Medical appraisal form

Enquires: Customer Service Centre on 1300 555 017
Please fax your completed medical appraisal form to 1300 657 127 or email travel.emc@qbe.com.
Before completing the medical appraisal form, please ensure you have read the following information in conjunction with the policy booklet. This form is to be completed by each applicant. If you have insufficient space on the form provided, please provide additional information on a separate sheet.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something
If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

QBE's Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, obtain a copy by phoning us on 133 723 or request it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Important information about pre-existing medical condition(s)

You MUST apply for cover and cover must be approved by us in writing prior to the issue of a Certificate of Insurance if:

* you have a High Risk Existing Medical Condition; or
* you require cover for any other existing medical condition other than those automatically covered; or
* you are 70 years of age or over; or
* you have answered yes to the question in the application regarding undergoing or having undergone or been referred for any tests or investigations into any undiagnosed or suspected medical condition.

We WILL NOT PAY any claim if you are aged 70 years of over at the time the Certificate of Insurance is to be issued or a claim arising as a result of, or exacerbated by, or consequential upon your existing medical condition UNLESS you have applied for cover, we have agreed to cover you and you have paid any additional amount payable we ask for. The amount payable may include administrative costs and any risk based surcharges applicable to your application.

An existing medical condition is:

a. any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease of which you were aware or should reasonably have been aware, or which is medically documented or under investigation in the 12 months prior to the issue of the Certificate of Insurance; or
b. any physical, mental illness or medical condition (including pregnancy), defect, illness or disease of which you were aware or should reasonably have been aware, or for which treatment, medication, preventative medication, advice, preventative advice or investigation have been received or prescribed by a medical or dental adviser in the 60 days prior to the issue of the Certificate of Insurance and in the case of the Annual Multi Trip Travel Plan also within 30 days of booking a particular trip.

Note:

* Where any condition, illness or disease is the subject of an investigation, that condition, illness or disease falls within this definition, regardless of whether or not a diagnosis of the condition, illness or disease has been made.
* This definition applies regardless of whether or not the condition, illness or disease displays symptoms.
* This definition applies to you, your travelling party, your relatives, your business colleague, or any other person you have a relationship with whose state of health could impact on your travel plans.

High Risk Existing Medical Conditions

If you are applying for an International or Annual Multi Trip Travel Plan you must tell us if you or anyone in your travelling party has any of the following Existing Medical Conditions.

Cardiovascular/Cerebrovascular Diseases
* Angina (Coronary Artery Disease/Ischaemic Heart Disease)
* Myocardial Infarction (Heart Attack)
* Cardiomyopathy
* Cardiac arrhythmias (disturbances to the Heart rhythm)
* Cerebrovascular Accident (CVA/Stroke/TIA Transient Ischaemic Attack)
* Cardiac Valve Disease
* Previous cardiac surgery (stents, Bypass Surgery, valve replacement, and pacemakers/Intracardiac devices)
* Aneurysms
* Peripheral Vascular Disease

Chronic Lung Diseases
* Emphysema
* Chronic Bronchitis
* Bronchiectasis
* Chronic Obstructive Airways Pulmonary Disease (COAD/COPD)
* Pulmonary Fibrosis/Asbestosis
* Cystic Fibrosis

Neurological Disorders
* MS (Multiple Sclerosis)
* Parkinsons Disease
* Motor Neurone Disease
* Muscular Dystrophy
* Myasthenia Gravis
* Traumatic Brain Injury

Other
* Organ Transplants
* Any Back condition, including chronic pain and/or surgery in the last 5 years
* Any Condition for which you have undergone surgery or which has been under investigation within the last 12 months
* Any Condition that is awaiting investigation or treatment
* Any Cancer that was diagnosed within the last 5 years excluding non-melanoma skin cancers

The Following Medical Conditions Do Not Require You To Apply For Cover

Provided the following existing medical conditions are stable and you or anyone else to be covered are not waiting for treatment, on a hospital waiting list or awaiting results of medical tests or investigation in relation to any of these conditions, cover is provided without medical application.

