

Medical Warranty and Important Conditions Relating to Health

This insurance is designed to cover **you** for unforeseen events, accidents and **serious illnesses** occurring during the **period of insurance**. To ensure full protection under this policy, **you** (and all **insured persons**) must follow this Medical Warranty and Important Conditions Relating to Health section. Failure to do so may result in policy cancellation, claim denial or a reduction in claim payments. Where **you** is used, it will bear the same meaning throughout this section meaning **you** and all **insured persons** on this policy. **We** recommend declaration of all **pre-existing medical condition(s)** within 14 days of purchasing this policy.

Winter Sports Important Note: Platinum and Platinum Plus Cover: If **you** have any **pre-existing medical condition(s)** listed in this section highlighted in *italic* font and marked with an asterisk (*), and **you** are participating in **winter sports** activities, **you** must contact the Medical Screening Department at +353 1 533 7357 to declare **your pre-existing medical condition(s)** to ensure that the cover is suitable for **your** needs.

Any medical information provided in a medical screening or health declaration will be kept confidential and used only for the specific purposes of administering **your** claim and providing the cover and services described, which may include sharing with service providers. We **reserve** the right not to extend this insurance to cover any **pre-existing medical condition(s)**.

Medical Screening	Telephone
To complete a medical screening, you must contact us quoting the reference <u>A&G Group Travel</u>	+353 1 533 7357

Medical Warranty

At the time of purchasing this policy:

Do **you** have, or have **you** had, any **medical condition(s)** for which **you** are taking or have taken prescribed medication, or are waiting to receive, or have received treatment (including surgery, tests, or investigations) within the last 2 years?

IF NO: If **you** answer **NO** to the Medical Warranty (including if **you** have had no **medical condition**), please review the conditions below to confirm if they apply to **you**. If none of them apply, **your medical condition(s)** will be covered.

IF YES: If **you** answer **YES** to the Medical Warranty, it is a condition of this policy that **you** will not be covered under Section 1 – Cancellation, Section 2 – Curtailment, Section 3 – Personal Accident, Section 4 – Medical Expenses and Section 5 – Medical Inconvenience Benefit for any claims arising directly or indirectly from this **medical condition(s)** unless **you** have contacted **us** to complete a medical screening at +353 1 533 7357 and **we** have agreed in writing to cover **your medical condition(s)**.

If **you** have a **medical condition** and it is one of those shown in the Waived Medical Conditions List on the following page, then this will be covered under the policy without the need to contact **us**.

Regardless of whether **you** answer "yes" or "no" to the Medical Warranty, please note:

It is a condition of this policy that neither **you** nor any **insured persons** will be covered under Section 1 – Cancellation, Section 2 – Curtailment, Section 3 – Personal Accident, Section 4 – Medical Expenses and Section 5 – Medical Inconvenience Benefit for claims arising directly or indirectly from:

A. At the time of taking out this policy:

- i) Any **medical condition** for which **you** are aware of, but have not yet received a diagnosis for.
- ii) Any **medical condition** for which **you** have received a terminal prognosis.
- iii) Any **medical condition** for which **you** are on a waiting list for, or have the knowledge of the need for, surgery, treatment or investigation at a **hospital**, clinic or nursing home.

B. At any time

- i) Any **medical condition** **you** have for which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought their advice, but despite this, **you** still chose to travel.
- ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **Ireland** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures).
- iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
- iv) **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

You should also refer to the "General Exclusions Applicable to All Sections of the Policy."

