

## How We Assess Pre-Existing Conditions

### What Is The Purpose Of This Form?

The form is for customers who wish to be assessed for Pre-Existing Medical Conditions. This assessment form is supplementary to the Product Disclosure Statement. This allows us to assess certain pre-existing medical conditions to determine the coverage for travellers who reside in Australia.

### How Do I know If You Cover My Condition?

At 1Cover we treat pre-existing medical conditions in one of 4 ways:

#### 1. Category 1: Automatically Covered

We automatically cover 35 conditions even if you haven't told us about them. A full list of these conditions and criteria can be found within the Product Disclosure Statement.

#### 2. Category 2: Not Covered

We regret that **if you have any of the following conditions**, they are not covered under Sections 1, 2, 3, 3B, 5, 13 or 14 (i.e. Overseas Emergency Medical Assistance, Overseas Emergency Medical & Hospital Expenses (Including Dental Expenses) Emergency Companion Cover, Hospital Cash Allowance, Cancellation Fees & Lost Deposits And Disruption of Journey) of the policy and you cannot apply for cover for any of the following:

- a) You have been given a terminal or palliative prognosis for any condition with a shortened life expectancy;
- b) You require home oxygen therapy or will require oxygen for the journey (including in flight);
- c) You have chronic renal failure treated by haemodialysis or peritoneal dialysis; or have been advised that you will require in the future;
- d) You have an AIDS defining illness or any condition or treatment causing you immunosuppression; or
- e) You have had, or are on a waiting list for an organ transplant.

#### 3. Category 3: Compulsory Disclosure And Assessment

When you apply for a **policy you MUST tell us about the following medical conditions or circumstances**, even if you no longer receive treatment for them and you don't require any additional cover.

- a) Cardiac or heart conditions;
- b) Respiratory or lung conditions (other than asthma satisfying the auto acceptance conditions (see Product Disclosure Statement for more details) or where you are on home oxygen as above);
- c) Metastatic or secondary cancer;
- d) Dementia or medically documented memory loss; or
- e) If you are being accompanied on your Journey by a full time carer.

We will assess your application and decide whether and to what extent we can offer you insurance for your Journey. If you have not told us about these conditions, we may refuse to pay any claim you make.

#### 4. Category 4: By Application

You can apply for cover for any other pre-existing medical conditions that were not listed in the other three categories.

## What About Pregnancy?

You are covered under the policy while you are pregnant:

- For single foetus pregnancies – up to the 24th week of gestation.
- For multiple pregnancies – up to the 19th week of gestation.

If you have experienced complications or your pregnancy arose from medical intervention, assisted conception or fertility treatment, **please fill out this form.**

The Pregnancy section explains this in detail, read this carefully if you are or think you might be pregnant, otherwise you might not be covered.

## Do I Need To Fill This Out?

**Customers who fall into Category 3 and 4 need to fill out this form.**

**If your pregnancy arose from medical intervention, assisted conception or fertility treatment; or you have had complications during the pregnancy, you need to fill out this form**

## Contact Persons

If English is not your preferred language or you wish to nominate a person to speak on your behalf, please provide the name and number of a person who can discuss your medical status with our qualified clinical staff.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

---

## Instructions - How To Fill Out The Form

### Step 1: Fill Out The Form Below.

- Please answer all questions on the form and sign the declaration at the bottom. If your doctor has assisted you by completing any part of this form, please have them sign the doctor's declaration.
- In some cases, we may require your treating doctor to provide a further declaration– we will tell you if this is required.

### Step 2: Decision And Additional Medical Premium

- 1Cover will assess your application as quickly as possible and let you know the outcome.
- If approved, you will need to pay the required additional premium in order to take out the cover. You are not covered for approved conditions unless the required additional premium has been paid.  
We will note payment on your Certificate of Insurance, the reference number and any special information you might need to know.

## More Than One Applicant?

**Please Note:** Each applicant must complete a separate form.

**Call The Travel Insurance Specialists At 1Cover on 1300 192 021 If You Have Any Questions.**

## Applicants Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact No. ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date Of Birth DD / MM / YY Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

Departure Date DD / MM / YY Return Date DD / MM / YY Total Trip Value \$ \_\_\_\_\_.

Have You Smoked In The Last 6 Months?  Yes  No

Are You An Australian Citizen Or Permanent Resident?  Yes  No

Policy Type:  Single Trip Policy  Multiple Trip/Annual Policy

Are You Intending To:  Ski  Snowboard  Trek  Hike  Cruise  N/A

Destination: \_\_\_\_\_

## Application Type

Tick the condition category that is most appropriate to your medical condition.

