently taking.

G. UNDIAGNOSED OR SUSPECT CONDITION

Please give details of any tests, investigations, doctors visits or referrals to specialists you would like to disclose.

Please give details if any of these tests, investigations, doctors visits or referrals have been completed.

Please give details if you know the results.

Please give details if you have been told the purpose of the tests, investigations, doctors visits or referrals to specialists.

What possible diagnosis has the doctor told you could be the outcome of the above investigations etc?

Declaration: I have read and retained a copy of the PDS. I consent to the collection, use and disclosure of my health information for the purposes outlined in the Privacy section of the PDS. I agree that I will not be covered for any Existing Medical Condition unless QBE has agreed to insure those conditions. I agree that cover will not include replacement medication or maintaining a course of treatment commenced before the trip. I understand that should cover be given for any Existing Medical Condition, it will be for UNEXPECTED TREATMENT ONLY.

Signature Date / /

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)