Waived Medical Conditions List

Please see following lists for **medical condition(s)** which do not require screening. The **medical conditions** listed in the following pages are covered without additional charges and are subject to the terms and conditions of this insurance, provided at the time of purchasing this policy:

1. No more than 5 of these **medical condition(s)** are suffered.
2. **You** satisfy the medical warranty above.

Waived Medical Condition List (and Cover limitations)	Waived Medical Condition (and Cover limitations)	Waived Medical Condition (and Cover limitations)
Abnormal Smear Test	Cervicitis	Epididymitis
<i>Achilles Tendon Injury*</i>	Chalazion	Epiphora (Watery Eye)
Acne	Chicken Pox (Fully resolved)	Epispadias
Acronyx or Ingrown Toenail Acronyx	Cholecystectomy or Gall Bladder Removal	Epistaxis (Nosebleed)
Adenoids	Chronic fatigue syndrome (If only symptom is fatigue and no hospital admissions)	Erythema Nodosum
Allergic Rhinitis	Coeliac Disease	Essential Tremor
Alopecia	Cold Sore / Herpes Simplex	Facial Neuritis or Trigeminal Neuralgia
Anal Fissure/Fistula	Common Cold(s)	Femoral Hernia
Appendectomy	Conjunctivitis	Fibroadenoma
Astigmatism	Constipation	Fibroid - Uterine
Athlete's Foot / Tinea Pedis	Corneal Graft	Fibromyalgia
Attention Deficit Hyperactivity Disorder (ADHD)	Cosmetic Surgery	Fibromyositis
Bell's Palsy (Facial Paralysis)	Cyst - Testicular	Fibrositis
Benign Prostatic Enlargement	Cystitis (No ongoing treatment, no hospital admissions)	Frozen Shoulder
Bladder Infection (No ongoing treatment, no hospital admissions)	Cystocele (No ongoing treatment, no hospital admissions)	Ganglion
Blepharitis	D & C / Dilatation and Curettage	Glandular Fever (Full recovery made)
Blindness	Deaf Mutism	Glaucoma
Blocked Tear Ducts	Deafness	Glue Ear (Resolved - must be all clear prior to travel if flying)
Breast - Fibroadenoma	Dental Surgery	Goitre
Breast Cyst(s)	Dermatitis (No hospital admissions or consultations)	Gout
Breast enlargement / Breast Reduction	Deviated Nasal Septum	Graue's Disease
<i>Broken Bones*</i> (Other than head or spine and no longer in plaster)	Diarrhoea and/or Vomiting (Fully resolved)	Grommet(s) inserted (for Glue Ear)
Bunion (Hallux Valgus)	Dislocations (No joint replacements or hospital admissions)	Gynaecomastia
Bursitis or Housemaid's Knee	Dry Eye Syndrome	Haematoma (external)
Candidiasis (oral)	Dyspepsia	Haemorrhoidectomy
Candidiasis (vaginal)	Ear Infections (Resolved - must be all clear prior to travel if flying)	Haemorrhoids / Piles
Carpal Tunnel Syndrome	Eczema (No hospital admissions or consultations)	Hammer Toe
<i>Cartilage Injury*</i>	Endocervical Polyp	Hay Fever
Cataracts	Endocervicitis	Hernia (not Hiatus)
Cervical Erosion	Endometrial Polyp	Herpes Zoster (Shingles)
		Hip Replacement (No subsequent arthritis and never any dislocation of a joint replacement)
		Hives / Nettle Rash
		HRT (Hormone Replacement Therapy)

