

UNIVERSITY OF NEW ENGLAND  
TRAVEL INSURANCE  
APPLICATION FORM

- OFFICIAL UNIVERSITY BUSINESS
- SPECIAL STUDIES PROGRAM LEAVE
- PRIVATE STAFF TRAVEL (taken in conjunction with OUB)
- ACCOMPANYING FAMILY TRAVEL

Note: This form is to be used :

- (a) for Insured persons going on OUB overseas, to determine pre-existing condition cover; and/or
- (b) to include accompanying family on travel in order to determine a levy, to cover for pre-existing conditions.

A separate form should be completed for each traveller.

TR

NAME OF APPLICANT: .....Date of Birth: .....

CATEGORY: EMPLOYEE/ACCOMPANYING PARTNER/ACCOMPANYING CHILD

WHAT ARE THE DUTIES OF YOUR OCCUPATION: .....

*If you have a pre-existing or current medical condition a Doctor's Certificate granting clearance to travel may be required.*

1. Have you had Medical or Surgical advice or treatment, or hospital-confinement during the past 5 years?  
if YES, please answer the following for each condition: (if insufficient space use separate page) YES /NO

Type of Condition .....Date Occurred .....

if an injury, how did it occur .....

Period unable to work .....

Name of Hospital ..... Length of stay .....

Doctor's name & address .....

Do you foresee any further problems whilst away? .....If so, what? .....

2. Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genitor-urinary, digestive or circulatory systems, or of the back, spine, eyes or heart, or any other medical condition? If YES, please answer the following for each condition: (if insufficient space use separate page) YES/NO

Type of Condition ..... Date Occurred .....

if an injury, how did it occur .....

Period unable to work .....

Name of Hospital ..... Length of stay .....

Doctor's name & address .....

Do you foresee any further problems whilst away? ..... If so, what? .....

3. I have ascertained from <http://www.smartraveller.gov.au/zw-cgi/view/Advice/> that the highest DFAT Risk Assessment 'travel advice level' assigned to destinations in my travel itinerary, is: place X in appropriate box

- DFAT High degree of caution
- DFAT Reconsider your need to travel
- DFAT Do not travel

**Please note:**

For this Level (Reconsider your need to travel) some restrictions of the Insurance coverage may apply and Insurance coverage is unavailable for travel to areas categorised as (Do not Travel) as a consequence travel requests will be declined.

**DECLARATION:** I HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I have not withheld any information within my knowledge likely to affect the decision of the Insurers as to my eligibility for insurance. This application and declaration shall be the basis of the contract between the Insurer and me and I agree to accept the Insurer's policy subject to terms and conditions to be contained therein.

If travelling as an Accompanying Partner/Family member I confirm I am travelling under the exact itinerary as the TR# listed above.

In the event of an accident/sickness occurring you must inform your head of school/head of cost centre and the UNE Insurance Office ( [insurance@une.edu.au](mailto:insurance@une.edu.au) ) as soon as possible.

SIGNATURE OF THE INSURED: ..... DATE: .....

**PLEASE SUBMIT COMPLETED FORM**