

## MEDICAL DECLARATION FOR A NON-INSURED PERSON

Doctors please write in **BLOCK** capitals and validate with surgery stamp. Please complete all questions.

If this claim has arisen from the illness of a close relative, or travelling companion or person with whom you intend to stay who is not insured under this policy, this page (5) to be completed by their GP

Name of Patient

Relationship to the policyholder

Booking Date

Date insurance was purchased

This section should be completed by the Non-Insured person's GP in relation to the medical condition which necessitated the claim. Completion by a Hospital, Specialist or Consultant will not be accepted. Any charges incurred to obtain this information are not covered under your policy. Medical Records/Further Medical Information may be requested.

Are you a GP at the patient's regular practice? Yes

No

State (a) the medical condition(s) or (b) the cause of death, which resulted in this claim.

(a)

(b)

Date of first consultation for the condition(s)?

Date of diagnosis of the condition(s)?

Date cancellation was recommended?

Was your patient undergoing inpatient treatment or investigations during the 3 years prior to the date the insurance was purchased or on a waiting list for the same? If yes please give details:

Please list all current active / major medical conditions and all medication your patient was prescribed on the date the insurance was purchased:

Did the patient receive a Terminal Prognosis when the insurance was purchased?

Yes

No

Signature(s)

Date

DD / MM / YYYY

GP Stamp

**(CERTIFICATES CANNOT BE ACCEPTED WITHOUT THE APPROPRIATE DOCTOR'S STAMP)**