Waived Medical Condition List (and Cover limitations)	Waived Medical Condition (and Cover limitations)	Waived Medical Condition (and Cover limitations)
Hypospadias	Myalgic Encephalomyelitis (ME) (If the only symptom is fatigue and no hospital admissions)	Stigmatism
Hypothyroidism / Underactive Thyroid	Myxoedema	Stomach Bug (Resolved)
Hysterectomy (Provided no malignancy)	Nasal Infection	Strabismus (Squint)
Impetigo	Nasal Polyp(s)	Stress Incontinence (No urinary infections)
Indigestion	Neuralgia (No hospital admissions)	Synovitis
Influenza (Full recovery made)	Nosebleed(s)	Talipes / Club Foot
Inguinal Hernia	Nystagmus	Tendon Injury* (only Achilles tendon injury)
Insomnia	Osgood-schlatter's Disease	Tennis Elbow
Intercostal Neuralgia (No hospital admissions)	Osteochondritis	Tenosynovitis
Intertrigo	Otosclerosis	Testicles – Epididymitis / Hydrocele / Varicocele
Irritable Bowel Syndrome (IBS) (Provided definite diagnosis made and no ongoing investigations)	Overactive Thyroid /Hyperthyroidism	Testicular Torsion (Twisted Testicle)
	Parametritis	
Keinboeck's Disease	Pediculosis	Throat Infection(s)
Keratoconus	Pelvic Inflammatory Disease	Thyroid - Overactive Thyroid Deficiency
Knee Injury* Collateral/cruciate ligaments	Photodermatosis	Tinnitus
Knee Replacement (No subsequent arthritis and never any dislocation of a joint replacement)	Post Viral Fatigue Syndrome (If the only symptom is fatigue and no hospital admissions)	Tonsillitis
Kohlers Disease	Prickly Heat	Tooth Extraction / Toothache
Labyrinthitis	Prolapsed Uterus (womb)	<i>Torn Ligament*</i>
Laryngitis	Pruritis	Torticollis (Wry Neck)
Leptothrix	Psoriasis (No hospital admissions or consultations)	Trichomycosis
Leucoderma	Repetitive Strain Injury	Turner's Syndrome
Lichen Planus	Retinitis Pigmentosa	Umbilical Hernia
Ligaments (injury)	Rhinitis (Allergic)	Undescended Testicle
Lipoma	Rosacea	Urethritis (No ongoing treatment, fully recovered and no hospital admissions)
Macular Degeneration	<i>Ruptured Tendons*</i> (only Achilles tendon)	URTI (Upper Respiratory Tract Infection) (Resolved and no further treatment)
Mastitis	Salpingo-oophoritis	Urticaria
Mastoidectomy (Resolved and must be all clear prior to travel if flying)	Scabies	Uterine Polyp(s)
Menopause	Scalp Ringworm / Tinea Capitis	Uterine Prolapse / Womb prolapse
Menorrhagia	Scheuermann's Disease (Provided no respiratory issues)	Varicocele
Migraine (Provided a definite diagnosis is made and there are no ongoing investigations)	Sebaceous Cyst	Varicose Veins (Legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel))
Miscarriage	Sinusitis	Vasectomy
Mole(s)	Skin Ringworm (Tinea Corporis)	Verruca
Molluscum Contagiosum	Sleep Apnoea (No machine used to assist breathing)	Vitiligo
Myalgia	Sore Throat	Warts (Benign, non-genital)
	Sprains	

In addition to any **medical condition(s)** listed on the 'Waived Medical Condition List,' **you** are automatically accepted for cover, provided **you** do NOT have more than ONE of the following **medical conditions** in this table and **you** must NOT have ANY other **pre-existing medical condition(s)**. If **you** have a **pre-existing medical condition(s)** that does not meet the above or below criteria, **you** must contact the Medical Screening Department at +353 1 533 7357 to declare all of **your pre-existing medical conditions** to ensure that the cover is suitable for **your** needs.

