

Health declaration and health exclusions

These apply to 'Section 1 - Emergency medical and associated expenses', 'Section 2 - Cancelling or cutting short your trip' and 'Section 9 - Personal accident'.

It is very important that you read and understand the following and, if necessary, declare any existing medical conditions to us.

- 1 **You** will not be covered for any claim arising from a medical condition for which, at the time of taking out this insurance, **you**:
- a have been prescribed any medication, received any treatment or had a consultation with a **doctor** or hospital specialist in the past 2 years;
 - b have ever been diagnosed with or treated for any of the following, before **you** bought **your** policy:
 - any cardiovascular problems for example, heart attack, angina, chest pain or palpitations;
 - any other heart condition;
 - hypertension (raised blood pressure);
 - blood clots;
 - raised cholesterol; or
 - any cerebrovascular problems for example stroke, transient ischaemic attack (TIA) or brain haemorrhage.
 - c are awaiting treatment or the results of any tests or investigations;

Unless

Your medical condition is listed under 'Accepted conditions' (see pages 7-9); or all relevant condition (or conditions) are declared to and accepted by **us** in writing.

You should contact **us** at www.mondialhealthscreen.co.uk or by calling **ROI +353 1619 3635** if, before **you** begin **your** trip:

- **you** need to declare a medical condition;
- **you** are unsure whether a medical condition needs to be declared or not.

This confidential service will be able to confirm if cover can be provided for **your** medical conditions. If **you** need to make a claim arising from a medical condition that has not been declared and accepted by **us**, it is unlikely that **your** claim will be paid.

If necessary, **we** may need **you** to get extra medical information report (at **your** cost) from **your** **doctor** to see if cover applies. Based on **our** assessment of the medical information supplied, **we** will decide if cover can be offered, if further terms should be imposed or if cover is offered subject to payment of an additional premium.

If an additional premium is required, cover will not start until full payment has been received by **us** and written confirmation given by **us**.

If **we** are unable to cover the medical condition (or conditions), this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition (or conditions). This may even apply if the person with the medical condition (or conditions) purchases cover from another provider.

Each **person insured** by **us** would still be covered for any unrelated medical condition (or conditions) and other sections of cover subject to the terms and conditions of this policy.

- 2 **You** will not be covered for any claim arising if, a terminal diagnosis had been received before **you** bought **your** policy.
- 3 **You** must be healthy, fit to travel and able to undertake **your** planned **trip**.
- 4 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your trip**.
- 5 **You** will not be covered if **you** know **you** will need medical treatment during **your trip** or **you** are travelling specifically to get medical treatment.
- 6 **You** will not be covered if **you** had any undiagnosed symptoms for which **you** were awaiting investigations or consultations or the results of investigations and where the underlying cause had not been established.
- 7 **You** will not be covered for claims relating to pregnancy or childbirth, where the pregnancy is more than:
 - 24 weeks at the end of a **trip** outside of Europe; or
 - 28 weeks at the end of a **trip** within Europe.

Note

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of accident or unexpected illness occurring during **your journey**.

Accepted conditions

The following medical conditions are covered without additional charge and subject to the normal terms and conditions of this insurance, provided:

- **you** are not awaiting surgery for the condition, and
- **you** have been fully discharged from any post-operative follow-up.

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| <input type="checkbox"/> Achilles tendon injury | <input type="checkbox"/> Circumcision | <input type="checkbox"/> Eyelid cyst |
| <input type="checkbox"/> Age spots (Liver spots) | <input type="checkbox"/> Colitis (simple) | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Allergies (no hospital admissions) | <input type="checkbox"/> Common cold(s) / Influenza | <input type="checkbox"/> Fibrositis |
| <input type="checkbox"/> Anal fissure/fistula | <input type="checkbox"/> Corneal graft | <input type="checkbox"/> Food poisoning / (resolved) |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Corns | <input type="checkbox"/> Frozen shoulder |
| <input type="checkbox"/> Benign breast lump(s) | <input type="checkbox"/> Cosmetic surgery | <input type="checkbox"/> Fungal nail infection |
| <input type="checkbox"/> Benign prostatic enlargement | <input type="checkbox"/> Croup (fully recovered with no residuals) | <input type="checkbox"/> Gall bladder removal |
| <input type="checkbox"/> Bladder cystitis (fully recovered, no hospital admissions) | <input type="checkbox"/> Cuts and abrasions (non self-inflicted) | <input type="checkbox"/> Gastric reflux |
| <input type="checkbox"/> Bladder infection (fully recovered, no hospital admissions) | <input type="checkbox"/> Cystitis (fully recovered, no hospital admissions) | <input type="checkbox"/> Gastroenteritis (resolved) |
| <input type="checkbox"/> Bladder muscle spasms / Incontinence (no infections) | <input type="checkbox"/> Cystocele (fully recovered, no hospital admissions) | <input type="checkbox"/> German measles / Measles (fully recovered, no complications) |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Dacryocystitis | <input type="checkbox"/> Gingivitis |
| <input type="checkbox"/> Broken/fractured bones (not head or spine, no longer in plaster) | <input type="checkbox"/> Dermatitis (no hospital admissions or consultations) | <input type="checkbox"/> Glandular fever (full recovery made) |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Diarrhoea and / or vomiting (resolved) | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Chest infection (fully recovered, no further treatment) | <input type="checkbox"/> Dyslexia (providing not resulting from trauma or injury to the brain) | <input type="checkbox"/> Gum disease |
| <input type="checkbox"/> Chicken pox (fully recovered) | <input type="checkbox"/> Eczema (no hospital admissions or consultations) | <input type="checkbox"/> Haemorrhoids (piles) |
| | <input type="checkbox"/> Epididymitis | <input type="checkbox"/> Head lice |
| | <input type="checkbox"/> Essential tremor | <input type="checkbox"/> Hernia (not Hiatus) |
| | <input type="checkbox"/> Erythema multiform or nodosum (no hospital admissions) | <input type="checkbox"/> Hip replacement (no subsequent arthritis) |
| | | <input type="checkbox"/> HRT (Hormone Replacement Therapy) |
| | | <input type="checkbox"/> Hyperhidrosis (excessive sweating) |

