

HEALTH WARRANTY

IMPORTANT MEDICAL CONDITIONS, EXCLUSIONS & CHANGE IN CIRCUMSTANCES

It is very important that you read and understand the following as it affects YOU and ALL other Insured Persons:

IMPORTANT MEDICAL CONDITIONS

1) Unless You have been given Our written agreement, we will not cover **PRE-EXISTING MEDICAL CONDITION(S)** (as defined below) directly or indirectly resulting from you or anyone in your travelling party or any non-travelling CLOSE RELATIVE or BUSINESS ASSOCIATE, on whose health your trip may depend, having ever suffered from, or been treated for, or diagnosed with, any of the following medical conditions before the issue of your policy:-

- a) a cardiovascular or heart related condition (heart attack, angina, chest pain, hypertension, and the like; or
- b) a lung or respiratory related condition (not including asthma, provided no hospital admissions or respiratory infections within the last 12 months; or
- c) a stroke, brain stroke or TIA (Transient Ischaemic Attack); or
- d) a psychological or psychiatric condition such as stress, anxiety, depression, dementia, eating disorder, malaise, fatigue (burn out syndrome); or
- e) an organ transplant or dialysis; or
- f) Insulin-Dependant Diabetes
- g) a terminal condition
- h) blood conditions / disorders / diseases
- i) cancer (where you have undergone treatment or investigation within the last 5 years)

2) You or any person upon whose health the trip may depend will not be covered for any claim arising from a medical condition of someone you were going to stay with, a relative, a business associate, a travelling companion, or anyone on whose health your trip may depend if you are aware of the medical condition at the time your policy was issued.

3) You or any person upon whose health the trip may depend will not be covered if you or any person upon whose health the trip may depend have a Medical condition that is ongoing; or from which you or any person upon whose health the trip may depend have suffered symptoms or required medical attention or treatment during the 24 months prior to the commencement of cover under this policy.

4) You or any person upon whose health the trip may depend will not be covered if you or any person upon whose health the trip may depend have a medical condition, if you are travelling against medical advice or for which medical advice should have been sought before commencing your journey.

5) You or any person upon whose health the trip may depend will not be covered if you or any person upon whose health the trip may depend know you will need medical treatment during your journey or you or any person upon whose health the trip may depend are travelling specifically to get medical treatment.

6) You or any person upon whose health the trip may depend will not be covered if you or any person upon whose health the trip may depend have a medical condition for which treatment is awaited as a hospital in-patient or have a medical condition that is under investigation when your policy was issued.

7) Any insured person aged 70 years and over on the schedule date of departure is subject to Medical Screening.

If any of the above points apply, You must tell us as soon as possible by contacting **Journeys Medical Screening** Helpline or log in to www.journeysmedical.co.uk , so that we can make an **assessment** of the medical information supplied. **If we agree** to cover your condition, our agreement will be advised in writing and further terms may apply.

ACCEPTED CONDITIONS (SUBJECT TO CRITERIA DETAILED BELOW)

Subject to you meeting the criteria stated in Points 1 to 7 above, AND any specific criteria stated below for each condition, you do not need to declare the following condition(s), provided: you have no other pre-existing conditions, you only have the ONE condition, you are not waitlisted for surgery, and not under investigation, and you have been discharged from any post-operative follow-ups:

- **Asthma:** provided no hospital admissions or respiratory infections within the last 12 months, must be controlled with no more than 2 medications (no Nebulizer or Home Oxygen) and must have been a non-smoker for the last 12 months.
- **Cancer:** providing you have not received treatment within the last 5 years.
- **Cataracts:** providing no operation within the last 6 months.
- **Non-Insulin Dependant Diabetes:** providing controlled by diet or one medication, or no hospital admissions or diabetic complications within the last 12 months.
- **Ear Grommets:** providing there has been no infection in the last 6 months.
- **Epilepsy:** providing the condition was diagnosed more than 6 months ago and has been stable and not required any medication change within the last 6 months.
- **Gastric Reflux:** providing it is not secondary to a Gastric Ulcer, and has been stable and not required any medication change within the last 6 months.
- **Glaucoma:** providing it has not been diagnosed within the last 6 months.
- **Gout:** providing the condition was diagnosed more than 6 months ago, and has been stable and not required any medication change within the last 6 months.

