APPLICATION FOR COVER OF PRE-EXISTING CONDITIONS

Worldwide Travel Options

Bupa

(Please use block letters)

INFORMATION ABOUT THE INSURED

Policy number –

Date of departure (dd/mm/yyyy)

Date of return (dd/mm/yyyy)

Destination

First name(s)

Family name(s)

Date of birth (dd/mm/yyyy)

Sex (M/F)

Permanent address

Permanent address

Postal Code

City

Country

Telephone

Fax

Mobile phone

Email

INFORMATION GIVEN BY THE PHYSICIAN

Diagnosis:

Type and extent of the treatment:

Date (dd/mm/yyyy)

Hospitalisation/treatment by a physician in connection with the illness or its consequences or complications within six months prior to departure:

Current medical treatment. Change in medication within the last six months prior to departure:

Expected check-ups or treatment? ◯ YES ◯ NO

Date (dd/mm/yyyy)

Type of treatment:

Other comments:

Physician's signature and stamp _____ **Date** _____

Please note that any physician's fee for obtaining this medical information must be paid by the applicant.

289E4-45_WTO_ENG_App Pre-Existing

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