



CommInsure Travel Insurance Medical Declaration Form For Pre-existing Medical Conditions Cover

CommInsure Travel Insurance provides comprehensive cover whether you're travelling within Australia or overseas. We make every attempt to provide cover to everyone, however sometimes this is not possible. We can not always provide insurance for travellers who already have a temporary or permanent condition or illness (known as a pre-existing medical condition) as defined in our PDS as:

- An ongoing medical or dental condition, or related complication you have, the symptoms of which you are aware of, or that is currently being or has been investigated by a medical adviser, chiropractor or physiotherapist, or
- A medical or dental condition for which advice, treatment or medication has been prescribed by one of the people listed in this definition, within the 90 days prior to you purchasing your policy or the commencement of your trip.

There are some pre-existing medical conditions we cannot cover, such as:

- Where a terminal or malignant prognosis has been given;
- A sexually transmitted disease or virus;
- AIDS (Acquired Immune Deficiency Syndrome) or an AIDS related condition;
- An addiction to alcohol or drugs;
- Depression, anxiety or any other mental or nervous disorder.

Nor can we provide cover for:

- Replenishment of any medication presently being used;
- Maintenance of any form of treatment commenced prior to your journey;
- Pregnancy beyond the 26th week;
- Your travelling against medical advice or for the purpose of obtaining medical advice;
- Known pre-existing medical conditions which have not been covered under your travel policy.
- Please refer to the PDS for other general exclusions.

In order for us to determine what cover we can offer in these circumstances, we need to know the exact nature of your pre-existing condition. Completion of this form will give us the information we need in order to make an assessment.

Procedures:

1. Travellers to complete Part 1 and Part 2 of this form and treating doctor to complete Part 3.
2. CommInsure will advise terms and acceptance within 3 business days of receiving this completed form in order for the applicable premium to be paid. A phone call will be made to the traveller and a confirmation letter will be either faxed or mailed with a decision reference number. We have the right to accept or decline cover or offer altered terms and condition to the policy.
3. If more than one person needs to be assessed for a pre-existing condition please photocopy this form.

Privacy policy:

We collect personal information (including customers' full name, address and contact details, including those of travelling partners, spouses and dependant children included on your policy) so that we may administer our customer relationships and provide customers with the products and services they request, as well as provide information on the Commonwealth Bank Group's products and services.

If we have your email or mobile phone details we may provide information to you on the Bank Group's products and services electronically. Please note that this may include contact by Short Messaging System (SMS).

The law can also require the Bank to collect personal information.

We may take steps to verify the information we collect; for example a birth certificate provided as identification may be verified with records held by the Registry of Births, Deaths and Marriages to protect against impersonation.

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking or we may reduce or refuse to pay a claim or cancel your policy. Your personal information may be accessed by the Commonwealth Bank Group staff in other countries if that becomes necessary for transactional reasons or to enhance our relationship with you.

We are permitted by the Privacy Act to disclose personal information to other members of the Commonwealth Bank Group. This enables the Group to have an integrated view of its customers.

Personal information may be disclosed to:

- any person acting on your behalf, including your financial adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney;
- brokers and others who refer your business to us;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigators and reinsurers (so that any claims you make can be assessed and managed), insurance reference agencies and other insurers;
- organisations including overseas organisations to whom we outsource certain functions; and
- organisations, including overseas organisations who provide emergency services.

In all circumstances where our contractors, agents and outsourced service providers become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our agents, contractors and outsourced service providers for our purposes.

We may be allowed or obliged to disclose information by law, for example under Court Orders or Statutory Notices pursuant to taxation or social security laws.

You may (subject to permitted exceptions) access your personal information by contacting:

Customer Relations Department
Commonwealth Bank Group
GPO Box 41
SYDNEY NSW 2001
Customer Relations Telephone Number 1800 805 605
Facsimile 1800 028 542
We may charge you for providing access.

For further information on our privacy and information handling practices, please refer to the Commonwealth Bank Group Privacy Policy Statement, which is available through www.comminsurance.com.au or upon request from any Commonwealth Bank branch.

Referral number



Please complete this form in black ink and fax to CommInsure on (02) 9115 8511.

