



Medical Declaration Form

NOTE:

1. You **cannot** apply for cover for conditions outlined in **Group 2 (conditions we don't cover)**.

At GKI Travel Insurance we treat Pre-existing Medical Conditions in one of three ways:

1. Conditions requiring assessment
2. Conditions we do not cover

Pre-existing Medical Conditions

- Medical cover and Cancellation due to an unexpected illness or injury under the travel insurance policy is for when you become ill or injured unexpectedly.
- Medical conditions that you already have at the time of the policy being issued are not covered, unless it is a medical condition that we expressly agree to cover.

IMPORTANT: If you have a Pre-existing Medical Condition that is not covered, we will not pay any claim arising from, related to or associated with that condition.

Definition of a Pre-Existing Medical Condition:

1. Any past or current Medical Condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received prior to the commencement of cover under this policy and/or prior to any Trip; and
2. Any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this policy and/or prior to any Trip.

Group 1: Conditions requiring a medical assessment:

If you have any condition described below, you are required to complete the medical declaration form (below):

- a) Any condition for which you have been hospitalized in the last 24 months.
- b) Any condition that requires ongoing treatment (e.g.) arthritis, colitis, etc.
- c) You have had angina (chest pain) in the past 6 months.
- d) You have a Pacemaker or AICD (Internal defibrillator).
- e) Epilepsy due to an underlying medical condition, or you have had a seizure in the last 12 months.
- f) Past history of pulmonary embolism.
- g) Joint replacement surgery over 10 years ago.



- h) You have a Cerebrovascular Accident (stroke) or transient ischemic attack (TIA) in the past 24 months.
- i) You have had heart problems requiring coronary angiography, stents or bypass grafting in the past 12 months, or you had such procedures more than 3 years ago.

Group 2: Conditions we do not cover:

Please note that we **do not require** a declaration for the conditions listed under **Group 2**, as we will **not pay for** any costs or expense arising directly or indirectly from any of the following Pre-existing Medical Conditions. This includes cost of medical care while overseas, or cost of cancellation of your travel plans due to a change in health. Travel Insurance is available to you, however there is no provision to claim for any of the Medical conditions as listed below:

1. Any condition for which you have undergone surgery in the past 6 months.
2. Any condition for which you have been hospitalized (including day surgery) or attended the emergency department in the past 6 months.
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, or
 - b. You are currently under investigation to define a diagnosis, or
 - c. You are awaiting specialist opinion
4. Neoplasia (cancer of any kind) including secondaries from that cancer.
5. Where a terminal prognosis has been given.
6. Any condition for which you have ever required spinal or brain surgery.
7. Any condition which has caused a seizure in the last 12 months.
8. Therapeutic or illicit alcohol or drug addiction.
9. Any mental illness including but not limited to:
 - a. Dementia, depression, anxiety, stress or other nervous conditions;
 - b. Behavioural diagnosis such as autism;
 - c. Eating disorder
10. Chronic pain syndrome (including back pain) requiring regular medication or ongoing treatment such as physiotherapy or chiropractic treatment.
11. Joint replacement surgery over 10 years ago.
12. Pregnancy and Childbirth: Cover under this policy is provided for unexpected complications related to pregnancy. For the purposes of the policy 'Complications of Pregnancy and Childbirth' shall only be deemed to include the following unexpected events occurring more than 15 weeks prior to the expected delivery date:
 - i. toxemia,
 - ii. gestational hypertension,
 - iii. pre-eclampsia,
 - iv. ectopic pregnancy,
 - v. hydatidiform mole (molar pregnancy),
 - vi. post-partum hemorrhage,
 - vii. retained placenta membrane,



- viii. placental abruption,
- ix. hyperemesis gravidarum,
- x. placenta praevia,
- xi. stillbirths,
- xii. miscarriage,
- xiii. medically necessary emergency caesarean sections and any premature births.

Pregnancy is not covered in any of the following circumstances:

- b. Fertility treatment at any time, including any resulting pregnancy;
 - c. If you have experienced any complications related to your pregnancy prior to your policy being issued;
 - d. A pregnancy arising from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilization;
 - e. Pregnancy after 26 weeks;
 - f. Childbirth at any time;
 - g. Regular antenatal care;
 - h. Care of a new-born child.
13. You have had, or are on the waiting list for an organ transplant.
14. Flu symptoms accompanied by shortness of breath, chest pain, sudden dizziness or confusion.
15. Any cardiovascular disease or cerebrovascular disease if you have:
- a. Congestive heart failure;
 - b. Heart problems requiring coronary angiography, stents or bypass grafting (CABG);
 - c. A pacemaker AICD (internal defibrillator)
 - d. Experienced angina (chest pain) within the past 6 months;
 - e. Had a stroke (cerebrovascular accident or CVA) or a Transient Ischaemic Attack (TIA).
16. You require home oxygen therapy, or you will require oxygen for your trip.
17. You have high blood pressure (hypertension), high blood lipids (hyperlipidaemia) or high cholesterol in combination with another known cardiovascular disease or diabetes.
18. Deep vein thrombosis (DVT) when you also suffer from a cardiovascular condition.
19. Diabetes (refer to below):
- a. Which has been diagnosed in the past 12 months;
 - b. Resulting in eye, kidney, nerve or vascular complications;
 - c. Where you also suffer from cardiovascular disease, hypertension, hyperlipidaemia or high cholesterol;
 - d. Type I Diabetes where you are 65 years of age or older.
20. Epilepsy: If you are on two or more anti-convulsion medications or your medication regime has changed in the past 12 months.
21. Any respiratory disease, including but not limited to:
- a. Emphysema;



