

New Medical Condition After Policy Issue Form

Who Needs To Complete This Form?

If you would like to continue on with your journey and be covered for a new medical condition that presented itself after your policy was issued but prior to departure.

It is important that we refer you to the following relevant policy terms:

1. Whilst overseas, the policy provides cover for a **disabling injury, sickness or disease... which requires immediate treatment by a qualified medical practitioner.**
2. Whilst overseas the policy will only provide cover if the injury, sickness or disease which **first shows itself after the time you commence the journey.**
3. The policy does not provide cover for the **continuation of treatment (including medication) started prior to your journey.**

Travelsure will review the information you provide below and consider your request to waiver point 2 above. As part of this request, you are obliged under the duty of disclosure to tell us everything that you know (or could reasonably be expected to know) that is relevant to our decision on whether to agree to this request.

Personal Details

Title	Given name	Policy number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Policy issue date	Was an assessment done for an existing medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes, reference number
Date of birth	<input type="text"/>	<input type="text"/>
<input type="text"/>		

Trip Information

Departure date	Total value of this journey (including travelling companions)	Destination/s	Length of stay
<input type="text"/>	\$ <input type="text"/>	Country	<input type="text"/>
If you had to cancel your trip, what would the cancellation cost be as of today? (please check with your travel agent)	\$ <input type="text"/> or % <input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Information

Diagnosis	Current symptom/s (as of date form completed)
<input type="text"/>	<input type="text"/>
Any similar conditions in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current medication/s for this condition ? (List drug names – if possible how often taken)
If yes, details	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date you first sought medical advice for this condition (including investigations)	Date of diagnosis (if different to above) (testing might be date of onset, but diagnosis date might be several weeks later)
<input type="text"/>	<input type="text"/>
Has any surgery been required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there any other relevant information
If yes, please advise type of surgery and date this was performed	<input type="text"/>
<input type="text"/>	<input type="text"/>
Date of surgery	Print name
<input type="text"/>	<input type="text"/>
Insured doctors recommendations OK to travel <input type="checkbox"/> Cancel trip <input type="checkbox"/>	Signature
Plans for medical review again prior to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
If yes, date	Date
<input type="text"/>	<input type="text"/>
Please provide an email address for the outcome of this assessment to be emailed to	Please fax this through to (09) 300 7371 or email through to: assessments@travelsure.co.nz.
<input type="text"/>	You will be advised of the outcome by email. Or please provide your postal address
	<input type="text"/>

We will also notify your travel agent of the outcome (including medical conditions), please tick this box if you **do not** want this to happen.