

IMPORTANT CONDITIONS RELATING TO HEALTH

You must comply with the following conditions to have the full protection of **your** insurance. If **you** do not comply **we** may cancel the insurance or refuse to deal with **your** claim or reduce the amount of any claim payment.

Pre-Existing Medical Conditions

If you are travelling within the United Kingdom, Republic of Ireland, Channel Islands, Isle of Man, France, Belgium, Luxembourg, Netherlands, Germany or Italy up to a maximum of 7 days only, provided you are travelling with a valid EHIC and your usual registered Doctor/GP has declared you fit to undertake the trip the following conditions apply:

- a) At any time:
 - i) Any **medical condition you** have which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel;
 - ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures);
 - iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**; or
 - iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

If you can comply with the above you do not need to ring the medical screening company for confirmation of cover

Pre-Existing Medical Conditions

If you are travelling within the United Kingdom (in excess of 7 days) and Europe

It is a condition of this insurance that **you** will not be covered under Section A – Cancellation or curtailment charges, Section B – Emergency medical and other expenses, Section C - Personal accident for any claims arising directly or indirectly from:

- a) At the time of taking out this insurance:
 - i) Any **pre-existing medical condition** (please ensure that you read the definition) that **you** have unless **you** have contacted the medical screening line and **we** have agreed to provide cover, or all of the **pre-existing medical conditions** that **you** have are included in the list of **No Screen Conditions*** and the words in brackets apply to **you**
 - ii) Any **medical condition** for which **you** have received a terminal prognosis;
 - iii) Any **medical condition you** are aware of but for which **you** have not had a diagnosis;
 - iv) Any **medical condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing **home**; or
 - v) Any **medical condition** affecting **you**, a **close relative** or a **close business associate** that **you** are aware of, that could reasonably be expected to result in a claim on this insurance unless **you** have been given **our** agreement.
- b) At any time:
 - i) Any **medical condition you** have which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel;
 - ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures);
 - iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**; or
 - iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

If **your** health changes after the start date of **your** insurance and the date **your** travel tickets or confirmation of booking were issued, **you** must telephone **our** All Seasons Health check line shown on the **your** schedule to make sure **your** cover is not affected.

You should also refer to 'What is not covered (applicable to all sections of cover)'.

No Screen Conditions

You do not need to contact **ASUA** Medical Screening in respect of any **pre-existing medical conditions** that **you** have that are included in this list and if the words in brackets apply to **you**. The condition must have been stable and well controlled for the last 12 months on medication administered by a **medical practitioner** and **you** must not have required a hospital admission or referral to a specialist because of a worsening of **your** condition.

Acne	Diabetes (providing there have been no complications such as impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, leg or foot amputation, liver damage)
ADHD - Attention Deficit Hyperactivity Disorder	
Any disabilities impairing mobility, vision or mental health carer providing an insured person is accompanied by an appropriate for when any assistance is required.	Dry Eye Syndrome
	Eczema
Arthritis - Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism. (There must have	Enlarged Prostate (benign only)
	Essential Tremor

