



Uno Travel Club



MediGuard
Travel Medical Coverage

1-888-456-UNO4 (8664)

Getting sick or injured is not your fault. Not being covered is.

Tourist Applicant Information

First Name: Middle Initial: Last Name: Passport #:
Mailing Address: City: State: Zip:
Country: Issue Date: Exp. Date: Nationality:
Date of Birth: Birthplace: Home Phone:
Business Phone: Fax: Cell Phone:
Email Address: Group Name: BENNY HINN MINISTRIES CHRISTMAS EVE TOUR DEC 2011
Arrival Date in Israel: / / Departure Date: / /
Month Day Year Month Day Year

If you are extending your trip you must contact our office 1.718.258.5200 – 48 hours prior to your coverage end date. Your extended coverage must be confirmed by our office. Coverage does not automatically continue beyond listed return date.

Emergency Information:

Notify in case of emergency: Relationship to applicant:
Day phone: Night phone:
Beneficiary (in case of death):

Mediguard – Medical Coverage:

Passport #: Issuing Country:
First Name: Middle Initial: Last Name:
Date of Birth: / / Gender: Male Female
Month Day Year
Coverage start date (if different than arrival date): / / Coverage end date: / /
Month Day Year Month Day Year
Have you been hospitalized within the past 6 months to coverage date? YES NO
If YES: Date of hospitalization: / / Duration of stay (days):
Month Day Year

Reason for hospitalization:

Has your medical condition worsened during the 6 months prior to coverage date? YES NO

If YES, please explain:

COVERAGE IS CONDITIONAL UPON APPROVAL OF THE INSURANCE COMPANY. THIS CAN TAKE UP TO 72 HOURS.

Declaration:

I hereby request to be insured, as stipulated above, in accordance with the coverage, terms, conditions, restrictions and limits, detailed here ([coverage terms](#)) in the insurance policy, which includes coverage for deterioration of current pre-existing medical conditions.

I hereby affirm that:

I am unaware of any reason for myself and/or any member of my party requesting coverage to need hospitalization, medical attention and/or medical examination throughout the duration of the insurance policy and afterward. In addition, I am aware that medical treatments that were planned as part of my trip are not covered by this policy.

I hereby affirm that my medical condition is not one of the ones listed below, for which this policy and coverage is not available.

No insurance can be granted in the following cases:

- A. Cancer - patients treated with radiation or chemotherapy within the past 12 months.
- B. Patients that have a lung disease in which they need an oxygen tank
- C. Myasthenia Gravis
- D. Cystic Fibrosis
- E. AIDS
- F. Multiple Sclerosis
- G. Dialysis patients
- H. Organ transplant Patients

Accept The information I have provided in this form is the truth, and I agree that this information shall be used as the basis for granting this insurance policy. I have read and agree to the contents of the policy and its stipulations, restrictions and terms.

Accept **Medical confidentiality waiver**
I the undersigned, having been insured with "Medical Insurance" hereby waive my right to medical confidentiality and authorize any doctor, medical institution or employee of a medical institution to share any medical document regarding my medical condition, diseases, treatments, results, or other medical document requested by the Ayalon Insurance Company Ltd. and/or its proxy.

Accept

Decline

Coverage begins minimum 24 hours from application or approval where required.

I understand that by completing this application I have joined Uno Travel Services and authorize my credit card to be charged a \$.99 club membership fee (per passport number per trip).

I affirm that all statements made by me on this application are true.

I hereby agree to all [terms and conditions of UNO Travel Services](#). I understand that my membership entitles me to discounted services arranged through third party vendors. I further understand that Uno Travel Services does not provide said services and agree to follow the terms and conditions of the particular vendor.

Signature of applicant: Date: