

## Comprehensive Policy Option - Pre-existing Medical Conditions Self Assessment Guide

To determine if your pre-existing medical conditions are automatically covered by the Comprehensive Policy Option please assess the medical condition against all of the below questions. If you are in any doubt please call us on the Medical Hotline on 0800 88 66 20.

Q1	Are you over 70 years of age?	<input type="radio"/> Yes Call the Medical Hotline	<input type="radio"/> No Go to Q2
Q2	Is your journey over 2 months in duration?	<input type="radio"/> Yes Call the Medical Hotline	<input type="radio"/> No Go to Q3
Q3	Has your medical condition been diagnosed in the last 12 months or has the medication or treatment for your medical condition(s) changed in the last 12 months?	<input type="radio"/> Yes Call the Medical Hotline	<input type="radio"/> No Go to Q4
Q4	Does the condition(s) you are receiving treatment or advice for (including medication) relate to your - Heart - Brain - A transplanted organ - Thinning of the bones (osteoporosis) - Lung condition causing permanent problems with shortness of breath - Cancer - Blood or lung clots - Insulin dependant diabetes; - Major allergic reactions	<input type="radio"/> Yes Call the Medical Hotline	<input type="radio"/> No Go to Q5
Q5	Is your condition on-going or chronic and have you been treated at a hospital in the last 5 years?	<input type="radio"/> Yes Call the Medical Hotline	<input type="radio"/> No Go to Q6
Q6	If you answer yes to any of the below we are unable to cover the Medical Condition <ul style="list-style-type: none"> <li>Has a registered medical practitioner advised you against travelling with the medical condition?</li> <li>Are you travelling or is one of the reasons you are travelling, to obtain medical treatment for the Medical condition?</li> <li>Is the medical condition terminal?</li> <li>If surgery is planned for or which you are on a waiting list for?</li> <li>Is the condition related to ongoing pain for which you receive regular medication or treatment?</li> <li>Does the medical condition relate to any ongoing symptomatic condition for which you have had investigations and not yet, had a diagnosis for?</li> <li>Is the medical condition a back problem for which you have had spinal surgery?</li> <li>Is the medical condition a sexually transmitted disease(s), AIDS, HIV or related conditions?</li> </ul>	<input type="radio"/> Yes We are unable to provide cover for these pre-existing medical conditions	<input type="radio"/> No Go to Q7
Q7	Have you had surgery or hospital treatment for the medical condition in the last 12 months?	<input type="radio"/> Yes Call the Medical Hotline	<input type="radio"/> No

If you have answered "No" to all of the above questions your medical condition is automatically covered under the Comprehensive Policy Option.

### Declaration – Please read and sign this declaration:

I am authorised to answer the questions on this declaration on behalf of all persons insured under this policy.

I have read and accept all term and conditions relating to this policy as detailed in the policy wording.

I accept that there is no cover for any pre-existing medical conditions unless there is written acceptance from the Medical Hotline or if cover is specifically provided in the policy wording for the policy option purchased.

I am not aware of any circumstances likely to affect my planned journey.

I accept that the pre-existing medical conditions of my close relatives and all persons on whom the journey may depend are not covered by this policy.

I have not had any insurance or claims refused, declined, cancelled or had any terms imposed.

I agree to accept free or reduced cost medical treatment where it is available under any reciprocal health agreement with the New Zealand government.

I have given the Insurer all information likely to affect the acceptance of my insurance.

I agree that Vero Insurance New Zealand Limited and Comprehensive Travel Insurance 2004 Limited are authorised to give or obtain information from other parties, including other insurance companies and the Insurance Claims Register, relating to this insurance or any claims made under this insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Agent Name \_\_\_\_\_