

Application for Overseas Travel Insurance

To: ACTIA Fax: 6207 0301 Email (preferred): ACTIAInsuranceAndRiskManagement@act.gov.au	From: _____ Dept: _____ Agency: _____ Phone: _____ Email: _____
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Travel Information

Country/s of Destination:	_____
Departure Date:	_____
Return Date:	_____
Reason for Travel:	_____

Details Of Staff Travelling (this form can be used for 2 employees if travelling together)

Employee's name (as shown on passport)	_____
Details of any personal travel attached to the trip:	_____
Are you Fit to Travel? <i>The Territory's travel insurance does not exclude pre-existing medical conditions, provided that you are fit to travel. The travel insurer can refuse to meet a claim if it believes you were not fit to travel.</i> <i>If you have a medical condition or sickness, ACTIA recommends that you consult with your doctor before travelling and that your doctor makes a note of this discussion.</i>	(Y/N)

Employee's name (as shown on passport)	_____
Details of any personal travel attached to the trip:	_____
Are you Fit to Travel? <i>The Territory's travel insurance does not exclude pre-existing medical conditions, provided that you are fit to travel. The travel insurer can refuse to meet a claim if it believes you were not fit to travel.</i> <i>If you have a medical condition or sickness, ACTIA recommends that you consult with your doctor before travelling and that your doctor makes a note of this discussion.</i>	(Y/N)