

GROUP LEISURE TRAVEL INSURANCE APPLICATION FORM

PART 1 - Please complete this Application Form in FULL and in BLOCK CAPITALS

Title	First Name	Family Name	D.O.B	Age

Country of Residence:			
Address:			
Tel No:		Mobile No:	
Email:			

Policy/Trip Start Date		Policy/Trip End Date	
Policy Type Single Trip/Annual/Long Stay			
If Annual state Max Duration per trip: (31, 45, 60 or 90 days)		Destination (Countries to be visited)	
Silver or Gold Cover			

Cost of Holiday/Trip per person	
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Hazardous Activities Required (I.e. Skiing, Scuba etc)	
Other Special Requests (Specify)	

PLEASE PROVIDE ANY FURTHER INFORMATION YOU FEEL IS RELEVANT TO US ON A SEPARATE SHEET

DECLARATION

If you answer "YES" to any of the following questions, please contact the Intermediary who is providing this insurance to or email to: globelink@globelink.eu

IMPORTANT CONDITIONS

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

You must confirm that you have read and accepted the following to purchase this insurance by selecting Yes. If you are unable to agree with any of the following statements, then you are unable to continue with the purchase of this insurance.	Please Tick	
<p>Introduction: This is a travel insurance policy that, subject to the terms, conditions and exclusions contained in the policy wording, provides certain financial protection and medical assistance for your trip(s). When buying this insurance, you will be supplied with access to a Policy Wording that details the terms and conditions and exclusions of cover and an Insurance Product Information Document which provides a summary of the main cover and exclusions for a Regular Travel Insurance. We strongly recommend you review this information and raise any queries or concerns you may have before purchasing this insurance.</p> <p>This insurance is not personalised to your specific individual circumstances. Complete pre-contractual and contractual information about this product is provided in the validation certificate, policy schedule and policy wording. You have a right to cancel this insurance and receive a full refund up to 14 days from the date that you receive the policy documents at the start of insurance provided that no insured person has travelled, cover has not already commenced and no claim under this policy has been made or is intended to be made. The policy terms, conditions and exclusions apply to all insured persons named on the validation certificate travelling with you and if you are arranging this insurance on behalf of other people it is your responsibility to ensure the cover provided is suitable for the needs of all insured persons.</p> <p>Questions you must answer Yes or No:</p> <p>1. I have read and understood the introduction statement above and the cover provided is suitable for the needs of all parties named on the validation certificate.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>1. I have read and understood the introduction statement above and the cover provided is suitable for the needs of all parties named on the validation certificate.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. I accept that coverage is limited and subject to conditions, exclusions and excesses and that this insurance policy contains conditions and exclusions in relation to geographical areas, sporting activities and the health of the insured persons and of others who might not be travelling with an insured person but whose wellbeing the insured person's trip may depend upon. Yes/No (If No cannot proceed with purchase)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. I accept that all insured persons must comply with the conditions relating to pre-existing medical conditions and health changes in order to have the full protection of this insurance and that if an insured person does not comply with these conditions the insurer may cancel the insurance or refuse to deal with an insured persons claim or reduce the amount of any claim payment. Yes/No (If No cannot proceed with purchase).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I am aware that medical coverage for treatment costs is not included in my home country of residence and limited solely to emergency treatment costs whilst I am travelling outside my home country and that such treatment is limited to emergency necessary treatment that cannot be safely delayed until I am medically repatriated by the appointed 24 Hour Assistance Service detailed on my policy. Yes/No (If No cannot proceed with purchase)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. I agree that in the event I need medical treatment abroad I will arrange for the 24 Hour Assistance Service to be contacted as soon as possible and that they will be solely responsible for pre-authorising necessary medical treatment and expenses and/or arranging medical repatriation. Yes/No (If No cannot proceed with purchase)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am aware that I have a choice of Single Trip and Annual Multi-Trip policy options with different Benefit Levels and I confirm that am satisfied with the choice that I have made.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT INFORMATION

This is not a private medical insurance. If you need any emergency medical treatment or emergency travel assistance whilst abroad, please contact us. Not contacting us, or not following our instructions, could affect your claim. Full details are shown under the Making a Claim Section.

