

LONG STAY

declaration form

Cover required: Please tick box (✓)

Geographical Area	Area 1 <input type="checkbox"/>	Area 2 <input type="checkbox"/>	Area 3 <input type="checkbox"/>
Cover Level	Economy <input type="checkbox"/>	Premier <input type="checkbox"/>	
Policy Type	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Family <input type="checkbox"/> Single Parent <input type="checkbox"/>
Optional Extensions:	Gadget Cover <input type="checkbox"/>	Travel Disruption <input type="checkbox"/>	Wedding / Civil Partnership <input type="checkbox"/>
	Winter Sports <input type="checkbox"/>	Business Plus <input type="checkbox"/>	Golf Plus <input type="checkbox"/>

Please complete in BLOCK CAPITALS <i>Full names of all persons to be Insured</i>	Date of birth	Premium £
1		
2		
3		
4		
5		
6		
Add: Insurance PremiumTax (IPT) at 20% (<i>current rate</i>)		
Total Premium (Including IPT)		£

DECLARATION

On behalf of all insured persons on this policy I declare that, to the best of my knowledge, the information given is true and where required, all medical conditions have been disclosed in line with the Important conditions relating to health requirements. I understand that this application will be the basis of a contract of insurance and that insurers may process and share information with others (for example, other insurers) including data that the Data Protection Act may define as sensitive.

Start Date.....Months.....

Note: Cover commences from the date of the issue of the policy and is subject to:

- (i) a final acceptance by the Insurers who may impose additional terms.
- (ii) the receipt of the premiums in full.

Signature	Date of Application / /
Name	Agency Code: _____ Agency Address
Address	
Postcode	
Telephone No.	
Email	Medical Screening Reference (if applicable)

Important conditions relating to health

Important information about medical conditions

We cover over 300 conditions free of charge. Please visit our website to see the full list.

This applies to cover under Cancellation and curtailment, Emergency medical and other expenses, Hospital benefit and Personal accident.

This policy won't cover anyone who is:

1. travelling against medical advice, or to get treatment abroad
2. having or waiting for tests, investigations or treatment for any conditions or symptoms that have not been diagnosed

If you don't tell us about a **pre-existing condition** that you or anyone on the policy have, any related claim for cancellation and curtailment or medical expenses may not be paid.

Read below to find out if you need to tell us about any pre-existing conditions.

This applies to everyone on this policy

a. Are there any medical conditions for which in the past 2 years:

- i. you have had or are waiting for any consultations, investigations or follow-ups;
- ii. you are having or have had treatment or prescription medication;
- iii. you have been on a waiting list, or knew you needed surgery, inpatient treatment or tests at a hospital or clinic at the date you bought the policy or the booking date of your trip;

b. Have you **EVER** been diagnosed or treated for any of the following:

- Any type of Heart or Circulatory condition
- Any type of Stroke, TIA (Transient Ischaemic Attack) or High Blood Pressure
- A Brain Haemorrhage
- Any type of Breathing Condition (such as Asthma)
- Any type of Cancer (even if now in remission)
- Any type of Diabetes
- Any type of Irritable Bowel Disease

If you answer YES to either of the above questions, you should declare at www.healthcheck247.com or by telephone on 0333 207 0588. You may need to pay an extra premium to cover them. **Otherwise you are automatically covered under the normal policy terms.**

If you are NOT SURE, call our Customer Services Team on 0333 207 0588.

NOTE:

If there is any change in your health or medication between buying this policy and travelling, you must call us on 0333 207 0588 to make sure your cover is not affected.

Scheme underwritten by Union Reiseversicherung AG, UK.

Citybond
Suretravel
superior travel insurance