*** Acne**
*** Allergies** - such as allergic rhinitis, chronic rhinitis, hayfever, sinusitis, anaphylaxis, dermatitis, eczema, psoriasis, urticaria, food intolerance, latex allergy
*** Anaemia** - including iron deficiency anaemia, B12 deficiency, folate deficiency, pernicious anaemia
*** Asthma** - provided you are under 60 years of age and you have not required cortisone medication, except taken by inhaler or puffer, or hospitalisation for the past 12 months including as an outpatient.
*** Bell's palsy**
*** Benign breast cysts**
*** Bunions**
*** Carpal Tunnel syndrome**
*** Coeliac disease**
*** Diabetes Mellitus Types 1 and 2** - provided you were not diagnosed in the past 12 months, where you have no known cardiovascular, hypertensive, vascular disease, no related kidney, eye or neuropathy complications
*** Epilepsy** - you have been seizure free for the past 12 months or do not require more than 1 anti-seizure medication
*** Goitre, hypothyroidism, Hashimotos disease, Graves disease**
*** Hiatus hernia/Gastro-oesophageal reflux disease, Peptic ulcer disease**
*** High Blood Pressure (Hypertension) ? Stable**
*** High Cholesterol (Hypercholesterolaemia)**
*** High Lipids (Hyperlipidaemia)**
*** Insulin resistance, impaired glucose tolerance**
*** Incontinence**
*** Menopause**
*** Migraines** - except where you have been hospitalised in the past 12 months
*** Nocturnal cramps**
*** Osteoporosis** - where there have been no fractures and you do not require more than 1 medication or suffer any back pain condition
*** Plantar fasciitis**
*** Pregnancy related illness of the mother up to & including 26 weeks gestation** - Provided there have been no complications in this pregnancy or any previous pregnancy; or this pregnancy has not been assisted by artificial reproductive technique eg. IVF
*** Raynaud's Disease**
*** Trigeminal neuralgia**
*** Trigger finger**
*** Routine screening tests where no underlying disease has been detected.**

One Travellers Medical Appraisal Form per applicant needs to completed and submitted, via our representative, for review by us. Once reviewed we:

* may offer you insurance; and
* may provide cover for an existing medical condition on either a full or restricted basis. An Assessment Number will be issued and you will be advised of the additional amount payable (refer to table below); or
* will advise you that we are unable to insure an existing medical condition; or
* may offer altered terms and conditions to the policy.

IF OFFERED, COVER FOR AN EXISTING MEDICAL CONDITION MUST BE TAKEN UP WITHIN 14 DAYS OF THE ASSESSMENT DATE OR PRIOR TO DEPARTURE,WHICHEVER OCCURS FIRST. AN ASSESSMENT NUMBER MUST APPEAR ON YOUR CERTIFICATE OF INSURANCE.

What Forms Need To Be Completed To Apply For Cover?

Cover for an Existing Medical Condition is not available to Deposit Protection, Australian Cancellation And Additional Expenses, Elements ('Budget') and Inbound Travel Plans or after departure.	**TRAVELLERS MEDICAL APPRAISAL FORM**
INTERNATIONAL TRAVEL PLAN (Residents of Australia)	
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S) OR REQUIRING COVER FOR ANY OTHER EXISTING MEDICAL CONDITION(S)	**YES** In some cases Doctor's Declaration to be completed
70 YEARS OR OVER REGARDLESS OF HEALTH	**YES** In some cases Doctor's Declaration to be completed
INTERNATIONAL TRAVEL PLAN (Non-residents of Australia)	
0 - 59 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S) OR REQUIRING COVER FOR ANY OTHER EXISTING MEDICAL CONDITION(S)	**YES** In some cases Doctor's Declaration to be completed
60 YEARS OR OVER REGARDLESS OF HEALTH	**POLICY NOT AVAILABLE**
ANNUAL MULTI TRIP TRAVEL PLAN	
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S) OR REQUIRING COVER FOR ANY OTHER EXISTING MEDICAL CONDITION(S)	**YES** In some cases Doctor's Declaration to be completed
70 YEARS OR OVER REGARDLESS OF HEALTH	**POLICY NOT AVAILABLE**
AUSTRALIAN TRAVEL PLAN (Residents of Australia)	
ALL AGE GROUPS REQUIRING COVER FOR EXISTING MEDICAL CONDITION(S)	**YES** In some cases Doctor's Declaration to be completed
AUSTRALIAN TRAVEL PLAN (Non-residents of Australia)	
0 - 69 YEARS REQUIRING COVER FOR ANY EXISTING MEDICAL CONDITION(S)	**YES** In some cases Doctor's Declaration to be completed
70 YEARS OR OVER REGARDLESS OF HEALTH	**POLICY NOT AVAILABLE**

