

MEDICAL DECLARATION FORM FOR - PRE-EXISTING MEDICAL CONDITIONS COVER AND - TRAVELLERS 86 YEARS & OVER.

Aussietravelcover Worldwide Travel Insurance **does not** provide cover for pre-existing medical conditions (as defined below) unless they are included in the list of conditions shown below under the heading "There are also some pre-existing medical conditions which we can automatically provide cover" OR you apply for cover by completion of this form and we agree in writing to cover those pre-existing conditions shown in our Assessment Letter.

A pre-existing medical condition means:

- (a) An ongoing medical or dental condition or related complication you have, the symptoms of which you are aware of, or that is currently being or has been investigated by a medical adviser, dentist, chiropractor or physiotherapist; **OR**
- (b) A medical or dental condition for which advice, treatment or medication has been prescribed by one of the people listed in this definition, within 90 days before you purchased your policy; **OR**
- (c) Pregnancy

There are some pre-existing medical conditions we cannot cover such as:

- Those where a terminal or malignant prognosis has been given;
- A sexually transmitted disease or virus;
- Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS);
- An addiction to alcohol or drugs;
- A Mental or Nervous disorder;
- Depression or Anxiety.

Nor can we provide cover for:

- Replenishment of any medication presently being used;
- Maintenance of any form of treatment commenced prior to your journey;
- Pregnancy beyond the 26th week;
- Childbirth or any expenses for, associated with or consequent upon the birth of a child;
- Your travelling against medical advice or for the purpose of obtaining medical advice;
- Extension of cover for any Pre-existing medical condition.

There are also some pre-existing medical conditions which we can automatically provide cover.

This means you are covered for these condition/s without the need to apply for cover or pay any additional premium **providing** the definition of your condition(s) matches the description as outlined in the Product Disclosure Statement (PDS) at pages 10/11 under 'Cover for Pre-Existing Medical Conditions'. These include:

- Asthma
- Cataracts
- Diabetes - Non Insulin Dependant
- Ear Grommets
- Epilepsy
- Gastric Reflux
- Gout
- Hiatus Hernia
- Hip Replacement
- Hypercholesterolaemia (High Cholesterol)
- Hypertension
- Knee Reconstruction Surgery
- Menopause
- Pregnancy up to and including 26 weeks
- Prostate Cancer
- Underactive Thyroid

However: You must proceed with either the online assessment <https://secure.pre-existing.com.au/Aussie> or complete this pre-existing medical application if:

- (a) You have other pre-existing conditions for which you wish to apply for cover which are not specified in the Product Disclosure Statement (PDS) at pages 10/11 under 'Cover for Pre-Existing Medical Conditions'; **OR**
- (b) Your condition does not match the description of one or more of the conditions as outlined in the Product Disclosure Statement (PDS) at pages 10/11 under 'Cover for Pre-Existing Medical Conditions'; **OR**
- (c) You are aged 86 years & over.

Procedures for an application for pre-existing medical conditions cover OR for travellers 86 years & over

1. Traveller to complete Part A of this Application and your treating Doctor to complete Part B.
2. We will advise our assessment within 2 working days outlining terms and conditions of acceptance or declination of cover. We have the right to accept or decline cover or offer altered terms and conditions to the policy.
3. If cover has been accepted, please present the assessment letter to your nominated Aussietravelcover agent who will issue your policy.

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):

- (a) 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.

The completion and acceptance of this Application is to be read in conjunction with all the conditions and exclusions of the Product Disclosure Statement (PDS).

Aussietravelcover Worldwide Travel Insurance
Postal Address: PO Box 162 Toowong Queensland Australia 4066
Phone: 1800 227 771 Fax: (07) 3305 7006 Email: medical-assessments@mondial-assistance.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

Agency Name _____

Consultant _____

Phone () _____ Fax () _____

PART A: To be completed by you The Traveller

If you have insufficient space to complete your answer, please attach a separate sheet.

