



TRAVEL INSURANCE 2008/2009

VALID FOR POLICIES ISSUED 1/09/08 to 31/08/09
IN RESPECT OF TRIPS COMPLETED BY 31/08/10

Master Certificate of Insurance No:IGI/2008/00079

This Insurance is only valid when attached to a receipt giving details of Insured Persons, Travel Dates and Premium paid

Please read the whole of this Insurance before you travel and make sure you understand what and what is not covered.
If you have any questions contact Travelmaster Enquiries 0844 544 9910. Details of how to make a claim are shown below and on Page 2

TRAVEL INSURANCE POLICY

IMPORTANT DECLARATION PRE-EXISTING MEDICAL CONDITIONS

This insurance policy contains health restrictions that apply to the cover provided under the Cancellation, Curtailment and Medical sections of this insurance (see the exclusions applying to Sections A, B & C). This policy will not pay for any claims arising from pre-existing medical conditions or if **you** (meaning anybody insured by this policy) are awaiting or undergoing treatment or **you** are undergoing or awaiting any medical investigations or consultation with a specialist or awaiting diagnosis or tests results or are aware of any condition that could reasonably require treatment during the **period of insurance**.

With respect to Cancellation cover this exclusion applies to **your** state of health at the time **you** applied for this insurance and the policy was issued. With respect to **curtailment** cover and **necessary medical expenses** cover (see **Definitions on page 3**) we will only pay for claims that arise from a new injury or illness that first happens after **you** have started **your outward journey**. If **you** do suffer a new injury or illness after taking out this insurance but before starting **your outward journey** (this is known as a change in circumstance) **you** will only be covered by the Cancellation section of this policy and will not be able to have the condition covered for **necessary medical expenses** or **curtailment** expenses as this will be deemed to be an excluded pre-existing condition.

We may in the light of such changed circumstances not be able to continue cover under sections A and B of this insurance. If this is not acceptable to **you**, **we** will cover **you** for any loss of deposit or cancellation charges **you** have necessarily incurred up to the date of the change of circumstances that are normally covered under Section A of this insurance. In these circumstances no **policy excess** will be applied.

We may in certain circumstances be able to provide **you** with cover for pre-existing conditions or change in circumstances and **you** will see below details of how to contact our Health Check line. This service allows **you** to declare pre-existing conditions to **us**, and they will be able to advise **you** if the condition can be covered by this insurance and what terms may be applied. Please note that we cannot guarantee to be able to offer cover for all conditions, and if the terms made available to **you** are unacceptable **you** will be able to cancel this policy and obtain a refund of **your** premium provided **you** have not already travelled or made a claim and **you** contact **us** within 14 days of the policy issue date or within 7 days of the change in circumstance. **If you do not contact the Health Check line your pre-existing conditions will not be insured by this policy.**

Please note it is a condition of the policy that if you are aged 80 years and over at the date of departure you must contact the Health Check line

You must be able to agree to the following declaration that applies to **you** and to anyone **your** travel arrangements may depend on such as a **close relative** or **business associate** or travelling companion. If **you** have an annual policy this declaration applies every time **you** book a trip.

For you or anyone travelling with you, as far as you know the following apply.

- (a) Nobody is waiting for an operation, hospital consultation or any other hospital treatment or investigations including the results of a routine test.
- (b) Nobody has been seen by a specialist or been admitted to a hospital overnight in the last twelve months.
- (c) Nobody has any breathing or heart problem (including angina) or high blood pressure which has needed treatment (including regular medication) in the last two years.
- (d) Nobody has received treatment, including regular medication, in the last 12 months for any of the following:
 - disorder of the blood such as clotting, bleeding or anaemia
 - any form of stroke
 - Any form of cancer, leukaemia or tumour
 - a transplant or dialysis treatment
 - any other pre-existing and on-going medical condition that has required regular medication
- (e) Nobody has been diagnosed by a registered doctor as having a terminal condition
- (f) I do not know of any reason why the trip is likely to be cancelled or cut short or of any facts that may cause a claim on this insurance

Please note we are unable to provide cover for:

- 1) Psychological disorders such as stress, anxiety, depression, eating disorders or mental instability.
- 2) Claims arising from pregnancy where the period of the trip terminates less than 16 weeks before the date of delivery as estimated by a Hospital or Registered Medical Practitioner. For full details see Exclusions applying to Section A, B & C.

CHANGE IN YOUR CIRCUMSTANCES

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 (e.g. a **close relative**) **you** must contact **us** and tell **us** about the changes as soon as reasonably possible and prior to any trip.

We may in the light of such changed circumstances not be able to continue cover under sections A and B of this insurance. If this is not acceptable to **you**, **we** will cover **you** for any loss of deposit or cancellation charges **you** have necessarily incurred up to the date of the change of circumstances that are normally covered under Section A of this insurance. In these circumstances no **policy excess** will be applied.

Please note that **you** must contact **us** promptly regarding the change and are responsible for all costs incurred in obtaining any medical reports required by **us**. If **you** do not contact **us** within 7 days of the change of circumstance, **you** will be responsible for any increased costs incurred as a result of the delay in cancelling **your** trip and **we** will only pay the costs that would have applied had **you** cancelled **your** trip within 7 days of the date of the change of circumstances giving rise to the claim.

For advice and assistance, please contact the Health Check line

**For advice and assistance, please contact the
Travelmaster Health Check line 0844 544 9915**