

UK RELATED PARTY HEALTH DECLARATION

You have indicated that the health of a travelling companion, relative or close business colleague or other person on whose state of health a decision by you to cancel or curtail a trip depends may give rise to claim under your travel policy. In order to confirm cover, please ensure that you/or preferably the related party completes the following questionnaire in full and return the form to:

The Medical Screening Company Ltd, Brookwood House, 2b West Street, Ewell Village, Epsom, Surrey, KT17 1UU.
(Fax to **0845 124 6622** or e-mail to info@ehicplus.com)

PLEASE ANSWER ALL QUESTIONS

DETAILS OF INSURED PERSON

Title _____	Initial(s) _____	Surname _____	Policy Reference _____
Address _____			
Postcode _____	Telephone no: _____		

HOLIDAY DETAILS

Departure Date: ____/____/____	Duration: _____	Destination: _____
Have you booked your holiday?	Yes/No	If yes, what is the total price of your holidays? £_____

DETAILS OF THE RELATED PARTY

Title _____	Initial(s) _____	Surname _____
Relationship to Insured _____	Date of Birth ____/____/____	

MEDICAL CONDITION(S)

Has the related party been diagnosed with any medical condition(s) and what are they?	
(1) _____	Date of Diagnosis ____/____/____
(2) _____	Date of Diagnosis ____/____/____
(3) _____	Date of Diagnosis ____/____/____
(4) _____	Date of Diagnosis ____/____/____
Has the related party been an inpatient in hospital within the last 12 months?	Yes/No
How many times has the related party been admitted into hospital over the past two years?
Is the related party on a waiting list for investigations or treatment (surgical or otherwise)?	Yes/No
Has the related party been given a terminal prognosis?	Yes/No
Has the related party had any chemotherapy or radiotherapy in the last 18 months, or been advised that may require such treatment?	Yes/No
Is the related party currently taking any prescribed medications? Please state names and dosages	
(1) _____	(2) _____
(3) _____	(4) _____
(5) _____	(6) _____
Has the related party ever been refused Travel Insurance before?	Yes/No
Has the related party ever made a medical, cancellation or curtailment claim?	Yes/No

I declare that to the best of my knowledge and belief the above information is a full declaration of all Material Facts as stated in the Insurance Policy.

Signed _____ Date ____/____/____

