



Overseas Resort Staff Travel Insurance

About your Health

If you or a close relative have a medical condition, that you are aware of, and has affected you or them in the past twelve months please read this form

If you answer 'YES' to any of the questions below those pre-existing condition(s) will be automatically excluded. If you would like Insurers to consider cover for those condition(s), please complete with full details

If you can answer 'NO' to all questions no further action is needed.

Please answer these questions about yourself

YES/NO

1. Have you attended A&E (Accident and Emergency) in a hospital in the last 12 months?

If you answered 'Yes', please give details of that condition(s) to which you have answered 'Yes'

Condition(s):

Medications:

Date of onset of the condition:

Current status:

2. Have you been referred to a consultant for any medical or mental condition in the last 12 months?

If you answered 'Yes', please give details of that condition(s) to which you have answered 'Yes'

Condition(s):

Medications:

Date of onset of the condition:

Current status:

3. Have you been given a new medication or had a change in medication in the last 12 months?

If you answered 'Yes', please give details of that condition(s) to which you have answered 'Yes'

Condition(s):

Medications:

Date of onset of the condition:

Current status:

4. Are you on a waiting list for hospital treatment, or awaiting the results of any tests or investigations, including awaiting appointments?

If you answered 'Yes', please give details of that condition(s) to which you have answered 'Yes'

Condition(s):

Medications:

Date of onset of the condition:

Current status:

5. Have you received a terminal prognosis?

If you answered 'Yes', please give details of that condition(s) to which you have answered 'Yes'

Condition:

Medications:

Date of onset of the condition:

Current status:

6. Are you aware of any medical condition of a close relative, business colleague, or travelling companion which if it deteriorated could cause you to cancel or curtail your trip?

*You don't have to ask your relatives, it is just if you are 'aware' of any conditions that may affect your trip)

If you answered 'Yes', please give details of that condition(s) you answered 'Yes' to...

Condition(s):

Medications:

Date of onset of the condition:

Current status:

Are you aware of any circumstances or set of circumstances, which could reasonably be expected to give rise to a claim (medical or otherwise)?

If you answered 'Yes', please give details

Condition(s):

Medications:

Date of onset of the condition:

Current status:

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

Please tell us about your trip

Date employment accepted

Company you are working for

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.

Name: _____

DOB: _____

Height: _____

Weight _____

Email: _____

Tel. no. _____

Signed: _____

Date: _____

Please scan and email to MPI Brokers, details below.

Should your health deteriorate after completing this form, please complete and return another form.

MPI Brokers

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Tel: 01428 664 265

Email: screening@mpibrokers.com

In order to assess the additional risk we process your personal information requested in this form. We will share this information with our loss adjusters and, if necessary, underwriters and medical professionals as well as with your employer. 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/>