



American Home Assurance Company  
A Member of American International Group, Inc.

**INTERNATIONAL TRAVEL INSURANCE PRE-EXISTING  
MEDICAL CONDITION (S) FORM**

Please note that if ALL parties require assessment, then one form per applicant is required. There is an administration charge of AUD\$60 per application if medical condition is accepted.

**PERSONAL DETAILS**

**(Full Name)**

Mr/Mrs/Miss/Ms \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**TRAVEL DETAILS**

Commencement Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Duration of Trip: \_\_\_\_\_ Days / Weeks / Months (*inclusive*)

Destination(s):

\_\_\_\_\_

**TYPE OF TRAVEL**

Individual

Family

Please indicate below if Your travel will be mainly by:

Airline                       Road                       Cruise

**PLAN**

Please indicate below the Plan for Your journey:

Plan A                       Plan B                       Plan C                       Plan D

**CONSENT ACKNOWLEDGEMENT.**

By signing the Travel Insurance Pre-existing Medical Condition Application Form and any associated form You consent to the uses of Your private information that have been disclosed by AHAC.

Your Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ALL QUESTIONS MUST BE FULLY COMPLETED TO ENABLE ASSESSMENT**

**PLEASE WRITE CLEARLY OR ASSESSMENT WILL BE IMPOSSIBLE**

***IF YOU REQUIRE PRE-EXISTING MEDICAL CONDITION COVERAGE THIS SECTION MUST BE COMPLETED BY THE APPLICANT***

Please provide details for "yes" answers in full below (e.g. when, why)

Hospitalised in the past 3 years?	Yes / No	
Terminal or Malignant illness or condition?	Yes / No	
Rheumatic Fever or Heart Disease of any kind?	Yes / No	<i>If heart disease, please include copies of relevant reports e.g. angiogram, stress tests, cardiology reviews</i>
Suffered a Stroke or Transient Ischaemic attack?	Yes / No	
Suffered Airways Limitation (e.g. Asthma, Emphysema)?	Yes / No	

Are You a smoker? YES / NO (Please circle)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List details of visits to all Doctor's in the last 12 months, reasons, outcome, and current state of health.

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***To be signed by APPLICANT***

I declare that I have not been refused cover for this journey by any other insurer. *(Please refer to notes below before signing.)*

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IF YOU REQUIRE PRE-EXISTING MEDICAL CONDITION COVERAGE  
THIS SECTION MUST BE COMPLETED BY YOUR USUAL DOCTOR**

How long have You been the Applicant's usual Medical Practitioner?

\_\_\_\_\_

Last examination date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Any other chronic illness/disease? YES /NO Nature of Condition?

\_\_\_\_\_

\_\_\_\_\_

Please list diagnoses, treatment, medication and current status:

	1.	2.	3.
<b>Condition/Diagnosis</b>			
<b>Treatment/Medication</b>			
<b>Symptoms/Current Status</b>			

Does the Applicant have any special needs in flight or on the ground?

\_\_\_\_\_

\_\_\_\_\_

Have You provided a referral to any overseas hospital or medical advisor?

\_\_\_\_\_

\_\_\_\_\_

Do You consider the Applicant fit and able to complete this journey without needing any additional medical treatment, assistance or advice in relation to the above conditions?

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Are there any other details We should know?

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**To be signed by APPLICANT**

I hereby authorise American Home Assurance Company or its appointed medical provider, International SOS, to contact the medical practitioner who completed this application should further information be required on my past or present medical history with respect to this application.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone No: \_\_\_\_\_

Doctor's Fax No: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT NOTES FOR APPLICANTS**  
**Please note this section of the form is not to be sent.**

A Pre-existing Medical Condition is any medical condition for which You have taken prescribed drugs, or sought medical treatment or advice in the thirty days before You applied for this insurance or any condition which You are aware of that may lead to disruption of Your journey.

**PRE-EXISTING MEDICAL CONDITION COVER IS ONLY AVAILABLE**

- In respect of the International Travel Policy for You as the insured traveller, Your spouse and/or dependent dependant children travelling with You on approval of this application by American Home Assurance Company.

**THERE ARE SOME PRE-EXISTING MEDICAL CONDITIONS HEALTH DISORDERS WHICH WE CANNOT COVER SUCH AS:**

- Where a terminal or malignant prognosis has been given
- Sexually transmitted disease or virus
- A.I.D.S. (Acquired Immune Deficiency Syndrome) or A.I.D.S. related condition
- An addiction to alcohol or drugs
- Mental or Nervous disorder
- Depression or anxiety

**CERTAIN OTHER HEALTH RELATED EVENTS CANNOT BE COVERED BEING**

- Replenishment of any medication presently being used
- Maintenance of any form of treatment commencing prior to Your journey
- Pregnancy or childbirth (except for unexpected medical complication or emergency when You are no more than 26 weeks Pregnant at the time it occurs).
- You're travelling against medical advice or for the purpose of obtaining medical advice or treatment.
- Existing Pre-existing Medical Conditions of Your relative(s) not forming part of the travelling party.

**ONLY THE INDIVIDUAL CONDITIONS THAT FOLLOW, SUBJECT TO THE PROVISIONS BENEATH EACH, ARE AUTOMTICALLY COVERD UNDER THIS POLICY:**

As such a Pre-existing Medical Condition Application Form is **not** required for assessing these conditions

In the following, references to time are applied to the date on which an application for cover is made.

<b>Asthma</b> If no attack requiring treatment by a medical practitioner in the last 12 months.
<b>Cataracts</b> If You have no ongoing complications, are not on a waiting list for an operation and have not been operated on in the last 30 days.
<b>Diabetes - Non Insulin Dependent</b> If You were diagnosed over 12 months ago and have not had any complications in the last 12 months. You must also have a Blood Sugar Level reading between 4 & 10.
<b>Ear Grommets</b> With no current infection.

**Gastric Reflux** If the condition does not relate to another underlying diagnosis (eg. Hernia/Gastric Ulcer).

**Gout** If the gout has remained stable for more than 6 months.

**Hiatus Hernia** If no surgery is planned.

**Hypercholesterolaemia (High Cholesterol)** If You have no known heart conditions.

**Hypertension (High Blood Pressure)** If You have no known heart conditions and Your current BP reading is lower than 165/95.

**Menopause** Provided You do not suffer from Osteoporosis.

**If a Travel Insurance Pre-existing Medical Condition Application form is required, cover is not automatic. Premium loadings and or special conditions may apply in some cases. We may not be able to provide any cover. In all cases where We can provide cover We will advise the premium required for the Journey.**

**YOU MUST HAVE THE TRAVEL INSURANCE PRE-EXISTING MEDICAL CONDITION APPLICATION FORM FULLY COMPLETED BY YOUR USUAL DOCTOR IF PRE-EXISTING MEDICAL CONDITION COVER IS REQUIRED FOR ANY CONDITION.**

- Please return the completed Pre-existing Medical Condition Application Form to our office, where we will determine if cover is available to you. We will provide you with an electronic response by the following business day.
- You may forward your Pre-existing Medical Condition Application Form by fax to **1800 008 474**, or by post to the following address.

***AHAC Travel Insurance Pre-existing Medical Condition Health Applications***

***GPO Box 4561  
Sydney NSW 2001***

**FAX: 1800 008 474**

**FREE PHONE: 1800 008 473**

**Cheques should be made payable to International SOS (Australasia) Pty Ltd**