



Travel Declaration of Health Form

Introduction

You must take care in answering all the following questions which are relevant to us in providing this insurance and setting the terms and premium. Please contact us if you do not understand the question or the nature of the information required.

Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

	Name	Date of Birth
Insured Person 1:		
Insured Person 2:		
Insured Person 3:		
Insured Person 4:		
Insured Person 5:		

Please answer all the following questions in respect to any insured persons....

1. Have you had any accidents, illnesses (other than for minor illnesses such as colds, flu etc.), medical or surgical treatment in the last 12 months? YES: NO:

If YES, please give full details:

NOTE: If you suffer from high blood pressure, please ensure you answer question 7 on the following page.

2. Are you currently taking any medication? YES: NO:

If YES, please provide the names of the drugs taken and the dosages below:

Drug:	Dosage:	Reason:

3. Are you currently suffering any injury, disease or discomfort? YES: NO:

If YES, please give full details:

4. Have you been under medical supervision in the last 12 months? YES: NO:

If YES, please give full details:

5. Have you any reason to think that you may need to undergo medical supervision or a surgical operation in the future? YES: NO:

If YES, please give full reasons and details:

6. Have you had any X-Rays, CAT Scan or MRI Scan (Magnetic Resonance Imaging) in the last 12 months? YES: NO:

If YES, please give full reasons and details:

7. Do you suffer with high blood pressure? YES: NO:

• If YES, is it controlled within normal limits?

YES: NO:

• Please state your last 3 blood pressure readings:

1 st :	Date:
2 nd :	Date:
3 rd :	Date:

Please provide a full itinerary of proposed travel for the forthcoming year for any insured person who is 65 or over at the commencement date of the period of insurance:

DATA PROTECTION ACT 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance & handling of any claims, which may arise under it, Underwriters may need to transfer certain information, which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

DECLARATION

I/we declare that the information disclosed on this proposal, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

I/we agree to tell you as soon as possible about any changes to the information I/we have provided to you, which happens before or during any period of insurance. Your broker will tell you if any such change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

Your signature(s):

--

Date:

--

No cover is in force until this proposal has been accepted by us and you have received confirmation to this effect. We reserve the right to decline any insurance proposal or to offer different premium and terms from those quoted dependent on the information you have provided.