



MPI Brokers Overseas Resort Staff Travel Insurance
Hotelplan Staff

About your Health

If you or a close relative have a medical condition that has affected you in the past twelve months please read this form.

If you are able to answer YES to any of the six questions directly below, please fill in the form and return to us at info@mpibrokers.com. If you can answer NO to all, please discard the form as it means either you have no conditions, or your conditions are non-declarable within the terms and conditions of our policy.

In order to assess the additional risk we process your personal information requested in this form. We will share this information with your employer as well as with our loss adjusters and, if necessary, underwriters and medical professionals. We have put in place processes and systems to ensure your information is securely managed. Please see our privacy policy at <https://www.mpibrokers.com/privacy-policy/>

	YES/NO
Have you been to A&E (Accident and Emergency in a hospital) in the last 12 months?	<input type="checkbox"/>
Has your doctor referred you to a consultant for any medical or mental condition in the last 12 months?	<input type="checkbox"/>
If you are on medication; has it or the dosage changed due to deterioration of a medical or mental condition in the last 12 months?	<input type="checkbox"/>
Are you on a waiting list for hospital treatment, or awaiting the results of tests or investigations?	<input type="checkbox"/>
Have you received a terminal prognosis?	<input type="checkbox"/>
Are you aware* of any of the above applying to a close relative(s), business colleague(s), or a traveling companion(s)?	<input type="checkbox"/>
<small>*You don't have to ask your relatives, it is just if you are 'aware' of any conditions that may affect your trip</small>	
Despite your answers to the above, the next question relates to medical and/or other matters.	
Are you aware of any circumstances or set of circumstances, which could reasonably be expected to give rise to a claim?	<input type="checkbox"/>

If you answered NO to all questions above, you do not need to continue filling out this form or to send it to us.



If you have answered YES to any of the above questions, please give details below, including date of incident, medication and dosage:

Conditions:

Dates:

Medications:

Please tell us about your trip

Date Employment accepted

Date of Travel and Duration

Country (s) you are travelling to

Please describe details of your intended trip below together with any activities, in particular where they may have an impact on a pre existing medical condition, for instance Asthma and travelling to high altitude.

Please show below any material facts.

A material fact: Insurance contracts are contracts based on the principle of utmost good faith which means if at the time of taking out this insurance *you* failed to disclose a material fact insurers hold the right at any time to cancel *your* policy and return *your* premium in full. A material fact is one which is known to *you* and could not be known by *Insurers*, and which may adversely affect the risk to be insured. English Courts will find a fact to be material where it would affect the judgment of a prudent underwriter whether or not to accept a risk at the terms offered.



Please note information given on this form may be shared with your employer. If your condition could affect the ability to do your job and or there is a health and safety matter you **must** inform your employer, e.g. a peanut allergy

Name	<input type="text"/>		
DOB	<input type="text"/>		
Height	<input type="text"/>	Weight	<input type="text"/>
Email	<input type="text"/>		
Tel number	<input type="text"/>		
Signed	<input type="text"/>		
Date	<input type="text"/>		

Should your health deteriorate after completing this form but before commencing employment please notify us immediately by completing and return a new form.

MPI Brokers

19-21 West House, West Street, Haslemere, Surrey, GU27 2AB
Fax No: 01428 645209 Email: screening@mpibrokers.com