There are conditions which apply to the whole of this insurance and full details of these can be found under the General Conditions and Exclusions Section. There are also conditions which relate specifically to making a claim, and these can be found under the Making a Claim Section.

In the above Sections **you** will find conditions that **you** need to meet. If **you** do not meet these conditions, **we** may need to reject a claim payment or a claim payment could be reduced. In some circumstances the policy may be cancelled.

Declaration of Medical Conditions and Health Changes

This travel insurance policy contains conditions and exclusions in relation to **your** health and of others who might not be travelling with **you** but whose well-being **your trip** may depend upon.

You must comply with the following conditions relating to **pre-existing medical conditions** and health changes in order to have the full protection of this insurance. If **you** do not comply with these conditions, **we** may cancel the insurance, or refuse to deal with **your** claim or reduce the amount of any claim payment.

Pre-existing medical conditions

It is a condition of this insurance that **you** will not be covered 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 **pre-existing medical condition** that **you** have unless the **pre-existing medical conditions** that **you** have are included in the list of "No Screen Conditions" shown in this policy and the words in brackets apply to **you**.

In relation to this policy, a **pre-existing medical condition** is:

- a) any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by a **medical practitioner** and prescribed drugs or medication);
- b) any disease, illness or injury for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months;
- c) any disease, illness or injury for which **you** are taking prescribed drugs or medication;
- d) any disease, illness or injury for which **you** have received a terminal prognosis;
- e) any disease, illness or injury **you** are aware of but for which **you** have not had a diagnosis;
- f) any disease, illness or injury for which **you** are on a waiting list or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

***NO SCREEN CONDITIONS**

You will be covered for any **pre-existing medical conditions** that **you** have, if they 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	Deafness
ADHD - Attention Deficit Hyperactivity Disorder	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)
Any disabilities impairing mobility, vision or mental health carer providing an insured person is accompanied by an appropriate for when any assistance is required.	
Arthritis - Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism. (There must have been no hospital admissions within	Dry Eye Syndrome
	Eczema

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.	Enlarged Prostate (benign only)
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).	Essential Tremor
Allergies (limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance & Hay Fever).	Folate Deficiency
Asthma (providing 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)	Fungal Nail Infection
Bells Palsy	Gallbladder Removal (no complications)
Benign Positional Vertigo	Gastric Reflux
Bladder Infection	Glaucoma
Breast Cancer/Prostate Cancer (provided the insured person : was diagnosed more than 12 months ago <ul style="list-style-type: none"> - has 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 the insured person must have a PSA of 3.0 or less) 	Goitre
Bunions	Gout
Carpal Tunnel Syndrome	Hay Fever
Cataracts	Hiatus Hernia
Coeliac Disease	High Cholesterol
Congenital Blindness	Hormone Replacement Therapy - HRT
Corneal Graft	Hypertension (High Blood Pressure)
Cystitis (provided no ongoing treatment)	Hypotension - Low Blood Pressure (Must not be associated with any underlying condition)
	Impetigo
	Insulin Resistance
	Macular Degeneration
	Meniere's Disease
	Migraine
	Osteoporosis - Osteopenia, Fragile Bones (There must have been no broken bones within the last 5 years)
	Pernicious Anaemia
	Raynaud Disease
	RSI (Repetitive Strain Injury/Tendinitis)
	Sinusitis
	Tendonitis
	Tinnitus
	Tonsillitis
	Underactive or Overactive Thyroid

I/we declare that to the best of my/our knowledge and belief no information that may influence underwriters in their acceptance of this insurance has been withheld. I/we undertake to declare any changes in the physical or mental health of persons insured which may affect the cover provided. I/we declare that I/we have read the key facts document accompanying this application and will be bound by policy terms and conditions.

SIGNATURE OF PROPOSER: _____ **DATE:** _____

Please return this completed Application Form to the Intermediary who is providing this insurance to or email to:
globelink@globelink.eu

Globelink (Cyprus) Insurance Agency & Sub-Agency Ltd
140 Franklin Roosevelt Avenue, Limassol 3011. Cyprus

The information that you supply on this form will only be used by us to assess whether we will provide cover for the disclosed medical conditions. This information will not be passed to any third party.

For full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data, please refer to our Privacy Policy at [Privacy Policy and Cookies – Learn How Globelink Operates](#) or please ask a member of staff for details.