Medical Condition	Cover Limitations
Arthritis <ul style="list-style-type: none"> - Juvenile - <i>Osteoarthritis*</i> - Rheumatoid Arthritis - Psoriatic Arthritis - Reiter's Syndrome - Rheumatism 	<ul style="list-style-type: none"> - There must have been NO hospital admissions within the last 12 months. - Must NOT affect the back more than any other area of the body. - No more than 2 medications. - No mobility aids (other than walking stick or frame). - There must have been NO dislocations of any joint replacements. - Must NOT be awaiting surgery. - Must have NO lung problems/respiratory disorders.
Asthma <ul style="list-style-type: none"> - Wheezing 	<ul style="list-style-type: none"> - There must have been NO hospital admissions EVER. - Must have been diagnosed under the age of 50. - Must be controlled with 2 or less medications (NO nebuliser, NO home oxygen). - Must have been a non-smoker for at least 12 months. - Must always be able to walk 200 yards on the flat without becoming short of breath.
Diabetes Mellitus <ul style="list-style-type: none"> - Sugar Diabetes 	<ul style="list-style-type: none"> - Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only. - Controlled by diet alone or by no more than 1 medication (no insulin). - There must have been NO hospital admissions or diabetic complications EVER. - Must have been a non-smoker for at least 12 months.
Hypercholesterolaemia <ul style="list-style-type: none"> - High/Raised Cholesterol 	<ul style="list-style-type: none"> - No more than 1 medication. - Must NOT be the inherited (genetic) form. - Must have been a non-smoker for at least 12 months.
Hypertension <ul style="list-style-type: none"> - High Blood Pressure - White Coat Syndrome 	<ul style="list-style-type: none"> - No more than 2 medications. - There must have been no change in treatment within the last 6 months. - Must have been a non-smoker for at least 12 months.
Hypotension <ul style="list-style-type: none"> - Low Blood Pressure 	<ul style="list-style-type: none"> - Must NOT be associated with any underlying condition.
Osteoporosis* <ul style="list-style-type: none"> - <i>Osteopaenia*</i> - <i>Fragile Bones*</i> 	<ul style="list-style-type: none"> - There must have been no broken bones within the last 5 years. - There must have been NO vertebral (backbone) fractures.

Winter Sports Important Note: Platinum and Platinum Plus cover

Winter Sports is included as standard under Platinum and Platinum Plus cover, however some **medical conditions** are excluded for **winter sports** participation.

*If **you** have any **medical condition** listed in this section highlighted in *italic* font and marked with an asterisk (*) and **you** are participating in **winter sports** activities, **you** must contact the Medical Screening Department at +353 1 533 7357 to declare **your medical conditions** to ensure that the cover is suitable for **your** needs.

The following **medical conditions** are not covered for **winter sports** participation: Achilles tendon injury, brittle bones, knee dislocation, ligament damage, osteogenesis imperfecta, osteoporosis, osteopetrosis, osteopenia and patellar dislocation.

If **you** have any of these or any other **medical conditions**, please contact **our** Medical Screening Department for help at +353 1 533 7357.

Cover Relating to the Health of Non-Travellers

This policy will not cover any cancellation or **curtailment** claims if the claim arises directly or indirectly from a **medical condition** affecting **your immediate relative, close business associate** or any person with whom **you** have arranged to reside temporarily during **your trip** and who is not insured under this policy, under the following circumstances:

1. At the time of purchasing this policy:

- Any **medical condition** for which they had received a terminal prognosis.
- Any **medical condition** for which they are aware of, but have not had a diagnosis.
- Any **medical condition** for which they are on a waiting list for or have the knowledge of the need for surgery, treatment or investigation at a **hospital**, clinic or nursing home (unless the Platinum Plus level of cover has been purchased).

2. In the 90 days prior to the purchase date of this policy, they:

- required surgery, inpatient treatment or **hospital** consultations (unless the Platinum Plus level of cover has been purchased).

Platinum Plus Cover - Important Information

Cancellation and **curtailment** cover for **existing medical conditions** of **your immediate relative, close business associate** or any person with whom **you** have arranged to reside temporarily during **your trip** will only be in force if the policy is purchased within 14 days of booking the **trip** and there is no change in their **medical condition** from the time of booking the **trip** to purchasing the insurance.

There is no cover for cancellation or **curtailment** due to a terminal prognosis which has been received by **your immediate relative, close business associate** or any person with whom **you** have arranged to reside temporarily during **your trip** prior to the purchase of this insurance or booking **your trip** (whichever is later).

We have the right not to extend this insurance to cover any **pre-existing medical condition(s)**. Please also refer to the appropriate policy sections and general exclusions section.