

Mature Aged Traveller

APPLICATION FORM — INTERNATIONAL LEISURE

Good2Go!TM
TRAVEL INSURANCE

If You are aged 76 years or older You will need to complete this form and return it to Good2Go! as part of Your application for insurance. Each Mature Aged Traveller is required to complete a Mature Aged Traveller Form. If additional space is required, please note details together with section reference on a separate sheet and return with this form. **Good2Go! Travel Insurance** is issued/insured by American Home Assurance Company (New Zealand Branch), trading in New Zealand as Chartis.

Complete this form and post to **Good2Go! Travel Insurance** PO Box 1745, Shortland Street, Auckland 1140.

PERSONAL DETAILS

Full Name

Telephone (home) E-mail Address

Occupation

Date of birth Height cm Weight kg Sex Male Female

TRAVEL DETAILS

Travelling as Family Individual Main Destination

Which other countries will You visit?

Reason for Travel

Commencement Date Return Date Duration of Trip days

What types of transportation will You be using?

EXCESS

Please tick Your selected Excess option:

- Standard Policy Excess** – where You have not selected the Excess Buyout or Excess Discount option. (\$75.00 Excess applies)
- Excess Buyout** – Your Policy Excess is reduced to \$0 for an additional Premium. (Important – this reduction in Excess does not apply to Specified Items or Pre-Existing Medical Conditions claims. The Excess Applicable to these covers remains at \$75.00).
- Excess Discount** – Your Policy Excess is increased to (tick one): \$150 \$250 \$500
The Premium will be discounted accordingly. (Important – the increased Excess level also applies to additional covers such as Specified Items, Pre-Existing Medical Conditions and Rental Vehicle Excess Option).

SPECIFIED ITEMS

Do You require cover for any luggage Item or set of items (including laptops) that have a market value of more than \$1,000 or a video camera with a market value of more than \$2,000? If so, please list below for our Insurers' consideration (Important – You can specify items up to \$5,000 per item or set of items. The maximum You can specify under each Policy is \$15,000 in total for all items)

Description	Value
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	\$ <input type="text"/>
5. <input type="text"/>	\$ <input type="text"/>

RENTAL VEHICLE OPTION

The Rental Vehicle Option increases the Sum Insured under Section 7 from \$1,000 to \$4,000. If You require extended cover for Rental Vehicle Excess please give details below:

Rental Vehicle Cover Start Date Rental Vehicle Cover End Date

Continued...

DECLARATION

If You have ticked a "No" to any statement please provide full details on a separate sheet.

- 1. I agree that:
 - (a) I have never had any insurance application, insurance policy, or any claim declined by any insurance company because of incorrect information supplied to the insurance company or because a fraudulent claim was lodged: Yes No
 - (b) I know of no reason why I would not be able to complete my planned Travel: Yes No
- 2. I have told the Insurer everything that is likely to affect their decision to accept this insurance: Yes No
- 3. All persons on whom this Travel depends are in good health: Yes No
(e.g. members of Travelling party, parents, siblings & etc)
- 4. I agree to seek free or reduced cost health treatment where it is available: Yes No
(e.g. where New Zealand has Reciprocal Health Agreements in place)
- 5. I understand that:
 - (a) the Insurer is collecting this information to evaluate my insurance and that failure to provide any required information may result in the Insurer refusing to provide this insurance: Yes No
 - (b) I am obliged to disclose to the Insurer any information that may be material to the consideration of this insurance: Yes No

Full name of Applicant

Signature Date / / 20

Completion is acknowledgement in itself that all information given is true and complete.

PRE-EXISTING MEDICAL CONDITIONS

"Pre- Existing Condition" means, in relation to You or any other person on whom Your Travel depends:

- (a) within the 6 months prior to and including any time following the completion of Your Application Form for this Policy until the date of Your departure for Travel any physical defect, condition, illness or disease
 - (i) for which treatment, medication or advice has been received or prescribed by a medical or dental adviser;
 - (ii) is aware of or for which symptoms are such that a reasonable person would have sought medical attention;
- (b) any allergic, chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease medically documented prior to the issue of this Policy; or
- (c) any medical or dental concern under investigation or is recorded on a hospital or surgical waiting list for further treatment or investigation.

