

APPLICATION FOR COVER OF PRE-EXISTING CONDITIONS

(Please use block letters)

INFORMATION ABOUT THE INSURED

Policy number -

Date of departure (dd/mm/yyyy) Date of return (dd/mm/yyyy)

Destination

First name(s)

Family name(s)

Date of birth (dd/mm/yyyy) Sex (M/F)

Permanent address

Permanent address

Postal Code City

Country

Telephone Fax

Mobile phone

Email

INFORMATION GIVEN BY THE PHYSICIAN

Diagnosis:

Type and extent of the treatment: Date (dd/mm/yyyy)

Hospitalisation/treatment by a physician in connection with the illness or its consequences or complications within six months prior to departure:

Current medical treatment. Change in medication within the last six months prior to departure:

Expected check-ups or treatment? YES NO Date (dd/mm/yyyy)

Type of treatment:

Other comments:

Physician's signature and stamp _____ Date _____

Please note that any physician's fee for obtaining this medical information must be paid by the applicant.

289E3-45v11_Worldwide Travel Options_ENG_App Pre-Existing