PRELIMINARY UNDERWRITING MEDICAL ENQUIRY FORM

Please complete this form in BLOCK CAPITALS.

This form is a preliminary enquiry only and does not form a binding agreement nor constitute an offer of terms from the company. Terms and conditions can only be offered upon receipt and assessment of a fully completed Application Form and any necessary medical evidence/ reports requested by the Underwriting Department of Allianz Partners.

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Date of birth D D / M M / Y Y Y Y

Gender: Male☐ Female☐

Height and weight cm kg

Do you smoke? Yes☐ No☐

If Yes, how many cigarettes do you smoke per day

Do you consume alcohol? Yes☐ No☐

If Yes, how many units per week *(1 short = 1 unit, 250ml beer = 1 unit, 1 glass wine = 1 unit)*

Nationality

Principal country of residence

(The country where you and your dependants (if applicable) live for more than six months of the year).

Occupation

Type of cover required In-patient☐ Out-patient☐ Repatriation☐ Dental☐ Maternity☐

DETAILS OF MEDICAL CONDITION(S)

Diagnosis or symptoms

Date of first symptoms D D / M M / Y Y Y Y

Date of last symptoms D D / M M / Y Y Y Y

Results of investigations, blood tests or readings

Current medical treatment, including surgery *(if applicable)*

Complications *(if applicable)*

Details of any follow ups

Has a full recovery been made? **Please attach any supporting medical documentation (e.g. letters or reports), where available**

If there is insufficient space for additional conditions, please use another Preliminary Underwriting Medical Enquiry Form

Allianz Care

WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit: **www.allianzworldwidecare.com/en/privacy**

Alternatively, you can contact us on **+ 353 1 630 1301** to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by email at: **AWC.DataPrivacyOfficer@allianz.com**

DECLARATION

Please read the following declarations carefully and only sign below if you understand and accept them.

(a) I declare that all information supplied above is true and complete, including those answers that are not in my own handwriting. I also declare that I have not suppressed, misrepresented or misstated any material fact. I understand that any false, incorrect or misleading statement or non disclosure of material medical information may render the insurance null and void.

(b) I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I consent to the fact that Allianz Partners, if it considers it appropriate, will check statements concerning my health condition and will check with other healthcare insurers, all statements concerning previous, or existing contracts applied for. I authorise all such practitioners, physicians, dentists, members of medical professions, employees of hospitals and health authorities as well as medical facilities to provide relevant medical information relating to me, if requested by Allianz Partners, its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply. I also make this statement for any minor named on this form, including those who cannot assess the meaning of this statement.

This declaration and form must be signed and dated by the proposed member. Where this enquiry relates to a minor, a parent or guardian should sign this section.

Signature of proposed member

Printed name of proposed member

Date D D / M M / Y Y Y Y

BROKER CONTACT DETAILS

Please submit the name and email address of the person we should contact with respect to this form.

Name

Email

Once completed, please email this form and any supporting documentation to:
underwriting@allianzworldwidecare.com

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