

Completion instructions for the Traveller

Medical Appraisal Form A is required for all HBF Travel policies, when:

1. You or any applicant to be Covered by this insurance suffer from any Pre-existing Medical Conditions and have received medical or dental treatment or advice, or taken prescribed medication in the last 90 days, and You wish to take Cover for the condition(s).

AND/OR

2. You or any applicant to be Covered under a Gold, Super, or Budget Policy suffer from any of the automatically Covered Pre-existing Medical Conditions listed in the Travel Policy Wording and Product Disclosure Statement, where You don't meet the qualifying criteria, and You wish to take Cover for the condition(s)*.

Medical Appraisal Form A & B are required when:

1. You or any applicant to be Covered by this insurance have any Physical Condition, for which a specialist review is planned other than the 26 conditions automatically Covered, irrespective of whether You wish to take Cover for the condition(s) or not.

AND/OR

2. You or any applicant to be Covered by this insurance has submitted Medical Appraisal Form A and HBF require further information before acceptance of risk can occur.

Medical Appraisal Form A – Is completed by the Traveller

Medical Appraisal Form B – Is completed by a Medical Practitioner

Completion instructions for the Doctor

If Your medical practice has computerised patient records and the Health Summary sheet is sufficiently detailed as to adequately answer any question on the part of this form to be completed by the Doctor, then You may indicate this on the form and attach a copy of the Health Summary sheet. If You choose to attach the Health Summary sheet, We reserve the right to contact You should clarification or additional information be required.

Your Duty of Disclosure

What You must tell Us

When answering Our questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

Who needs to tell Us

It is important that You understand You are answering Our questions in this way for Yourself and anyone else whom You want to be Covered by the Policy.

If You do not tell Us

If You do not answer Our questions in this way, We may reduce or refuse to pay a claim, or cancel the Policy. If You answer Our questions fraudulently, We may refuse to pay a claim and treat the Policy as never having worked.

If You do not understand Your duty please contact Us.

Important information

Your records

The Policy and Your current Certificate of Insurance, Variation or Endorsement are a record of Your Cover. They are important documents containing the terms and conditions which apply to our agreement. You may need them from time to time and particularly when You need to make a claim. Please retain these documents and keep them in a safe place.

Claims

If You need to make a claim, this can be done by contacting an HBF Member Service Advisor on 133 423, lodging the claim at any HBF Service Centre or sending Your claim form to:

HBF Insurance Pty Ltd
GPO Box N1060, Perth WA 6809.

Please read Our General Conditions relating to all sections of the Policy for information relating to claims and claims payments. If You have any queries regarding a claim please contact Our Claims Department on 9265 6402.

Privacy Statement

If You are a medical practitioner completing this form in connection with a patient's application for HBF Travel Insurance, HBF will collect the personal information on this form when You, or Your patient, return it to HBF. HBF collects this information to decide whether to issue a travel insurance policy, and if so, on what terms, and to assist HBF in managing any claims made by Your patient. HBF may disclose Your personal information to an external consultant providing a recommendation on whether to issue a travel insurance policy or dealing with the assessment or investigation of claims made by Your patient or the Insurance Ombudsman's Service or any other external adviser used by HBF to assist in the resolution of a dispute with Your patient. There are requirements under the Insurance Contracts Act 1984 that Your patient disclose to HBF all material information in relation to their travel insurance policies, and this may include the information You provide. If You do not provide the personal information requested in this form, HBF may not be able to provide a travel insurance policy to Your patient. You have a right to access Your personal information which is held by HBF.

Further details on the way We handle personal information are in Our Privacy Policy, which is available at www.hbf.com.au or on request by calling a Member Service Advisor on 133 423. If You are a traveller and You have applied for (or are applying for) HBF Travel Insurance, a complete statement about how HBF will deal with Your personal information is 'Your Rights and Obligations' brochure which is provided to You when You take out Cover or is available on request.

During the course of your relationship with HBF, are you happy to receive information by letter or phone on the benefits of our services?

This includes Health, General Insurance, Life Insurance and Financial Services. Yes No

If there is insufficient space on this Medical Appraisal form please attach a separate sheet or use the reverse side of Form B.

