

Medical Declaration Form

At Hollard Travel Insurance we treat Pre-existing Medical Conditions in one of three ways:

1. Conditions automatically covered at no additional cost
2. Conditions requiring assessment
3. Conditions we don't cover

Pre-Existing Medical conditions

- Medical cover and Cancellation due to an unexpected illness or injury under the travel insurance policy is for when you become ill or injured unexpectedly.
- Medical conditions that you already have at the time of the policy being issued are not covered, unless it is a medical condition that we expressly agree to cover.

IMPORTANT: If you have a Pre-existing Medical Condition that is not covered, we will not pay any claim arising from, related to or associated with that condition.

Definition of a Pre-Existing Medical Condition:

1. Any past or current Medical Condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received prior to the commencement of cover under this policy and/or prior to any Trip: and
2. Any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this policy and/or prior to any Trip.

Group 1: Conditions **automatically covered** at no additional cost

The following 31 pre-existing medical conditions are automatically covered with no additional premium. You are automatically covered if your pre-existing medical condition (s) are described below, provided that you:

- a. Have not been hospitalised for that condition in the past 24 months.
- b. Cover is subject to a minimum of 48 hours inpatient treatment. 31 Covered medical conditions:
 1. Allergies limited to Rhinitis, Chronic Sinusitis, Eczema, food Intolerance, hay fever
 2. Asthma, providing that you have no other lung disease, and are younger than 60 years of age at the date of policy purchase
 3. Bell's palsy
 4. Benign positional vertigo
 5. Carpal tunnel syndrome
 6. Coeliac disease
 7. Congenital blindness
 8. Congenital deafness
 9. Diabetes (Types I and II) provided you were diagnosed over 12 months ago and has no eye, kidney, nerve or vascular complications. Do not suffer from a known cardiovascular disease, hypertension, hyperlipidaemia or hypercholesterolemia and you are younger than 65 years at the policy purchase date
 10. DVT provided you do not suffer from a cardiovascular condition
 11. Epilepsy provided there has been no change to your medication regime in the past 12 months
 12. Flu provided the symptoms are not accompanied by shortness of breath, chest pain, sudden dizziness or confusion
 13. Folate deficiency
 14. Gastric reflux
 15. Hiatus Hernia
 16. Hypercholesterolemia (High Cholesterol) provided you do not also suffer from a known cardiovascular disease and/or diabetes
 17. Hyperlipidaemia (High Blood Lipids) provided you do not also suffer from a known cardiovascular disease and/or diabetes

18. Hypertension (High Blood Pressure) provided you do not also suffer from a known cardiovascular disease and/or diabetes
19. Impaired Glucose Tolerance
20. Incontinence
21. Insulin Resistance
22. Iron Deficiency Anaemia
23. Meniere's disease
24. Menopause
25. Migraine
26. Osteopenia
27. Osteoporosis
28. Pernicious Anaemia
29. Pregnancy: for a single, uncomplicated pregnancy, where your trip ends on or before 26 weeks gestation, which does not arise from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilisation
30. Raynaud's disease
31. Sleep apnoea

Please note: Diabetes (Type I and Type II), Hypertension, Hypercholesterolemia and Hyperlipidaemia are risk factors for cardiovascular disease. If you have a history of cardiovascular disease, cover for these conditions are also excluded.

If you have been hospitalized or your condition does not meet the description above, cover is NOT automatic. You are required to submit a medical declaration form (below).

Group 2: Conditions requiring a medical assessment:

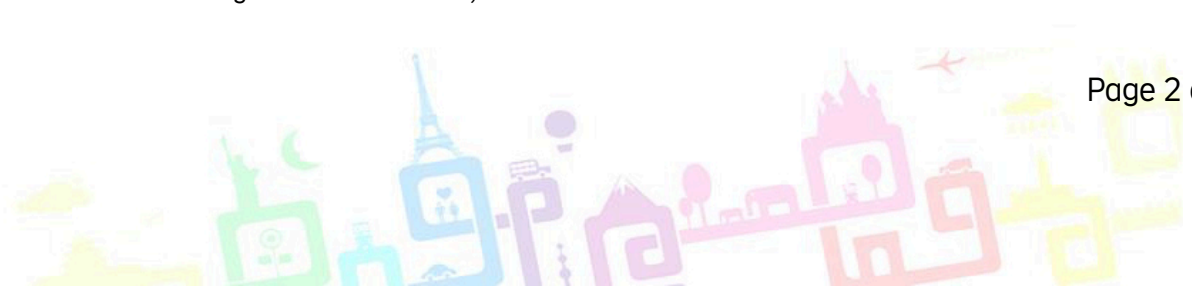
If you have any condition described below, you are required to complete the medical declaration form (below):

- a) Any condition for which you have been hospitalized in the last 24 months.
- b) Any condition that requires ongoing treatment (e.g.) arthritis, colitis, etc.)
- c) You have had angina (chest pain) in the past 6 months
- d) You have a Pacemaker or AICD (internal Defibrillator)
- e) Epilepsy due to an underlying medical condition, or you have had a seizure in the last 12 months
- f) Past history of pulmonary embolism
- g) Joint replacement surgery over 10 years ago
- h) You have a Cerebrovascular Accident (stroke) or transient ischaemic attack (TIA) in the past 24 months.
- i) You have had heart problems requiring coronary angiography, stents or bypass grafting in the past 12 months, or You had such procedures more than 3 years ago.