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| <input type="checkbox"/> Hyperthyroidism (overactive thyroid) | <input type="checkbox"/> Myalgia (Muscular rheumatism) | <input type="checkbox"/> Retinal detachment (provided not due to any underlying disorder or disease) |
| <input type="checkbox"/> Hypothyroidism (underactive thyroid) | <input type="checkbox"/> Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue) | <input type="checkbox"/> Rhinitis (allergic) |
| <input type="checkbox"/> Hysterectomy (no malignancy) | <input type="checkbox"/> Nasal polyp(s) | <input type="checkbox"/> Shingles (herpes zoster) |
| <input type="checkbox"/> Incontinence (bladder) (no infections) | <input type="checkbox"/> Neuralgia, neuritis | <input type="checkbox"/> Shoulder injury |
| <input type="checkbox"/> Iron deficiency anaemia (no blood transfusions) | <input type="checkbox"/> Nut allergy (no hospital admissions) | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Irritable Bowel Syndrome (IBS) | <input type="checkbox"/> Pelvic inflammatory disease | <input type="checkbox"/> Sleep apnoea |
| <input type="checkbox"/> Joint replacement / resurfacing (non arthritic; no subsequent arthritis) | <input type="checkbox"/> Pharyngitis | <input type="checkbox"/> Tear duct stone |
| <input type="checkbox"/> Knee injury - collateral / cruciate ligaments | <input type="checkbox"/> Piles | <input type="checkbox"/> Tendon injury |
| <input type="checkbox"/> Knee replacement (no subsequent arthritis) | <input type="checkbox"/> Post viral fatigue syndrome (if the only symptom is fatigue) | <input type="checkbox"/> Testicular cyst |
| <input type="checkbox"/> Lazy eye | <input type="checkbox"/> Pregnancy (no complications) | <input type="checkbox"/> Upper respiratory tract infection (URTI) (fully recovered, no further treatment) |
| <input type="checkbox"/> Ligament(s) or muscular injury (non back-related) | <input type="checkbox"/> Pre-Menstrual Tension (PMT) | <input type="checkbox"/> Urethritis (fully recovered, no hospital admissions) |
| <input type="checkbox"/> Liver spots (Age spots) | <input type="checkbox"/> Psoriasis (no hospital admissions or consultations) | <input type="checkbox"/> Urticaria |
| <input type="checkbox"/> Macular degeneration | <input type="checkbox"/> Reflux oesophagitis | <input type="checkbox"/> Varicose veins - legs only, no ulcers or cellulitis (if GP has confirmed that client is fit to travel) |
| <input type="checkbox"/> Migraine (confirmed diagnosis, no ongoing investigations) | <input type="checkbox"/> Restless leg syndrome (providing not associated to anxiety / stress and no underlying disease - for example peripheral vascular disease) | <input type="checkbox"/> Warts (benign, non-genital) |
| | | <input type="checkbox"/> Weak bladder (no infections) |

In addition to any medical condition on the 'Accepted conditions' list, **you** may be automatically accepted for cover, provided:

- **you** do not have more than one of the following medical conditions; or
 - any other existing medical condition.
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- Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism).**
 - There must have been no hospital admissions within the last 12 months.
 - Must not be awaiting surgery.
 - Asthma (Wheezing).**
 - There must have been no hospital admissions within the last 12 months.
 - Must be controlled with no more than two medications (no nebulizer, no home oxygen).
 - Must have been a non-smoker for at least 12 months.
 - Must be able to walk 200 yards on the flat without becoming short of breath.
 - Diabetes Mellitus (sugar diabetes).**
 - Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
 - Controlled by diet alone or by no more than one medication (no Insulin).
 - There must never have been any hospital admissions or diabetic complications.
 - Must have been a non-smoker for at least 12 months.
 - Down's Syndrome.**
 - There must be no associated conditions or complications (for example Congenital Heart Disease, Epilepsy, Gastrointestinal Abnormalities).
 - Hypotension (Low Blood Pressure).**
 - Must not be associated with any underlying condition.
 - Hypercholesterolaemia (High Cholesterol).**
 - No more than one medication.
 - Must not be the inherited form.
 - Must have been a non-smoker for at least 12 months.
 - Hypertension (High Blood Pressure, White Coat Syndrome).**
 - No more than two medications.
 - There must have been no change in treatment within the last six months.
 - Must have been a non-smoker for at least 12 months.
 - Osteoporosis (Osteopaenia, Fragile Bones).**
 - There must have been no vertebral (backbone) fractures.

If **you** have any other medical condition(s) or **your** medical condition does not meet the above criteria, **you** must contact **us** at www.mondialhealthscreen.co.uk or phone them on **ROI +353 1619 3635** to declare the condition (or conditions) and ensure that the cover will meet **your** needs.