



Medical Declaration

For the purposes of this insurance, **YOU** are considered to have a pre-existing medical condition if **YOU** answer "Yes" to one of more of the following questions:

Have **YOU** or anyone in **YOUR** party:

- a) been prescribed medication, or received treatment or attended a **medical practitioner's** surgery in the last two years
- b) attended a hospital or clinic as an out-patient or in-patient in the last two years
- c) been currently put on a waiting list for treatment or investigation
- d) been diagnosed by a **medical practitioner** as suffering from a terminal illness