been no hospital admissions within the last 12 months. The arthritis must not affect the back more than any other area of the body. The insured person must not be taking more than 2 medications. The insured person must not require any mobility aids, other than a walking stick. There must have been no dislocations or any joint replacements. The insured person must not be awaiting surgery. The insured person must have no lung problems/respiratory disorders).	Folate Deficiency	
	Fungal Nail Infection	
	Gallbladder Removal (no complications)	
	Gastric Reflux	
	Glaucoma	
	Goitre	
	Gout	
	Allergies (limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance & Hay Fever).	Hay Fever
	Asthma (provided it was diagnosed before age 50, and the insured person is taking/using no more than 2 medications/inhalers and has not been admitted to hospital in the last year)	Hiatus Hernia
		High Cholesterol
Hormone Replacement Therapy - HRT		
Bells Palsy	Hypertension (High Blood Pressure)	
Benign Positional Vertigo	Hypotension - Low Blood Pressure (Must not be associated with any underlying condition)	
Bladder Infection	Impetigo	
Breast Cancer/Prostate Cancer (provided you): – were diagnosed more than 12 months ago – have not had any chemotherapy or radiotherapy in the last 12 months and the cancer has not spread outside the breast or prostate at any time – in the case of cancer of the prostate you must have a PSA of 3.0 or less)	Insulin Resistance	
	Macular Degeneration	
	Meniere's Disease	
	Migraine	
	Osteoporosis - Osteopenia, Fragile Bones (There must have been no broken bones within the last 5 years)	
Bunions	Pernicious Anaemia	
Carpal Tunnel Syndrome	Raynaud Disease	
Cataracts	RSI (Repetitive Strain Injury/Tendinitis)	
Coeliac Disease	Sinusitis	
Congenital Blindness	Tendonitis	
Corneal Graft	Tinnitus	
Cystitis (provided no ongoing treatment)	Tonsillitis	
Deafness	Underactive or Overactive Thyroid	

Health Changes

If **your** health changes after the start date of this insurance and the date **your** travel tickets or confirmation of booking were issued, **you** must contact **ASUA** Medical Screening (see details below) to make sure cover is not affected.

Changes to **your** health which **we** need to know about are:

- details of any new **medical conditions** **you** have been diagnosed with; or
- changes in diagnosis of any existing **medical condition**; or
- changes in the treatment (including changes in medication) **you** are receiving for any existing **medical condition**.

ASUA Medical Screening: +44 (0)203 327 0556
Email: info@asuagroup.co.uk
Office Hrs: 9am-5pm Mon to Fri (excl. public holidays)

Exclusions Relating to Health and Medical Conditions

There is no cover under Section A – Cancellation or curtailment charges, Section B – Medical, repatriation and other expenses, or Section C - Personal accident of this policy for any claims arising directly or indirectly from:

- Any **medical condition** **you** have with which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel;
- Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures);
- Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**;
- You** travelling against any health requirements stipulated by:
 - the airline with which **you** are travelling, by the airline's booking company, or by anyone else who provides services on behalf of the airline at the airport, or
 - any other **public transport** provider.

Pregnancy

If **you** become pregnant, as confirmed by a **medical practitioner**, and **your** dates of travel fall within the 15 week period prior to the due date, then if **you** decide to cancel **your trip** and provided **you** contact **ASUA** within 14 days of the confirmation of **your** pregnancy, **we** will provide cover for the **trip** cancellation under the terms and conditions of Section A - Cancellation or curtailment charges. If a claim is paid, **your** policy will terminate and no further cover will be provided. **ASUA** can be contacted at info@asuagroup.co.uk or by calling +44 (0)203 327 0555.

If **you** decide not to cancel **your trip**, cover under all sections of this policy will be provided under the standard terms and conditions as contained in this document. In relation to pregnancy, this means there is no cover under this policy in relation to pregnancy and/or childbirth unless during a **trip**:

- you** suffer a **bodily injury**; or
- you** contract an illness or disease; or

c) complications of any kind with the pregnancy occur.

Cover for the above events will continue until the end of the 25th week of pregnancy with the exception that if **you** are pregnant following a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth, cover for the above events will continue until the end of the 23rd week of pregnancy.

The policy will not cover any costs relating to pregnancy or childbirth beyond the above dates even if **you** are already travelling and are more than 25 weeks pregnant (more than 23 weeks if **you** have had a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth) and have approval to travel from a **medical practitioner**.

Important information you have given us

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **ASUA**. **You** must take reasonable care to provide complete and accurate answers to the questions asked when the policy is taken out, changed or renewed (if applicable). If the information provided by **you** is not complete and accurate:

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

We will write to the **policyholder** if **we**:

- intend to cancel the policy; or
- need to amend the terms of the policy; or require the **policyholder** to pay more for this insurance.

If **you** become aware that information **you** have given is incomplete or inaccurate, **you** must inform **ASUA** as soon as possible. Contact details are given on this document.