

## Pre-existing Medical Conditions:

It is a condition of this insurance that **you** will not be covered under Section A – Cancellation or **Curtailement** Charges, Section B – Medical, Repatriation and Other expenses, or Section C - Personal Accident of this policy for any claims arising directly or indirectly from any **pre-existing medical condition** that **you** have unless **you** have contacted **ASUA Medical Screening +44 (0)203 327 0555** Email: [info@asuagroup.co.uk](mailto:info@asuagroup.co.uk) and **we** have agreed to provide cover, or all of the **pre-existing medical conditions** that **you** have are included in the list of “No Screen Conditions” shown in this policy and the words in brackets apply to **you**.

In relation to this policy, a **pre-existing medical condition** is:

- any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn’s disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by a **medical practitioner** and prescribed drugs or medication);
- any disease, illness or injury for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months;
- any disease, illness or injury for which **you** are taking prescribed drugs or medication;
- any disease, illness or injury for which **you** have received a terminal prognosis;
- any disease, illness or injury **you** are aware of but for which **you** have not had a diagnosis;
- any disease, illness or injury for which **you** are on a waiting list or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

### No Screen Conditions

**You** do not need to contact **ASUA Medical Screening** in respect of any **pre-existing medical conditions** that **you** have that are included in this list and if the words in brackets apply to **you**. The condition must have been stable and well controlled for the last 12 months on medication administered by a **medical practitioner** and **you** must not have required a hospital admission or referral to a specialist because of a worsening of **your** condition.

• Acne
• ADHD - Attention Deficit Hyperactivity Disorder
• Any disabilities impairing mobility, vision or mental health providing <b>you</b> are accompanied by an appropriate carer for when any assistance is required
• Arthritis - Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter’s Syndrome, Rheumatism. (There must have been no hospital admissions within the last 12 months. The arthritis must not affect the back more than any other area of the body. <b>You</b> must not be taking more than 2 medications. <b>You</b> must not require any mobility aids, other than a walking stick. There must have been no dislocations or any joint replacements. <b>You</b> must not be awaiting surgery. <b>You</b> must have no lung problems/respiratory disorders.)
• Allergies (limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance & Hay Fever)
• Asthma (providing it was diagnosed before age 50, and <b>you</b> are taking/using no more than 2 medications/inhalers and have not been admitted to hospital in the last year)
• Bells Palsy
• Benign Positional Vertigo
• Bladder Infection
• Breast Cancer/Prostate Cancer (provided <b>you</b> : - were diagnosed more than 12 months ago - have not had any chemotherapy or radiotherapy in the last 12 months and the cancer has not spread outside the breast or prostate at any time - in the case of cancer of the prostate <b>you</b> must have a PSA of 3.0 or less)
• Bunions
• Carpal Tunnel Syndrome
• Cataracts
• Coeliac Disease
• Congenital Blindness
• Corneal Graft
• Cystitis (provided no ongoing treatment)
• Deafness
• Diabetes (providing there have been no complications such as impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, leg or foot amputation, liver damage)
• Dry Eye Syndrome
• Eczema
• Enlarged Prostate (benign only)
• Essential Tremor
• Folate Deficiency
• Fungal Nail Infection
• Gallbladder Removal (no complications)
• Gastric Reflux
• Glaucoma
• Goitre
• Gout
• Hay Fever
• Hiatus Hernia
• High Cholesterol
• Hormone Replacement Therapy - HRT
• Hypertension - High Blood Pressure
• Hypotension - Low Blood Pressure. (Must not be associated with any underlying condition)
• Impetigo
• Insulin Resistance

• Macular Degeneration
• Meniere's Disease
• Migraine
• Osteoporosis - Osteopenia, Fragile Bones. (There must have been no broken bones within the last 5 years)
• Pernicious Anaemia
• Raynaud Disease
• RSI (Repetitive Strain Injury/Tendinitis)
• Sinusitis
• Tendonitis
• Tinnitus
• Tonsillitis
• Underactive or Overactive Thyroid

### **Health Changes**

If **you** health changes between the start date of **your** policy and the date of **your** departure on **your trip**, **you** must contact **ASUA** Medical Screening (see details below) to make sure cover is not affected.

Changes to **your** health which **we** need to know about are:

- details of any new **medical conditions you** have been diagnosed with; or
- changes in diagnosis of any existing **medical condition**; or
- changes in the treatment (including changes in medication) **you** are receiving for any existing **medical condition**.

**ASUA MEDICAL SCREENING:**  
**+44 (0)203 327 0555 Email: info@asuagroup.co.uk**  
**Office Hrs: 9am-5pm Mon to Fri (excl. public holidays)**

### **Exclusions Relating to Health and Medical Conditions**

There is no cover under Section A – Cancellation or **Curtailement** Charges, Section B – Medical, Repatriation and Other expenses, or Section C - Personal Accident of this policy for any claims arising directly or indirectly from:

- a) Any **medical condition you** have with which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel.
- b) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures);
- c) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**;
- d) **You** travelling against any health requirements stipulated by:
  - the airline with which **you** are travelling, by the airline's booking company, or by anyone else who provides services on behalf of the airline at the airport, or
  - any other **public transport provider**.

### **Pregnancy**

If **you** become pregnant, as confirmed by a **medical practitioner**, and **your** dates of travel fall within the 15-week period prior to the due date, then if **you** decide to cancel **your trip** and provided **you** contact **ASUA** within 14 days of the confirmation of **your** pregnancy, **we** will provide cover for the **trip** cancellation under the terms and conditions of Section A - Cancellation or **Curtailement** Charges. If a claim is paid, **your** policy will terminate and no further cover will be provided. **ASUA** can be contacted at info@asuagroup.co.uk or by calling +44 (0)203 327 0555.

If **you** decide not to cancel **your trip**, cover under all sections of this policy will be provided under the standard terms and conditions as contained in this document. In relation to pregnancy, this means there is no cover under this policy in relation to pregnancy and/or childbirth unless during a **trip**:

- a) **you** suffer a **bodily injury**; or
- b) **you** contract an illness or disease; or
- c) complications of any kind with the pregnancy occur.

Cover for the above events will continue until the end of the 25th week of pregnancy with the exception that if **you** are pregnant following a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth, cover for the above events will continue until the end of the 23rd week of pregnancy.

The policy will not cover any costs relating to pregnancy or childbirth beyond the above dates even if **you** are already travelling and are more than 25 weeks pregnant (more than 23 weeks if **you** have had a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth) and have approval to travel from a **medical practitioner**.