- **Hip Replacement:** providing surgery has not been performed within the last 6 months.
- **High Cholesterol:** providing you have no other diagnosed heart conditions.
- **HRT (Hormone Replacement Therapy):** providing you do not suffer with any other medical condition.
- **Menopause:** providing you do not suffer with any other medical condition.
- **Underactive Thyroid (Hypothyroidism) OR Overactive Thyroid (Hyperthyroidism):** providing the condition has not been diagnosed within the last 6 months, and is not a consequence of any other medical condition.
- **Downs Syndrome:** providing no complications or associated conditions e.g. congenital heart disease, epilepsy or gastrointestinal abnormalities.
- **Benign Prostatic Enlargement:** providing it has not been diagnosed within the last 6 months.
- **Hysterectomy:** providing no malignancy.

PLEASE NOTE:

- If you do have one of the above conditions, but do not meet the criteria specified above, or under the Important Medical Conditions (points 1 to 7), please contact the Medical Screening Department (contact details below).
- If your condition is not listed above, please see a more detailed listing on our website (contact details below).
- If you are unsure, please feel free to contact The Medical Screening Department (contact details below).

For your own security and to register your call, you **MUST** obtain a Medical Screening **Endorsement number** to validate the Medical Screening upon completion. **Without** this your declaration shall not be valid.

Contact Journeys Travel Insurance - Medical Health Requirement Helpline during normal office hours, Monday to Friday, 09.00-17.30 **Tel: 0844 567 8648** or logging onto www.journeysmedical.co.uk.

IMPORTANT MEDICAL EXCLUSIONS

We will NOT cover:

- Where either **YOU** or a **CLOSE RELATIVE** are awaiting tests or treatment, or awaiting the results of tests or treatment, or have received a terminal prognosis.
- If **YOU** have any undiagnosed symptoms that may require treatment in the future (ie symptoms for which YOU are awaiting investigation/consultations, or awaiting results of investigations, and where the underlying cause has not been established)

In respect of all cover provided under SECTIONS A, B & C (Cancellation or Curtailment, Medical and Other Expenses and Personal Accident) we reserve the right:

1. At our discretion to require any person applying for cover to undergo Journeys Medical Screening
2. To vary the conditions or premium on which cover is offered.

CHANGE IN YOUR CIRCUMSTANCES - after you have purchased this Insurance

If after taking this insurance **You** become aware of any circumstances that may give rise to a claim such as changes in your health or that of a person on whom this insurance may depend whether travelling or not (e.g. close relative as defined in the Policy Definition) **You** must contact us and tell us about the **changes** as soon as reasonably possible and prior to any trip.

We may in light of such changed circumstances be unable to continue with the Insurance cover under sections A; B; and C of this policy. If this is not acceptable to you, **we will refund your Insurance Premium** in order to allow you the opportunity to source Insurance Cover elsewhere or **we will cover the costs incurred** to date in respect of Loss of Deposit charges or Cancellation Charges.

You must contact us promptly regarding the change and are responsible for any costs incurred in obtaining any medical reports required by us. In the event that you fail to contact us within **7 days** of the date of your change of circumstances **You** will be responsible for any increased costs incurred as a result of the delay in cancelling your trip. **We** will only pay the costs that would have applied had you cancelled your trip **within 7 days** of the date of change of circumstance giving rise to the claim.

For assistance if in any doubt, please contact Journeys Travel Insurance - Medical Screening Helpline during normal office hours, Monday to Friday, 09.00-17.30 - **Tel: 0844 567 8648** or logging onto www.journeysmedical.co.uk.