

Travel Insurance Health Information Letter

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Underlying Health Details for Travel Insurance Application

Dear [Insurance Agent's Name],

I am writing to provide the necessary underlying health details required for my travel insurance application. Please find the relevant information below:

Personal Information

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Policy Number: [Your Policy Number]

Medical History

1. Condition: [Condition Name]

Description: [Brief Description of the Condition]

Treatment: [Current Treatment Plan]

2. Condition: [Condition Name]

Description: [Brief Description of the Condition]

Treatment: [Current Treatment Plan]

Medications

1. Medication Name: [Medication Name]

Dosage: [Dosage Information]

2. Medication Name: [Medication Name]

Dosage: [Dosage Information]

Emergency Contact

Name: [Emergency Contact Name]

Phone Number: [Emergency Contact Phone Number]

If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]