- b. Chronic obstructive pulmonary disease (COPD);
 - c. Chronic obstructive airways disease (COAD);
 - d. Chronic bronchitis;
 - e. Cystic fibrosis;
 - f. Asthma, where you are 60 years of age or older and have any other respiratory disease.
22. Any condition for which surgery, treatment of procedure is planned, including infertility treatment.
23. You have chronic renal failure treated by haemodialysis or peritoneal dialysis.
24. Any condition that requires ongoing treatment with prednisone or other immunosuppressant therapy.



Passenger Declaration

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

NOTE:

1. You **cannot** apply for cover for conditions outlined in **Group 2 (conditions we don't cover)**.

| | | |
|---------------------------|---------------|----------|
| Your email address: | | |
| Title: | First Name: | Surname: |
| Telephone Number: | Fax Number: | |
| Policy Number: | | |
| Destination/s: | | |
| Gender: | Height: | Weight: |
| Departure Date: | Return Date: | |
| Mode of travel: | Do you smoke? | |
| Age at date of departure: | | |

1. Are you intending to participate in hazardous pursuits (ski, bungee jumping, river rafting, etc?) Yes No

If YES, what type of sport? _____

2. Have you **previously submitted a claim** in respect of your medical condition whilst overseas? Yes No

If YES: Date of claim _____

Details of claim:



3. Have you **visited a doctor in the last 90 days**? Yes No

If yes, date: _____

Medical History

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

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

Yes No

b) 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 or Asthma)?

Yes No

c) Do you have **Diabetes Mellitus**? Yes No

If yes, date of diagnosis _____

Currently controlled with (please select):

Diet only

Insulin injections

Insulin pump

Other medication _____

Do you have any resulting problems with your (please select):

Eyes

Kidneys

Legs

d) Do you take medication for **Hypertension** (High Blood Pressure)?

Yes No

List medications



e) Do you take any medication for **Hypercholesterolemia** (High Cholesterol)?

Yes No

List medications

f) Have you ever had **Angina** (Chest Pain)?

Yes No

If yes, when was your last attack? _____

Frequency of attacks _____

What treatment do you take for it? _____

g) Have you ever had a **heart attack** (myocardial infarct)?

Yes No

If yes, date of heart attack _____

h) Have you ever had **coronary angiography, stents or bypass grafting (CABG)**?

Yes No

If yes, date _____

Procedure _____

Have you experienced any angina since that procedure?

Yes No

i) Have you ever had a **stroke (CVA) or mini-stroke (TIA)**?

Yes No

If yes, date _____

j) Have you ever been diagnosed with a heart arrhythmia such as atrial fibrillation?



Yes No

If yes, state the name of the condition _____

Date of diagnosis _____

List of medications _____

k) Do you have a **Pacemaker or AICD** (internal defibrillator)?

Yes No

If yes, type of device inserted _____

Date of insertion _____

l) Do you take any other **medication for your heart**, or to thin your blood?

Yes No

E.g. Warfarin (also known as Counadin, Jantoven, Marevan and Waran)

If yes, list medications _____

m) Have you ever been diagnosed with epilepsy?

Yes No

If yes, have you experienced a seizure in the last 12 months?

Yes No

Have there been any changes to your seizure medication in the last 12 months?

Yes No

n) Have you been **hospitalized (including day surgery), or attended an Emergency Department in the past 24 months?**

Yes No

If yes, please provide details: (if one of these attendances was for routine colonoscopy, please indicate whether the result was normal)

| Date of Event | Reason for attendance |
|---------------|-----------------------|
| | |
| | |



o) Please provide details of any **other Pre-existing Condition not mentioned:**

| Medical Condition | Current medication/treatment |
|-------------------|------------------------------|
| | |
| | |
| | |

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

Yes No

If yes, please provide details

Passenger Declaration:

All the answers given herewith are true, correct and complete. I have not withheld any information likely to affect my application for cover. I hereby authorize my doctor, hospital, clinic or any other person to provide GKI Travel Insurance any medical information (past and current). I agree not to be covered for any Pre-Existing condition unless disclosed in this form and GKI Travel Insurance has agreed to cover those conditions.

Name of applicant _____

Date of application _____