UK RELATED PARTY HEALTH DECLARATION

You have indicated that the health of a travelling companion, relative or close business colleague or other person on whose state of health a decision by you to cancel or curtail a trip depends may give rise to claim under your travel policy. In order to confirm cover, please ensure that you/or preferably the related party completes the following questionnaire in full and return the form to:

The Medical Screening Company Ltd, Brookwood House, 2b West Street, Ewell Village, Epsom, Surrey, KT17 1UU.
(Fax to 0845 124 6622 or e-mail to info@europeplus.co.uk)

PLEASE ANSWER ALL QUESTIONS

DETAILS OF INSURED PERSON

Title _____ Initial(s) _____ Surname _____ Policy Reference_____

Address _____

Postcode _____ Telephone no: _____

HOLIDAY DETAILS

Departure Date: ____/____/_____ Duration: _____ Destination: _____

Have you booked your holiday? Yes/No If yes, what is the total price of your holidays? £_____

DETAILS OF THE RELATED PARTY

Title _____ Initial(s) _____ Surname _____

Relationship to Insured _____ Date of Birth ____/____/_____

MEDICAL CONDITION(S)

Has the related party been diagnosed with any medical condition(s) and what are they?

(1) _____ Date of Diagnosis ____/ ____/ _____

(2) _____ Date of Diagnosis ____/ ____/ _____

(3) _____ Date of Diagnosis ____/ ____/ _____

(4) _____ Date of Diagnosis ____/ ____/ _____

Has the related party been an inpatient in hospital within the last 12 months? Yes/No

How many times has the related party been admitted into hospital over the past two years? .....

Is the related party on a waiting list for investigations or treatment (surgical or otherwise)? Yes/No

Has the related party been given a terminal prognosis? Yes/No

Has the related party had any chemotherapy or radiotherapy in the last 18 months, or been advised that may require such treatment? Yes/No

Is the related party currently taking any prescribed medications? Please state names and dosages

(1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

Has the related party ever been refused Travel Insurance before? Yes/No

Has the related party ever made a medical, cancellation or curtailment claim? Yes/No

I declare that to the best of my knowledge and belief the above information is a full declaration of all Material Facts as stated in the Insurance Policy.

*Signed*_____ *Date* ____/____/_____

EUROPE Plus