

Your policies may not cover claims arising from **your pre-existing medical conditions** so **you** need to tell **us** of anything **you** know that is likely to affect **our** acceptance of **your** cover.

We are unable to provide any cover on psychological conditions such as stress, anxiety, depression, eating disorders or mental instability. We are unable to provide cover for anything that is a result of a **pre-existing medical condition** of a **close relative** or close **business associate**.

Pre-existing medical conditions - so that **we** can ensure **you** are provided with the best cover **we** can offer please read the following questions carefully:

Have **you**, or anyone travelling with **you**, ever had treatment for:

YES

Any heart or circulatory condition

A stroke or high blood pressure

A breathing condition (including asthma)

Any type of cancer

Any type of diabetes

NO

In the last 2 years - have **you**, or anyone who is travelling with **you**, been treated for any serious or re-occurring medical condition, asked to take regular prescribed medication, or referred to a specialist or consultant at a hospital for tests, diagnosis or treatment?

YES

NO

Are **you** waiting for tests or treatment of any description.

YES

NO

Has **your** doctor altered **your** regular prescribed medication in the last 3 months.

YES

NO

Full Cover is available under this policy. If **your** answers change to **YES** during the period of insurance, please contact **us** on **08456 582 999**

If **you** have answered yes to the questions on the left, **you** must tell us, **we** may be able to offer some cover and maybe able to cover **your** medical condition, although an increased premium maybe required.

To enable us to consider **your** medical condition please contact Travellers HealthCheck on **08456 582 999**.

You need to keep copies of all letters **we** send **you** for future reference. **Your** failure to disclose any **material facts** may mean that **your** policy will not cover **you** and it may invalidate it altogether. **We** reserve the right to charge an increased premium, decline, withdraw, increase the policy excess, cancel or restrict cover for any person where the facts disclosed are considered unacceptable to **us**.

Should **we** require any additional premium, and **you** accept **our** offer, this should be paid to Travellers HealthCheck either by credit card or cheque, made payable to URV, and sent within 14 days of receipt. Should **you** decide not to pay the additional premium the declared medical condition will not be covered. Full confirmation of **our** terms and conditions will be sent out to **your** address after **your** call. Any additional medical conditions not declared to **us** will not be covered.

Any terms and conditions declared under this policy will also be recorded under **your** travel insurance policy so that **you** do not need to declare these twice.