Pregnancy (If ticked, please advise estimated date of delivery) DD / MM / YY

Category 3 Pre-Existing Medical Condition(s) that I am required to disclose

(Category 3 includes Cardiac or Heart Conditions; Respiratory or Lung Conditions; Metastatic or Secondary Cancer; Dementia or medically documented Memory Loss or being accompanied by a full time carer for the Journey)

Category 4 Pre-Existing Medical Condition(s)

**Please Note:** More than one category may apply.

## Medical Information

You must provide details below of ALL Pre-Existing Medical Conditions. If you are unsure which Pre-Existing Medical Conditions you have, please have your doctor complete this section and sign the doctor's declaration.

If there is insufficient space, please attach a separate sheet.

**Applicants Name:** \_\_\_\_\_

Medical Condition (list all)	Date Diagnosed	Medications Taken (list all)
	<p style="text-align: center;"><i>DD / MM / YY</i></p>	
	<p style="text-align: center;"><i>DD / MM / YY</i></p>	
	<p style="text-align: center;"><i>DD / MM / YY</i></p>	

If you are treated for your **blood pressure** or **diabetes**, what was your last reading? \_\_\_\_\_ date \_\_\_\_\_

If you have been diagnosed with a heart condition, have you ever had:  Angioplasty  Stent  Bypass  Cardioversion

N/A  Other cardiac surgery (please provide details): \_\_\_\_\_

Have your medications changed in the last 90 days?  Yes  No

If yes, please provide details: \_\_\_\_\_

Have you seen a doctor or had medical treatment by a health practitioner (including nursing or allied health, such as physiotherapy, podiatry, chiropractors) in the last 90 days?  Yes  No

If yes, please provide details (include **date** and **reason**): \_\_\_\_\_

Have you been treated\* in hospital in the past 12 months?  Yes  No

If yes, please provide details (include **date** and **reason**): \_\_\_\_\_

\*treated includes same day procedures or emergency department visits, even if you were not admitted overnight

Are you currently awaiting medical review, treatment or investigation (including routine specialist review or treatment overseas)?  Yes  No

If yes, please provide details (include **date** and **reason**): \_\_\_\_\_

## Applicants Declaration

I authorise any hospital or medical adviser who has attended to or examined me to furnish to the insurer or its representative any and all information in respect of treatment given for any condition related to this application. A photocopy or facsimile copy of this authority shall be considered as valid as the original.

I confirm that all my answers are correct and complete. I have not withheld any information likely to affect my application for cover. I understand that should cover be given for any Pre-Existing Medical Condition, it will be for UNEXPECTED TREATMENT ONLY.

I have read and retained a copy of the Product Disclosure Statement (PDS). I acknowledge my Duty of Disclosure as detailed in the PDS. I have read the privacy information in the PDS and consent to the collection, use and disclosure of my health information for the purposes outlined within it.

\_\_\_\_\_  
Signature of Applicant                      Print Name                      DD / MM / YY  
Date

(if you are over 18 years of age, and this is being signed by someone for you, we require a copy of the power of attorney document providing them authority to act on your behalf)

## Doctors Declaration

This section is OPTIONAL, however if your doctor has assisted or completed any part of this form, they must complete this section.

**Please Note:** *Travel overseas, particularly by commercial aircraft, places significant stress on individuals with a medical condition which may result in decompensation. This fact must be taken into account when completing this declaration.*

In your opinion, is your patient medically fit to undertake the proposed journey without suffering a medical episode?

Yes  No \_\_\_\_\_

I declare that I am familiar with the patient's medical condition and have been their doctor since DD / MM / YY.

I hereby declare that the information detailed on this form is accurate and complete and that no information has been withheld that may influence the insurer.

\_\_\_\_\_  
Signature of Doctor                      Print Name                      DD / MM / YY  
Date

Qualifications \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Doctors Stamp and initial:

## What Happens Next

Once all questions have been completed, please return to:

**Mail:**  
1Cover Pre-Existing Team  
Level 11, 307 Pitt Street  
Sydney, NSW 2000

**Email:**  
info@1Cover.com.au

In most cases if you answer the questions fully and accurately we will be able to process your application for travel insurance on the information supplied by the next business day. In most cases, where you answer the questions fully and accurately we may ask you to have our Doctor's Declaration completed by your usual Medical Practitioner before cover can be assessed.

Depending on the condition(s), 1Cover may decline or limit cover, or agree to provide cover for an additional premium. 1Cover will provide an endorsement to your policy which specifies each condition that we agree to cover.

Cover for the condition(s) is only for claims arising from unexpected treatment and will only apply after you pay any additional premium that we require.

IF OFFERED, COVER FOR A PRE-EXISTING MEDICAL CONDITION MUST BE TAKEN UP WITHIN 30 DAYS OF THE ASSESSMENT DATE AND AN ASSESSMENT NUMBER MUST APPEAR ON YOUR CERTIFICATE OF INSURANCE.

---

## Additional Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---