Medical Appraisal Form A

This form is to be completed by the **Traveller**



1

Title	Surname	Given Names	HBF Member Number			
Address		Postcode				
Home Phone	Business	Mobile				
Email Address	Fax Number		Date of Birth			
Destinations (List All)		Departure Date	Return Date		HBF Service Centre	

2 Please provide details of all existing medical conditions (Attach a separate sheet of paper if more than 2 conditions)

	Condition 1	Condition 2
Name of Condition/Diagnosis		
1. Date of diagnosis/onset	/ /	/ /
2. Date of operation	/ /	/ /
3. Operation details		
4. Medication type and dosage		
5. Current symptoms		
6. Do You have any special needs		
7. Have there been any flare ups within the last 18 months?		
a) complications		
b) causes		
c) treatment during flare ups		
8. When was the last "event" eg seizure, asthma attack etc	/ /	/ /
9. Are You on a waiting list for surgery?	Yes No	Yes No
a) type of surgery		
b) proposed date	/ /	/ /
10. Have You had any investigations or referrals in the past 18 months?	Yes No	Yes No
a) type of investigations or referrals		
b) date of investigations or referrals	/ /	/ /
c) when is Your next review due?	/ /	/ /
11. Are You having any other treatment in regard to the condition?	Yes No	Yes No
12. Has the treatment or medication changed in the last 3 months?	Yes No	Yes No
13. If yes, how?		

3 Reasons and dates of hospitalisation during last 3 years and reasons and dates of medical consultations (in Doctors Rooms) during the last 6 months (for any condition).

Details

	Date	/ /
	Date	/ /

4 Authority to Release Medical Information

I authorise HBF Insurance Pty Ltd to release the information declared in this Medical Appraisal Form to its medical assessors and the agent authorised to arrange this insurance. I also authorise any hospitals, clinic, doctor or any other person to release to HBF Insurance Pty Ltd or its assessors any and all information concerning my past and present medical history. A photocopy or facsimile copy of this authority shall be as valid as the original.

Declaration and Acknowledgment

I declare that I have not withheld any information whatsoever regarding my health, and that all my information on this form is true, correct and complete. I acknowledge that it is a condition of my agreement with HBF Insurance Pty Ltd to insure me that I must comply with my Duty of Disclosure which is highlighted in the Travel Policy Wording and Product Disclosure Statement. If I fail to comply with my Duty of Disclosure, I acknowledge that HBF Insurance Pty Ltd may be entitled to reduce their liability in respect of a claim or may cancel the contract. If my non-disclosure is fraudulent, HBF Insurance Pty Ltd may also have the option of avoiding the contract from its beginning. I hereby declare that I have read and understood the Duty of Disclosure.

Signature of Applicant _____ Date / /

Medical Appraisal Form B

This form is to be completed by your **Doctor**



1 Traveller's Details

Title Surname Given Names Date of Birth / /

Address Postcode

Itinerary: Please list the countries to be visited

Date of Departure / / Return Date / / HBF Membership Number - -

2 Doctor's Details

Name Business

Address Postcode

3 Please provide details if your patient has a history of any of the following

Chronic Airways condition(s) Yes No

Cancer/Terminal/Malignant Yes No

Fits/Faints/Funny turns Yes No

Heart Condition(s) of any kind Yes No

Thromboembolic condition(s) Yes No

Cerebrovascular condition(s) Yes No

Joint or other replacements Yes No

4 Conditions currently being treated or under review

Condition/Diagnosis			
Date of onset			
Current medication			
Other treatment			
Current symptoms			
Special needs			
Pending specialist reviews/treatments			

Please include copies of relevant reports eg. Stress tests/Angiogram/Cardiology reviews etc

5 Dates and reasons of hospitalisation in last 3 years

/ /

6 Dates and reasons of Medical/Dental Consultations in last 6 months

/ /

Do you consider the applicant fit and able to travel the planned itinerary without needing additional medical treatment, assistance or consultation in relation to the above conditions. Yes No

If No, please provide details

Doctors Signature

Date / /

Doctors Official Stamp

