



Please take some time to read through the flow chart below, it has been created to enable you to understand the Importance of disclosing to the insurer all information regarding any pre-existing medical conditions you may have.

Please follow the chart and contact **Travellers Health Check** on **0845 6 582 999** if you answer **yes** to any of the questions.

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 <b>you</b> , or anyone travelling with <b>you</b> , <u>ever</u> had treatment for:	YES	<p>If <b>you</b> have answered yes to the questions on the left, <b>you</b> must tell us, <b>we</b> may be able to offer some cover and maybe able to cover <b>your</b> medical condition, although an increased premium maybe required.</p> <p>To enable us to consider <b>your</b> medical condition please contact Travellers HealthCheck on <b>0845 6 582 999</b>.</p>
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 <b>you</b> , or anyone who is travelling with <b>you</b> , 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 are waiting for tests or treatment of any description.	YES	
↓ NO		
Has your doctor altered <b>your</b> 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**

**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.