Conditions/Diagnosis	Treatment/Medication/Symptoms	Current Status
1. <input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
2. <input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
3. <input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
4. <input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>

Please tick the box which applies. If You have answered 'Yes' to any of the following, please provide full details below (e.g. when, why).

Have You: Yes No **Date** / / 20

1. been hospitalised in the past three years?

Details

Continued...

2. a terminal or malignant illness or condition?

Yes No

/ / 20

Details

Three empty text input boxes for providing details.

3. Rheumatic Fever or Heart Disease of any kind?

Yes No

/ / 20

Details

Three empty text input boxes for providing details.

4. suffered a Stroke or Transient Ischaemic Attack?

Yes No

/ / 20

Details

Three empty text input boxes for providing details.

5. suffered Airways Limitation (e.g. Asthma, Emphysema)?

Yes No

/ / 20

Details

Three empty text input boxes for providing details.

List details of visits to all Doctors in the last 12 months, reasons, outcome and Your current state of health

Seven empty text input boxes for listing medical visits.

PRIVACY STATEMENT

Chartis and its medical assistance provider collect information necessary to underwrite and administer Your Policy. The information You provide is voluntary, however if We do not collect this information We may not be able to assess Your application for Pre-Existing Medical Cover. In the course of administering Your Policy Chartis may exchange or disclose Your personal information to:

- (a) a related Chartis company either in New Zealand or overseas;
- (b) contractors or third party providers providing services related to the administration of Your Policy;
- (c) banks and financial institutions for the purpose of processing Your application and obtaining payment of premium;
- (d) in the event of a claim, assessors, third party administrators, emergency providers, retailers, medical providers and travel carriers;
- (e) Our assistance provider who will record all calls to the assistance service provided under Your Policy for quality assurance, training and verification purposes.

PRIVACY WAIVER

Once We or Our medical assistance provider have received this application You or Your Doctor may be contacted for further information relating to Your medical conditions. Signing this declaration hereby gives Your consent for Chartis or its medical assistance provider to contact Your doctor and authorises Your Doctor to release details relevant to this insurance and indicates you have read the Privacy Statement above.

Signature and Date fields with labels 'Signature' and 'Date / / 20'.

Must be signed and hard copy sent

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ACCESS TO YOUR INFORMATION

You may gain access to, or request correction of, your personal information held by Chartis, by making a written request to Chartis:

The Privacy Manager
American Home Assurance Company (New Zealand Branch)
PO Box 1745, Shortland Street
Auckland 1140
New Zealand

Whilst access to Your personal information is generally provided free of charge, We reserve the right to charge for access requests in some limited circumstances.

**If You require health disorder coverage this section must be completed by Your Doctor.
All questions must be carefully completed to enable assessment.**

How long have you been the Applicant's usual Medical Practitioner?

Last examination date: / / 20

List the conditions (other than minor ailments that have not repeated) the Applicant has been treated for or suffered from in the past 3 years:

1. 3.

2. 4.

Please advise if any of the above conditions are NOT stable or controlled by medication:

1. 3.

2. 4.

Please list details of all prescribed medications:

1. 3.

2. 4.

B/P Pulse Rate

Is the current medication the same medication, strength and frequency as the medication prescribed 3 months ago? Yes No

Details

Has an Echocardiogram, Angiogram or stress test been performed?. Please attach results of these or any other relevant tests. Yes No

Details

Does the Applicant have any special needs in flight or on the ground? Yes No

Details

Have you provided a referral to any overseas hospital or medical adviser? Yes No

Details

Do you consider the Applicant fit and able to complete the Travel without needing any additional medical treatment, assistance or advice in relation to the above conditions? Yes No

Details

Are there any other details we should know? Yes No

Details

Doctor's Name Telephone number

Facsimile number

Doctor's Signature Date / / 20

Must be signed and hard copy sent

IMPORTANT NOTES FOR APPLICANTS: Chartis reserves the right to impose a fee for a Pre-Existing Medical Assessment. Where this is the case You will be advised as part of Your application process. Chartis will advise whether Your application has been accepted, accepted with an additional premium loading, or denied. Pre-Existing Medical Condition Cover is only available for You and the Insured Person(s) noted on the Certificate of Insurance, on approval of this application by Chartis.