

## Pre-Existing Medical Conditions Application

In general terms, a pre-existing medical condition is any medical, dental, mental or physical condition, or symptom of that condition, which you are aware of or ought to be aware of prior to the start date of your policy.

For the full definition, please see the policy wording below:

*Pre-existing condition/s means, in relation to **You** or any other person on whom **Your Travel** depends, any medical or physical conditions or circumstances:*

- a) *which **You** are aware of, or ought to have been aware of; or*
- b) *for which advice, care, treatment, medication or medical attention has been sought by You*
- c) *which have been diagnosed as a medical condition, or a **Sickness** or indicative of a **Sickness**; or*
- d) *which are of such a nature to require, or which potentially may require medical attention; or*
- e) *which are of such a nature as would have caused a prudent, reasonable person to seek medical attention prior to the commencement date of **Your Policy**.*

Pre-existing medical conditions are **not automatically** covered under your policy; however you are able to apply to have them covered for an additional fee.

**You only need to complete this form if you want cover for your pre-existing condition.**

**[You can also complete the declaration on our website.](#)**

### About you

Full name:	Date of birth: dd / mm / yyyy
Email address:	Contact number:
Travel start date:	Travel end date:
Countries you will be visiting during your trip:	
Have you had insurance with Uni-Care in the last 3 years? <input type="radio"/> Yes <input type="radio"/> No	
Policy number (if known):	Student ID (if applicable):

### General health questions

Height (in cm):	Weight (in kg):
Are you a smoker or have you smoked in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been hospitalised?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please include details such as diagnosed condition, admission and discharge date and treatment (if any).	
Are you suffering from a terminal condition or registered with palliative care?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide details below:	
Are you currently taking any medications?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide details of why you are taking the medication below:	

**Pre-Existing Medical Conditions Application continued**

**Have you suffered from:**

- Any form of heart condition?
- Any vascular condition, stroke, or TIA?
- Any respiratory conditions (including asthma)?
- Any psychiatric conditions including stress, anxiety, depression or any other mental condition?
- Any form of cancer, malignancy, secondaries or metastatic cancer?

If yes to any of the above, please provide details below. Including when you were diagnosed, your treatment and if you are still undergoing treatment or on any medications.

**Are you:**

Travelling to obtain medical treatment?  Yes  No

If yes, please provide details.

Awaiting any medical tests/investigations or treatment?  Yes  No

If yes, please provide details.

Suffering from any other medical condition?  Yes  No

If yes, please provide details.

Pregnant?  Yes  No

If yes, please provide details.

Do you have any other medical condition(s) not already disclosed on this form that you would like covered?

**Declaration**

I have read and retained a copy of the Policy Wording. I consent to the collection, use and disclosure of my health and other personal information for the purposes outlined in the Privacy section of the Policy Wording. 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. I declare the answers given are true and accurate, and I consent to my doctor/medical provider releasing my medical history to nib nz limited. I understand that should my health change prior to the journey commencing, I must inform the company who may impose special terms and conditions. I understand that if I don't provide all information requested nib may not be able to assess my application and provide me with the requested insurance.

**Full name:**

**Signature:**

**Date:**