Part 1. Personal details

Mr/Mrs/Miss/Ms: Destination:
Address: Departure date: / /
State: Postcode: Return date: / /
Policy type (please circle): Worldwide Economy Domestic
Home phone: Work phone: Height:
Mobile phone: Facsimile: Weight:
Occupation: Date of birth / /

Part 2. To be completed by the traveller

Please complete the following questions. We will advise you of the outcome of this assessment within 3 business days of receiving the form. How do you wish to receive notification of the outcome of the assessment?

Please tick (✓) Mail [] Email []

Question 1. Have you smoked in the last 6 months?

Yes [] No []

Question 2. Did you apply for cover for this trip from any other insurer?

Yes [] No []

If yes, please name the insurer:

.....

Question 3. If your cover was denied, or if you had special terms and conditions placed on your policy, please include a copy of your other assessment forms with this document.

Question 4. If you are pregnant, what is your estimated date of delivery? Due date: / /

Is the pregnancy as a result of IVF? Yes [] No []

Question 5. Have you been hospitalised or attended an Emergency Department in the past 12 months? Yes [] No [] If yes, why?

.....

Name of the treating doctor?

Question 6. List details of your visits to your regular local doctor or specialist over the last 12 months:

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Question 7. Have you been under the care of a naturopath, chiropractor or any other health provider in the last 12 months? If yes, please provide details:

.....

Question 8. What treatment, advice for treatment or medication have you had within the last 12 months?

.....

What reason did you have for taking this medication?

.....

Question 9. Do you play sport or exercise regularly?

Yes [] No []

Question 10. Has the travel been booked or undertaken against medical advice?

Yes [] No []

If yes, please provide details:

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Question 11. Has the travel been booked or undertaken with the intention of undertaking particular medical treatment or advice while overseas?

Yes [] No []

If yes, please provide details:

.....

Question 12. Have you previously submitted a claim in respect of your medical conditions whilst overseas?

Yes [] No []

Question 13. In the last 2 years have you had any medical problems while overseas?

Yes [] No []

If yes, please provide the date and details:

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Question 14. Are you currently on a surgical waiting list?

Yes [] No []

Question 15. Have you visited a doctor in the last 90 days?

Yes [] No []

If yes, please provide the date and details:

.....

Question 16. Are you aware of any other circumstance which may affect your application?

Yes [] No []

If yes, please provide the date and details:

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Declaration by the traveller

All answers given herewith are true, correct and complete. I have not withheld any information likely to affect the terms of acceptance of this application for cover. I hereby authorise any doctor, hospital, clinic or other person to provide CommInsure with any or all information concerning my current and past medical history. A photocopy or facsimile copy of this authorisation shall be valid as the original.

Signature of traveller:	Date:/...../.....
(if over 18 yrs)	
Signature of legal guardian:	Date:/...../.....
(required if traveller is under 18 yrs)	
Signature of legal guardian:	Date:/...../.....
(required if traveller is under 18 yrs)	

Part 3. To be completed by your usual treating doctor

Question 1. Are you the patient's usual medical practitioner?

Yes No

If yes, for how long?

Question 2. Are you well versed with the patient's medical history and state of health?

Yes No

Question 3. Details of all existing medical conditions: you must provide details of all existing medical conditions of which you are aware and all medication taken, including any treatment or advice given by any doctor, physiotherapist, chiropractor, naturopath, etc.

1. Medical condition:
 Medication taken:
 Date diagnosed:
 How often is medication taken?

2. Medical condition:
 Medication taken:
 Date diagnosed:
 How often is medication taken?

3. Medical condition:
 Medication taken:
 Date diagnosed:
 How often is medication taken?

Question 4. Has your patient previously suffered from any of the following?

Please tick (✓)

- Hypertension (if yes last reading is required)
- Angina (if yes, date of last attack and frequency of attacks is required).
- Diabetes
- Respiratory condition (e.g. asthma, bronchitis)
- Any other chronic condition or disease

If yes, please provide details

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Question 5. In your opinion, is your patient fit to undertake the proposed journey in Part 1 without requiring any additional medical attention in connection with any conditions currently under treatment?

Yes No

Question 6. Have you provided a medical referral to any overseas medical practitioner or hospital and why?

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Question 7. Is your patient suffering from a terminal or malignant condition?

Yes No

Question 8. Have you completed any forms on behalf of the applicant in the last 12 months? e.g. Centrelink, sick leave, insurance

Yes No

If yes, please provide details

Question 9. Are there any other comments you wish to make or details you wish to provide?

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Treating Doctors' name:

Address:

Phone:

Facsimile:

Qualification:

Signature: **Date:**/...../.....