

# INTERNATIONAL EMERGENCY MEDICAL EXPENSES AND TRAVEL INSURANCE STATEMENT OF FACT



Please read the following information carefully. It is a record of statements made and information held and constitutes the basis of your contract of insurance. If you are satisfied that to the best of your knowledge and belief this is a true statement of the facts, you need take no further action. If any of the following details appear to be incomplete or incorrect, please contact us immediately. Any alterations to the information may result in the terms of your policy and/or the premium being changed.

If any information on the document is not complete and accurate:

- The Insurer may cancel your policy and refuse to pay any claim, or
- The Insurer may not pay any claim in full, or
- The Insurer may revise the premium and/or change any excess, or
- The extent of the cover may be affected.

You confirm you are eligible for this insurance because you and anyone to be insured and travelling with you:

- Are travelling to undertake missionary or charity work overseas or working on behalf of a non-governmental organisation;
- Don't live in the USA, The European Union or EEA countries, Cuba Iran, North Korea or Venezuela;
- Do hold a valid United Kingdom passport and/or have a valid residential address in the United Kingdom;
- Aren't a USA National.

## PERSONS TO BE INSURED:

TITLE	FIRST NAME(S)	SURNAME	HOME COUNTRY*	DESTINATION(S) TRAVELLING TO (COUNTRY)**	DATE OF BIRTH		
					DD	MM	YYYY

## ADDRESS FOR CORRESPONDENCE:

House Number / House Name and Street:

Town:

Country:

Postcode:

Tel No:

Email:

\*Home country means your regular place of abode or the country which you hold a passport

\*\*Please advise us if there is a possibility that you will travel to any of the following locations: **Afghanistan, Chechnya, Central Africa Republic, Democratic Republic of Congo, Egypt, Iran, Iraq, Israel/Palestine (West Bank, Gaza Strip & Occupied Territories), Libya, Nigeria, North Korea, Somalia, South Sudan, Sudan, Ukraine, Syria, and Yemen.** Failure to notify Banner Financial Services of travel to these locations may result in a claim not being paid.

<b>Name of Sending Organisation:</b>	
<b>UK address of Sending Organisation</b>	
<b>Please advise if you are a member of Global Connections?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## PERSONS CURRENTLY RESIDING OUTSIDE THEIR HOME COUNTRY

Length of overseas placement:

MONTHS

YEARS

Please note a maximum of three years cover can be provided under this policy.

Anticipated date of return to Home Country:      /      /

**TYPE OF COVER REQUIRED:**

- MULTI- TRIP** - You may take multiple trips over the course of the year. Cover for a maximum of 120 days in total, with each individual trip limited to a maximum of 45 days.
- ANNUAL** - Cover for up to 365 days.
- SHORT-TERM** - One off trip. Cover for a specific period as noted below

COVER FROM -      /      /

COVER TO -      /      /

This insurance policy can only provide cover in respect of an event/occurrence which is sudden, unforeseen and beyond your reasonable control. Any facts known to you, which could possibly result in you having to make a claim, must be disclosed to us otherwise you may not be covered. In addition, anyone named under the policy must have read and understood the following relating to Pre-Existing Medical Conditions:

**PRE-EXISTING MEDICAL CONDITIONS** cover is excluded for any defined Pre-Existing Medical Condition (except for those listed below).

### Medical Questions

- |   |  | Yes                      | No                       |
|---|--|--------------------------|--------------------------|
| 1 | Are you or anyone travelling with you to be insured on this policy;  |                          |                          |
|   | A) Suffering for any health condition or taking ongoing medication?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | B) Receiving or on a waiting list for medical tests or treatment?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | C) Made a medical claim in the last 12 months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Have you or any person travelling with you to be insured on this policy:   |                          |                          |
|   | A) Ever been diagnosed with diabetes, a stroke, a heart or breathing condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | B) Ever been diagnosed as having a tumour, cancer or been given a terminal prognosis?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | C) Ever been diagnosed with a blood disorder or organ failure?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | D) Ever suffered a psychological or psychiatric condition, stress, anxiety, depression or dementia?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   | E) Ever been diagnosed high cholesterol?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | F) Ever been diagnosed with hypertension or hypotension?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | G) Ever been refused life, health or travel insurance cover or had special terms imposed?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | H) Consulted a doctor or attended a hospital or clinic during the last twelve months prior to applying for this insurance?             | <input type="checkbox"/> | <input type="checkbox"/> |
|   | I) Have you had a medical consultation or examination (e.g. with a travel or occupational clinic) in relation to your proposed travel? | <input type="checkbox"/> | <input type="checkbox"/> |
|   | J) Are you aware of any other person or relevant information that could affect a claim arising?  | <input type="checkbox"/> | <input type="checkbox"/> |

### CONDITIONS THAT DO NOT NEED TO BE DECLARED:

Asthma (under control), Attention Deficit Hyperactivity Disorder, Blindness, Blood Pressure (regulated and under control), Cholesterol (under control), Colitis (no hospital admissions in last 12 months), Common Cold /Influenza, Cuts & Abrasions (non self inflicted), Deafness, Diabetes diet controlled, Diabetes tablet controlled, Diabetes Insulin controlled (only if under control and no other health conditions / no hospital visits or hypo black outs in last 12 months) Diarrhoea and/or vomiting (resolved), Eczema, Fungal Nail Infection, Gastric Reflux, Glaucoma, Gout, Haemorrhoids (Piles), Hay Fever, Hip Replacement (provided not within 6 months), Migraine (confirmed diagnosis, no ongoing investigations), Nasal Polyp(s) (benign), Neuralgia, Neuritis Nut Allergy, Reflux Oesophagitis, Rhinitis (Allergic), Sinusitis.

Any conditions arising from any medical operations that occurred over 12 months prior to the date of booking the trip that have had **NO** complications since the surgery was undertaken.

There is no need to disclose routine visits for general inoculations e.g. Flu or Covid 19

### CLAIMS HISTORY

Details of all medical claims made within the past three years, whether travel-related or not:

Date of Loss:            /        /                          Claim cost:

Full details of Claim:

### DECLARATION

I/We confirm that:

- All persons to be insured are in good health, fit to travel and not travelling against medical advice or for the purpose of obtaining medical treatment abroad.
- All persons to be insured will be aged under 74 years and 11 months at the inception date of this Insurance
- I/we declare that the information disclosed on this statement, is to the best of my/our knowledge and belief both accurate and complete.
- I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted, and the premium charged.
- None of my/our immediate family or close business colleagues (under 75 years) are seriously or critically ill at the time of application.  
*Please note, cancellation and curtailment claims arising from the serious illness, injury or death of an immediate relative or close business colleague aged 75 years or over, will not be covered under this insurance.*

I/We understand that:

- Cover will not commence until the full premium has been received.
- Other than as stated above, Pre-existing medical conditions may not be covered by this insurance, and I/we must contact Banner Financial Services on 0345 450 8549 who will provide you with details of alternative insurance specialists that may be able to provide cover. The Insurer(s) will determine their terms and conditions upon the information provided in connection with this Statement of Fact, and I/we further understand that the provision of this information does not in itself bind me/us to complete or the Insurers to accept this Insurance. If I have given an e-mail address I agree to its use for discussion of medical details. I recognise that e-mail is not a secure or failsafe means of communication.
- If I am providing details of medical conditions of other covered persons, I am confirming that I have their consent to do so.

Please tick to confirm you (or the customer if you are completing on their behalf) understand the form and accept the terms and conditions.