Group 3: Conditions we don't cover:

Please note that we do not require a declaration for the conditions listed under Group 3, as we will not pay for any costs or expenses arising directly or indirectly from any of the following Pre-existing Medical Conditions. This includes cost of medical care while overseas, or cost of cancellation of your travel plans due to a change in health. Travel insurance is available to you, however there is no provision to claim for any of the Medical conditions as listed in below:

1. Any condition for which you have undergone surgery in the past 6 months
2. Any condition for which you have been hospitalised (including day surgery) or attended the emergency department in the past 6 months
3. Any condition which arises from signs or symptoms that you are currently aware of, but:
 - a. You have not yet sought a medical opinion, or
 - b. You are currently under investigation to define a diagnosis, or
 - c. You are awaiting specialist opinion
4. Neoplasia (cancer of any kind) including secondaries from that cancer
5. Where a terminal prognosis has been given
6. Any condition for which you have ever required spinal or brain surgery
7. Any condition which has caused a seizure in the last 12 months
8. Therapeutic or illicit alcohol or drug addiction
9. Any mental illness including but not limited to:
 - a. dementia, depression, anxiety, stress or other nervous conditions;
 - b. behavioural diagnosis such as autism;



- c. eating disorders;
- 10. Chronic pain syndrome (including back pain) requiring regular medication or ongoing treatment such as physiotherapy or chiropractic treatment
- 11. Joint replacement surgery over 10 years ago
- 12. Pregnancy and Childbirth: Cover under this policy is provided for unexpected complications related to pregnancy. For the purposes of the policy 'Complications of Pregnancy and Childbirth' shall only be deemed to include the following unexpected events occurring more than 15 weeks prior to the expected delivery date: toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta prævia, stillbirths, miscarriage, medically necessary emergency Caesarean sections and any premature births. Pregnancy is not covered in any of the following circumstances:
 - a. Fertility treatment at any time, including any resulting pregnancy;
 - b. If you have experienced any complications related to your pregnancy prior to your policy being issued;
 - c. A pregnancy arising from services or treatment associated with an assisted reproductive program, including but not limited to in vitro fertilisation;
 - d. Pregnancy after 26 weeks;
 - e. Childbirth at any time;
 - f. Regular antenatal care;
 - g. Care of a new-born child.
- 13. You have had, or are on the waiting list for an organ transplant
- 14. Flu symptoms accompanied by shortness of breath, chest pain, sudden dizziness or confusion
- 15. Any cardiovascular disease or cerebrovascular disease if you have:
 - a) Congestive heart failure;
 - b) Heart problems requiring coronary angiography, stents or bypass grafting (CABG);
 - c) A pacemaker or AICD (internal defibrillator);
 - d) Experienced angina (chest pain) within the past 6 months;
 - e) Had a stroke (cerebrovascular accident or CVA) or a Transient Ischaemic Attack (TIA).
- 16. You require home oxygen therapy, or you will require oxygen for your trip
- 17. You have high blood pressure (hypertension), high blood lipids (hyperlipidaemia) or high cholesterol in combination with another known cardiovascular disease or diabetes
- 18. Deep vein thrombosis (DVT) when you also suffer from a cardiovascular condition
- 19. Diabetes (refer to below):
 - a. Which has been diagnosed in the past 12 months;
 - b. Resulting in eye, kidney, nerve or vascular complications;
 - c. Where you also suffer from cardiovascular disease, hypertension, hyperlipidaemia or high cholesterol;
 - d. Type I Diabetes where you are 65 years of age or older.
- 20. Epilepsy: If you are on two or more anti-convulsion medications or your medication regime has changed in the past 12 months
- 21. Any respiratory disease, including but not limited to:
 - a. Emphysema;
 - b. Chronic obstructive airways disease (COAD);
 - c. Chronic obstructive pulmonary disease (COPD);
 - d. Chronic bronchitis;
 - e. Cystic fibrosis;
 - f. Asthma, where you are 60 years of age or older and have any other respiratory disease.
- 22. Any condition for which surgery, treatment or procedure is planned, including infertility treatment
- 23. You have chronic renal failure treated by haemodialysis or peritoneal dialysis
- 24. Any condition that requires ongoing treatment with prednisone or other immunosuppressant therapy

Passenger Declaration:

This form should be completed by the traveller. If you do not feel comfortable, or confident answering the medical questions below, you should request the assistance of your usual doctor. (Any costs incurred are the responsibility of the traveller.)

