

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 including Post/Zip Code:			
Tel No:		Mobile No:	
Email:			
Taxpayer Identification No:			

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)	
Value, Silver, Gold or Essential Cover:			

Cost of Holiday/Trip per person	
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If travel includes manual work, the use of machinery, working at heights or other Activities that carry a risk of injury please provide us with full details.	
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 “**NO**” 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>	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</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

the needs of all parties named on the validation certificate.		
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 I 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 HEALTHWATCH ASSISTANCE

24 Hour Emergency Helpline

Telephone: +30 (0) 2313 084518

Telephone: +30 (0) 2311 801618

Email: assistance@healthwatch.gr

Not contacting Healthwatch Assistance, or not following our instructions, could affect your claim. Full details are shown in Part 3 – Making a Claim.

There are conditions which apply to the whole of this insurance policy and full details of these can be found in Part 2 – General Conditions and Exclusions

There are conditions which relate specifically to making a claim, and these can be found in Part 3 – Making a Claim.

There are conditions that only apply to specific sections and these can be found under the Special Conditions Relating to Claims heading in each section.

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 document 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 section 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 only 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.

'Stable and well-controlled' means the condition has been controlled by medication administered by a **medical practitioner** and **you** have not required a hospital admission or referral to a specialist as a result of a worsening of **your** condition within the last 12 months.

• Acne
• ADHD - Attention Deficit Hyperactivity Disorder
• Any disabilities impairing mobility, vision or mental health (provided you are accompanied by an appropriate carer for when any assistance is required).
• Arthritis - Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism. -The arthritis must not affect the back more than any other area of the body; and - You must not be taking more than 2 medications; and - You must not require any mobility aids, other than a walking stick; and -There must have been no dislocations or any joint replacements; and - You must not be awaiting surgery; and - You must have no lung problems/respiratory disorders.)
• Allergies (limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance & Hay Fever)
• Asthma (-providing it was diagnosed before age 50; and you are taking/using no more than 2 medications/inhalers)
• Bell's Palsy
• Benign Positional Vertigo
• Bladder Infection
• 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 prostate-specific antigen of 3.0 or less)
• Bunions
• Carpal Tunnel Syndrome
• Cataracts
• Coeliac Disease
• Congenital Blindness
• Corneal Graft
• Cystitis
• Deafness
• 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)
• Dry Eye Syndrome
• Deep Vein Thrombosis (DVT) – (provided you were diagnosed more than 12 months ago; and you are currently stable and well controlled on anti-coagulant (blood thinning) medication (such as Warfarin) taken purely as a DVT preventative and not related to any heart related condition). -If you are being treated as a result of a pulmonary embolism or have been prescribed anti-coagulants as a result of being at high risk of blood clots due to an abnormal heartbeat (atrial fibrillation) or because of a mechanical heart valve or similar cardiac device or having a blood clotting disorder (such as thrombophilia) or as a result of a recent operation then there is no cover under this policy.
• Eczema
• Enlarged Prostate (benign only)
• Essential Tremor
• Folate Deficiency
• Fungal Nail Infection
• Gallbladder Removal (provided there were no complications)
• Gastric Reflux
• Glaucoma
• Goitre
• Gout
• Hiatus Hernia
• High Cholesterol
• Hormone Replacement Therapy – HRT
• Hypertension - High Blood Pressure: (Providing you have not been diagnosed with any heart disease, heart attack, heart failure, peripheral artery/vascular disease, stroke or kidney disease)
• Hypotension - Low Blood Pressure (provided it is not associated with any underlying condition)
• Impetigo
• Insulin Resistance
• Macular Degeneration
• Meniere's Disease
• Migraine
• Osteoporosis - Osteopenia, Fragile Bones (provided there have been no broken bones within the last 5 years)
• Pernicious Anaemia

• Raynaud's Disease
• RSI (Repetitive Strain Injury/Tendinitis)
• Sinusitis
• Tendonitis
• Tinnitus
• Tonsillitis
• 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 **Globelink International** 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**.

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:

- a) 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;
- b) 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);
- c) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**;
- d) **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 **Globelink International** 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.

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**:

- a) **you** suffer a **bodily injury**; or
- b) **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**.

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 YOU

or email to: gobelink@gobelink.eu
Gobelink (Cyprus) Insurance Agency & Sub-Agency Ltd
 Rafael Sandi, 1st floor, 6052, Larnaca, 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 Globalink Operates](#) or please ask a member of staff for details.