

Single trip & Annual multi-trip Travel Insurance

(for certificate issued between 01 February 2019 to 31 January 2020, departure up to 12 months after certificate issued)

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)
- 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 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 on a waiting list 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.
- **Benign Prostatic Enlargement :** providing it has not been diagnosed within the last 6 months.
- **Cancer:** providing **You** have not received treatment within the last 5 years and it is not ongoing & terminal.
- **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.
- **Downs Syndrome:** providing no complications or associated conditions e.g. congenital heart disease, epilepsy or gastrointestinal abnormalities.
- **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

Travel Insurance Health Warranty

- **HRT (Hormone Replacement Therapy):** providing **You** do not suffer with any other medical condition
- **Hysterectomy:** providing no malignancy.
- **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

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 will not be valid.

Contact Journeys Travel Insurance - Medical Health Requirement Helpline during normal office hours, Monday to Friday, 09.00-17.15
Tel: **01784 772 670**

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 out 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, 09.00-17.15 - Tel: **01784 772 670**