Note:

- 1. You do not need to complete the form for conditions listed in Group 1 (automatically covered).
- 2. You cannot apply for cover for conditions outlined in Group 3 (conditions we don't cover).

Please complete in block letters and fax back to Oojah Travel Protection on 0866 43 44 36 or e-mail to travelinsurance@oojahtravel.co.za



Title:	Name:	Surname:
Address: (SA)		Contact (SA)
Fax: (SA)	Email address:	
Policy Number:	Destination/s:	

Please tick (X) / complete

Male	Female	Height	Weight	Age on date of departure
Departure date: Return date: Mode of travel:				
Do you smoke? Yes/No?				
Are you intending to participate in hazardous pursuits (ski, bungee jumping, river rafting, etc) Yes/No?				
Do you play sport or exercise regularly? Yes/No				
Have you previously submitted a claim in respect of your medical condition whilst overseas? Yes/No?				
Have you visited a doctor in the last 90 days? Yes/No				
Contact information of treating Medical Practitioner:				
Name:		Daytime contact information:		

Medical History

Please answer 'Yes' or 'No' to all questions in this section. If you answer 'Yes' to any of the questions, please complete all details in that question.

- a) Have you ever had a blood clot, such as a Deep Vein Thrombosis (DVT or Pulmonary Embolism)? (Yes) (No)
 If yes: Date:/...../..... Reason for clot (e.g. pregnancy, after surgery, aeroplane journey):

- b) Have you ever been diagnosed with a chronic lung disease (including Emphysema and Chronic Bronchitis, Cbronchiectasis, COAD (Chronic Obstructive Airways Disease) or COPD (Chronic Obstructive Pulmonary Disease), Cystic Fibrosis, Asbestosis or Asthma)? (Yes) (No)

If yes: Name of condition?

Date you were last in Hospital/Emergency Department with this condition:/...../.....

Do you require home oxygen therapy? (Yes) (No)

Will you require oxygen for the journey? (Yes) (No)

- c) Do you have Diabetes Mellitus? (Yes) (No)

If yes: Date of Diagnosis:/...../..... Currently controlled with: Diet only
 Insulin injections
 Insulin Pump
 Other medication

Please specify medication:

Do you have any resulting problems with your: Eyes Kidneys Legs

- d) Do you take medication for Hypertension (High blood pressure)? (Yes) (No)

List medications:

- e) Do you take any medication for Hypercholesterolemia (High Cholesterol)? (Yes) (No)

List medications:

- f) Have you ever had Angina (Chest Pain)? (Yes) (No)

If yes: When was your last attack:/...../.....

Frequency of attacks:

What treatment do you take for it?

- g) Have you ever had a heart attack (myocardial infarct)? (Yes) (No)



If yes: Date of heart attack:/..../.....
h) Have you ever had coronary angiography, stents or bypass grafting (CABG)? (Yes) (No)

If yes: Name of procedure and date:/..../....
Have you experienced any angina since that procedure? (Yes) (No)

l) Have you ever had a stroke (CVA) or mini-stroke (TIA)? (Yes) (No)

If yes: Name of the event and date:/..../.....

i) Have you ever been diagnosed with a heart arrhythmia such as atrial fibrillation? (Yes) (No)

If yes: Name of condition..... Date of diagnosis:/..../.....

List of medications:

j) Do you have a Pacemaker or AICD (internal defibrillator)? (Yes) (No)

If yes: Type of device inserted: Date of insertion:/..../.....

k) Do you take any other medication for your heart, or to thin your blood? (Yes) (No)

E.g. Warfarin (also known as Coumadin, Jantoven, Marevan, and Waran)

If yes: list medications:

l) Have you ever been diagnosed with epilepsy? (Yes) (No)

If yes: Have you experienced a seizure in the last 12 months? (Yes) (No)

Have there been any changes to your seizure medication in the last 12 months? (Yes) (No)

m) Have you been hospitalised (including day surgery), or attended an Emergency Department in the past 24 months? (Yes) (No)

If yes: Please provide details: (if one to these attendances was for routine colonoscopy, please indicate whether the result was normal)

<u>Date of Event</u>	<u>Reason for attendance</u>
..../..../.....
..../..../.....
..../..../.....

n) Please provide details of any other Pre-existing Condition (as defined on page 1 of this document) not mentioned:

Medical condition Current medication/treatment

.....

.....

.....

Were any of these conditions newly diagnosed in the last 3 months? (Yes) (No)

If yes, please provide details:

.....

Passenger Declaration:

All the answers given herewith are true, correct and complete. I have not withheld any information likely to affect my application for cover. I hereby authorise my doctor, hospital, clinic or any other person to provide Oajah Travel Protection any medical information (past and current). I agree not to be covered for any Pre-Existing condition unless disclosed in this form and Oajah Travel Protection has agreed to cover those conditions.

Signature of applicant: Date:/...../.....