Additional Amount Payable

	PER APPLICANT
INTERNATIONAL TRAVEL PLANS	
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S)	$100
0 - 69 YEARS REQUIRING COVER FOR ANY NON-HIGH RISK EXISTING MEDICAL CONDITION(S)	No Charge
70 YEARS OR OVER WITH ANY EXISTING MEDICAL CONDITION(S)	$100
70 YEARS OR OVER WITHOUT AN EXISTING MEDICAL CONDITION(S)	No Charge
ANNUAL MULTI TRIP TRAVEL PLANS	
0 - 69 YEARS WITH A HIGH RISK EXISTING MEDICAL CONDITION(S)	$150 (per policy year / or part thereof)
0 - 69 YEARS REQUIRING COVER FOR ANY NON-HIGH RISK EXISTING MEDICAL CONDITION(S)	No Charge
AUSTRALIAN TRAVEL PLANS	
REQUIRING COVER FOR EXISTING MEDICAL CONDITION(S) (REGARDLESS OF AGE)	$35

Travellers Medical Appraisal Form
To Be Completed By Each Applicant

When complete forward this form to Medical Underwriting Department either by fax on 1300 657 127 or scan and email to travel.emc@qbe.com

Quote #:

Applicant's Name:

Date of Birth:

Travel Agent's Name and Address

☐ Flights ☐ Cruises ☐ Snow Sports ☐ Trekking

Trip Value Travel Dates To

☐ Male ☐ Female Height Weight

Travel Plan Selected

Phone (Home/Mobile) ( )

Phone (Work) ( )

Consultant Name

Email

Agency Phone

Agency Fax

What is the country or region you will be spending the majority of the trip?

In most cases if you answer the questions fully and accurately we will be able to process your application for travel insurance on the information supplied. In certain circumstances we may ask you to have our Doctor's Declaration completed by your usual Medical Practitioner before cover can be assessed.

Confidentiality: I consent to my travel agent/intermediary having access to information about my medical condition/s. ☐ Yes ☐ No

If you don't consent to your travel agent having access to information about your medical condition/s please provide your email address to allow QBE to transact directly with you.

GENERAL HEALTH QUESTIONS

Do you require any aid to assist with walking ☐ Yes ☐ No

Do you need oxygen, CPAP or have any other special travel requirements? ☐ Yes ☐ No

If yes to any of the above please give details:

Have you been hospitalised in the last 12 months for any reason? ☐ Yes ☐ No

Date and details including treatment

Have you - Suffered from any form of heart condition? ☐ Yes ☐ No

- Suffered from any vascular condition, stroke or TIA? ☐ Yes ☐ No
- Suffered from any form of cancer or malignancy? ☐ Yes ☐ No
- Suffered from any respiratory conditions (including asthma)? ☐ Yes ☐ No
- Suffered from any psychiatric condition including stress, anxiety, depression or any other mental condition? ☐ Yes ☐ No

Are you - Travelling to obtain medical treatment? ☐ Yes ☐ No

- Suffering from a terminal condition or registered with palliative care? ☐ Yes ☐ No
- Suffering from metastatic cancer or secondaries? ☐ Yes ☐ No
- Awaiting any medical tests/investigations or treatment? ☐ Yes ☐ No
- Suffering from any other medical condition? ☐ Yes ☐ No
- Pregnant? ☐ Yes ☐ No

NOTE: IF THERE IS INSUFFICIENT SPACE ON THIS FORM ATTACH A SEPARATE SHEET.

