


## MIA Master Travel Protection Travel Insurance

### About you...

Client Name:	
Date of Birth:	
Full Address:	
Telephone Number:	
Fax Number:	
Email Address:	

### About your trip...

Purpose for trip:		
Travel Destination*:		
Hotel / Resort Details:		
Travel Dates: 	<b>Leave:</b>	
	<b>Return:</b>	

\* European Only coverage – this plan will not cover trips outside Europe

### About your General Practitioner (GP)...

GP Name:	
GP Surgery Address:	

### Medical Conditions to be covered...

The purpose of this policy is to include cover for pre-existing conditions rather than to exclude such conditions from cover. To do this, you must declare all conditions in depth on the following page, if you require additional space, please attach a separate sheet of paper and tick the box accordingly.

MIA (Medical Information Anywhere) may need to contact you to verify elements disclosed on this application, it is thereby imperative that your contact details are accurate.

### Declaration...

I can confirm that the above information is true & complete to the best of my knowledge and that all medical conditions are declared where necessary.

Signature: .....

Date: .....

**SIGN HERE**

MIA Screening Number <i>For MIA use only:</i>	
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#### Remember:

1. You must obtain a European Health Insurance Card (EHIC) before travelling
2. You must notify your GP that you are travelling and that they are happy with this.

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### About the conditions to be covered...

Health Details: <b>Condition 1</b> – <i>Please provide as much information as possible</i>	
Condition:	
Medication/s:	
Awaited Investigations or Hospital Visits:	
<b>Need more space?</b> <i>Please attach a separate piece of paper to this form and tick</i>	

Health Details: <b>Condition 2</b> – <i>Please provide as much information as possible</i>	
Condition:	
Medication/s:	
Awaited Investigations or Hospital Visits:	
<b>Need more space?</b> <i>Please attach a separate piece of paper to this form and tick</i>	

Health Details: <b>Condition 3</b> – <i>Please provide as much information as possible</i>	
Condition:	
Medication/s:	
Awaited Investigations or Hospital Visits:	
<b>Need more space?</b> <i>Please attach a separate piece of paper to this form and tick</i>	

Health Details: <b>Condition 4</b> – <i>Please provide as much information as possible</i>	
Condition:	
Medication/s:	
Awaited Investigations or Hospital Visits:	
<b>Need more space?</b> <i>Please attach a separate piece of paper to this form and tick</i>	

Health Details: <b>Condition 5</b> – <i>Please provide as much information as possible</i>	
Condition:	
Medication/s:	
Awaited Investigations or Hospital Visits:	
<b>Need more space?</b> <i>Please attach a separate piece of paper to this form and tick</i>	