

GREENLAND/ANTARCTICA TRAVEL AFFIDAVIT

Questionnaire

1. What area of Greenland/Antarctica will you be visiting and what time of year? Be specific:

2. Is the travel in conjunction with another entity active in the region?

3. When on Greenland/Antarctica, will you be under your employer's / Policyholder's control or will you be working for another entity such as the National Science Foundation?

4. Where is your permanent residence?

5. What is the duration of your visit?

6. Are you traveling with a group or by yourself? If in a group, how many participants?

7. Will you be flying in a private or military aircraft?

8. Do you understand that at times it may be impossible to remove you from Greenland/Antarctica due to the ever changing weather conditions / available flights / aircraft?

9. Have you read the insurance coverage and do you understand the need to contract the ACE Assistance Company should the need arise?

10. Have you taken a physical exam to ensure you are physically fit for the conditions in Greenland/Antarctica?

11. Do you have any medical conditions that may cause you to become ill while in Greenland/Antarctica?

12. Please describe, in detail, what precautions you have taken to insure that you are able to participate in the Greenland/Antarctica program.

13. Has there been any recent news reports indicating any special hazards or other considerations which should be taken into account? Please explain:

By signing below, you are agreeing that you understand in the event that you require to be Evacuated from **Greenland**, you must coordinate your Evacuation with UnitedHealthcare Global. You understand that you will not be eligible to submit a claim related to any Evacuation not coordinated no arranged and preapproved by UnitedHealthcare Global.

By signing below, you are agreeing that you understand in the event that you require to be Evacuated from **Antarctica**, you must coordinate your Evacuation with UnitedHealthcare Global. You understand that you will not be eligible to submit a claim related to any Evacuation not coordinated no arranged and preapproved by UnitedHealthcare Global.

Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

I certify that the above information is true and correct.

SIGNATURE: _____

DATE: _____

Witness

Name (print)

Signature