

# DECLARATION OF INTERNATIONAL TRAVEL DAYS

Date

Member Number

Name of Insured Company **Topmed Medical Scheme**

\*Member Option

Policy Number **TACT 3337/1**

*Cover is applicable on all options except **Topmed Network**.*

Do you understand that this is a short-term insurance policy?	YES	NO
Do you have a similar product?	YES	NO
Do you understand that there is no cost associated with this policy?	YES	NO
Do you understand that the onus is on you to familiarize yourself with all the terms and conditions and exclusions detailed in the policy wording which you will be receiving? We draw your attention to the exclusion of all pre-existing conditions, vascular, cardiovascular and cerebro vascular diseases for travelers over the age of 70	YES	NO
Do you request that we issue this policy?	YES	NO

## INSURED PERSON

Surname                      Title

Full Name(s)                      Initials

Identity/Passport Number                      Date of birth

Country of Origin

Cellphone Number

Telephone (home)           Fax Number

Email Address

Departure Date

Return Date

Type of Travel

Place of Destination

## PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

Name and Surname

Telephone

Cellphone Number

## NAME OF DOCTOR IN SOUTH AFRICA

Name

Telephone

## Return application to :

Telephone Number: 0860 002 158  
 Fax Number: 086 762 4050  
 Email Address: info@topmedms.co.za

## Important Note :

Please read through the business travel insurance policy, which states terms, conditions and exclusions on our website [www.topmed.co.za](http://www.topmed.co.za)  
 Each traveler needs to complete a form.

Signature of Applicant \_\_\_\_\_

Date