

Travel Protector Risk Assessment Form



ANZ Travel Insurance
Phone: 0800 833 123
Fax: 09 489 8167

Level 1, 12-14 Northcroft St,
Takapuna, Auckland
PO Box 33 313, Auckland

A pre-existing medical condition is defined in our travel policy wording as follows:

"A pre-existing medical condition means any physical defect, infirmity, existing or recurring illness, injury or disability of which you, or the person due to whom you are claiming, are aware or for which you, or the person due to whom you are claiming, have had or received a medical examination, consultation, treatment, investigation and/or medication in the 6 months prior to the date your policy is issued."

Important note:

If cover is provided for any pre-existing medical conditions which you suffer, an additional premium charge may be required. Where this is the case you will be advised as part of your application for insurance whether the insurance is accepted, accepted with an additional premium loading or the application is denied.

SECTION A: IMPORTANT INFORMATION – PLEASE ANSWER THE FOLLOWING QUESTIONS:

Q1 Are you aged 80 years or over?

Yes

No

Please refer to and complete section B of this form and fax to our office on 0800 800 167

Go to Q2

Q2 You are under the age of 80 years. Do you suffer from any pre-existing medical conditions?

Yes

No

- If you are between 71 and 79 years please contact the Medical Hotline on 0800 886 620 if you wish to apply for cover for these condition/s.
- If you are under 70 years please obtain a Medical self-assessment from your insurance consultant.

If you have answered 'No' then cover for pre-existing medical conditions is not required. Standard cover will apply.

SECTION B: APPLICATION TO BE COMPLETED AND SENT TO US FOR TRAVELLERS OVER THE AGE OF 80 YEARS

All insured persons aged 80 years or over must complete Section B of Travel Insurance Risk Assessment form and forward this to us by fax on 0800 800 167 as soon as possible. The form will be reviewed by us prior to acceptance of the policy. This will be based on an assessment of your medical condition, age, the duration of the journey, the proposed start date of travel and the destination/s to which you are travelling. Our written confirmation of acceptance of your Policy (in addition to any Policy Certificate issued) is a pre-requisite in respect of any claim. On review of this Travel Risk Assessment form, we will confirm whether the policy is accepted or provide you with a full refund.

First Name

Surname

Address

Street

Suburb

Town/City Postcode

Phone Number ()

Branch

Travel Insurance Policy No.

Date of Birth

Departure Date

Main Destination

Duration

Purpose of travel Holiday Visit Family/Friends Organised Tour Cruise Other

Height (cm) Weight (kg)

General Practitioner

Name of Practice

Phone Number ()

Travel Protector Risk Assessment Form (continued)

Please answer the following questions relating to any medical treatment you have received recently to enable us to assess your application further:

Q1 Please list the names of all the medications that are prescribed by a doctor that you are taking:

Drug	Dose
Drug	Dose
Drug	Dose

Q2 Please list all medical conditions, physical defects, infirmities, existing or recurring illnesses, injuries or disabilities you are currently aware of or being treated for?

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Q3 Has your medication or treatment changed in the last 12 months?

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Q4 Have you been seen by your General Practitioner in the last 6 months? If so please provide the reason for this visit and the outcome?

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Q5 Are you under specialist care for any conditions?

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Q6 Do you have any conditions under review where a medical diagnosis has not yet been determined?

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Q7 Are you waiting for the results of any tests?

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Q8 Are you on a waiting list for surgery or treatment, or are you waiting to see a specialist?

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Q9 Has your doctor confirmed that you are fit to travel without needing any special care or assistance for this journey?

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Q10 Please advise any other details we should be aware of when assessing your insurance application.

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Once we or our medical staff has received this application you or your doctor may be contacted for further information relating to your medical condition/s. Signing this declaration hereby gives your consent for Allianz Australia Insurance Limited or their agents to contact your doctor and authorises your doctor to release details relevant to this application for travel insurance.

Signature Date

Please fax this form to 0800 800 167

BANK USE ONLY

Staff Name Staff Email Address