Title: Full Name: _____

Male Female Height: _____ Weight: _____

Phone: () _____ Date of Birth: / / Age now: _____

Countries to be visited: _____

Cover Required: Plan A Plan B Plan C

Mode of Travel: Airplane Car Coach Train Ship

Are you intending to: Ski - **Y** **N** Trek - **Y** **N**

Departure Date: / / Return Date: / /

Total cost of pre-paid trip: AUD\$ _____

1. In the last three years, have you:

(a) Suffered from any form of heart condition? **Y** **N**

(b) Suffered from any vascular condition, stroke or Transient Ischaemic Attack? **Y** **N**

(c) Suffered from any form of cancer or malignancy? **Y** **N**

(d) Suffered from any respiratory conditions including asthma? **Y** **N**

2. Have you been hospitalised or attended an Emergency Department in the last 12months? **Y** **N**

3. Are you:

(a) Pregnant? **Y** **N** Due Date: / / IVF: **Y** **N**

(b) Suffering from a terminal condition or registered for palliative care? **Y** **N**

(c) Suffering from metastatic cancer or secondary cancer? **Y** **N**

(d) Awaiting any medical tests/investigations treatment or surgery? **Y** **N**

DETAILS: _____

(e) Eligible for Veterans Affairs Hospital/Medical Benefits? **Y** **N**
If yes attach details.

4. Other than those conditions listed above what medical conditions do you currently have and/or have received treatment for in the last 3 years?

5. Have you:

(a) Been declined travel insurance or had special conditions imposed? **Y** **N**

DETAILS: _____

(b) Made any medical travel insurance claims over AU\$1000 in total? **Y** **N**

DETAILS: _____

6. Do you:

(a) Require oxygen for the trip? **Y** **N**

(b) Require a wheelchair for the trip? **Y** **N**

7. Is there any planned surgery, tests or treatment? **Y** **N**

DETAILS: _____

I confirm that all my answers are correct and complete. I have read and retained a copy of the Travel Insurance 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 or fax copy of this authorisation is valid as the original. I have read the Privacy Policy overleaf and I consent to the collection, 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 I will not be covered for any pre-existing medical conditions unless disclosed in this form and Mondial Assistance has agreed to cover those conditions.

Signature _____ Date / /

PART B: Doctor's Declaration

If you have insufficient space to complete your answer, please attach a separate sheet.

1. 1. Are you the patient's usual Medical Practitioner? **Y** **N**

(a) If so how long? _____

2. List the nature and extent of existing medical condition's

(a) Condition: _____ First Consulted: / /

(b) Medication: _____ Last Consulted: / /

(c) Condition: _____ First Consulted: / /

(d) Medication: _____ Last Consulted: / /

(e) Condition: _____ First Consulted: / /

(f) Medication: _____ Last Consulted: / /

(g) Condition: _____ First Consulted: / /

(h) Medication: _____ Last Consulted: / /

3. What other medication/treatment has been administered to this patient in the last 12 months? E.g. Chemotherapy, Ab's etc.

4. Has your patient had ANY history of:

(a) Hypertension **Y** **N** BP / (Last reading)

(b) Angina **Y** **N** Last attack: / /

(c) Frequency of Attacks: _____

(d) Heart Failure **Y** **N** (e) CCF **Y** **N** (f) LVF **Y** **N**

(g) Cardiomyopathy **Y** **N** (h) IHD **Y** **N** (i) Angioplasty **Y** **N**

(j) Stenting **Y** **N** (k) CABG **Y** **N**

(l) Other - Details: _____

(m) Diabetes **Y** **N** Type I _____ Type II _____

(n) Respiratory Condition(s) **Y** **N** If Yes, provide details:

(i) Asthma (ii) Bronchitis (iii)COAD (iv) COPD

DETAILS: _____

5. Is your patient a smoker? **Y** **N**

6. Any other conditions or disease?
DETAILS: _____

7. In your opinion is your patient fit to undertake the trip without requiring any additional medical attention in connection with any condition currently under treatment? **Y** **N**

8. Have you provided a medical referral to any overseas medical practitioner or hospital? **Y** **N**

DETAILS: _____

9. Is your patient suffering from a terminal condition? **Y** **N**

DETAILS: _____

10. Is your patient suffering from a malignant condition? **Y** **N**

DETAILS: _____

11. Is your patient attending any specialists e.g. cardiologists etc? **Y** **N**

12. Is there any planned surgery, tests or treatment for this patient? **Y** **N**

DETAILS: _____

Doctors Name: _____ Phone: () _____

Address: _____

Doctors Signature: _____

Qualifications: _____

Date / /