Quote #:

A. HEART CONDITIONS

What is the heart condition?

Please give details of any proposed surgery, tests or treatment.

If you have been referred to a specialist for this condition, how often are you seen?

Please give a brief history of the condition and how it affects you.

Please give details,including dates of any of the following: heart attack, heart failure, cardiomyopathy, ventricular failure, valve disease, bypass surgery, angioplasty or stenting, valve replacements or any other corrective heart surgery.

What is your treatment? Please include all medications you are currently taking.

B. VASCULAR CONDITIONS

What is the vascular condition?

Please give details of any proposed surgery, tests or treatment.

If you have been referred to a specialist for this condition, how often are you seen?

Please give a brief history of the condition and how it affects you.

Please give details, including dates of hospitalisation for any vascular condition, or for any strokes, TIA (transient ischemic attack), peripheral vascular disease or aneursym, pulmonary embolus, deep vein thrombosis (clot), carotid artery surgery, angioplasty, stenting or any other corrective surgery.

What is your treatment? Please include all medications you are currently taking.

Please give details of any claudication (pains in the legs due to vascular disease) or lower limb ulcers.

NOTE: IF THERE IS INSUFFICIENT SPACE ON THIS FORM ATTACH A SEPARATE SHEET.

Quote #:

C. RESPIRATORY CONDITIONS

What is the respiratory condition?

Are you a smoker? - if yes how many cigarettes do you smoke a day?

If you have been referred to a specialist for this condition, how often are you seen?

Please give details of any proposed surgery, tests or treatment.

Please give details of bronchitis or chest infections that occur with asthma.

Please give a brief history of the condition and how it affects you.

Please give details of how often and when you last required antibiotics and/or cortisone (prednisolone) for a respiratory condition.

What is your treatment? Please include all medications you are currently taking.

D. PREGNANCY

Are you currently pregnant? ☐ Yes ☐ No

Due Date / /

How many weeks will you be when you travel?

Was the pregnancy assisted by artificial reproductive techniques, eg IVF? ☐ Yes ☐ No

If yes please give details.

Please give details if you have suffered any pregnancy related complications either in this or in previous pregnancies.

Please give details if you have had previous miscarriages.

Please give details of any special recommendations made by your doctor in regard to this trip.

NOTE: IF THERE IS INSUFFICIENT SPACE ON THIS FORM ATTACH A SEPARATE SHEET.

Quote #:

E. CANCER

What is the condition?

Please give a brief history of the condition and how it affects you.

If you have been referred to a specialist for this condition, how often are you seen?

What is your treatment? Please include all medications you are currently taking.

Please give details of any proposed surgery, tests or treatment.

F. MEDICAL CONDITION

What is the condition?

Please give a brief history of the condition and how it affects you.

If you have been referred to a specialist for this condition, how often are you seen?

What is your treatment? Please include all medications you are currently taking.

Please give details of any proposed surgery, tests or treatment.

G. UNDIAGNOSED OR SUSPECT CONDITION

Please give details of any tests, investigations, doctors visits or referrals to specialists you would like to disclose.

Please give details if you have been told the purpose of the tests, investigations, doctors visits or referrals to specialists.

Please give details if any of these tests, investigations, doctors visits or referrals have been completed.

What possible diagnosis has the doctor told you could be the outcome of the above investigations etc?

Please give details if you know the results.

NOTE: IF THERE IS INSUFFICIENT SPACE ON THIS FORM ATTACH A SEPARATE SHEET.

Declaration

I have read and retained a copy of the PDS. I consent to the collection, use and disclosure of my health information for the purposes outlined in the Privacy section of the PDS. I agree that I will not be covered for any Existing Medical Condition unless the insurance company has agreed to insure those conditions. I agree that cover will not include replacement medication or maintaining a course of treatment commenced before the trip. I understand that should cover be given for any Existing Medical Condition, it will be for UNEXPECTED TREATMENT ONLY.

Signature

Date