

LIFELINE



Joining Bupa Global

bupaglobal.com

PURPOSE OF APPLICATION

New application

☐

Amendment to existing membership

☐

IMPORTANT INFORMATION

Please write clearly in **BLOCK capitals** using **black ink**. Once completed, you can email your form to:

eeadirectsales@bupa.com or fax us on **+44 (0) 1273 866 583** or post to
Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

If you feel that your email is not secure, please send us your application form via post or fax.

If you have faxed or emailed us then we do not need the original copy of your form.

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.

Please tell us immediately if you or any additional people to be covered under the plan experience any symptoms before you receive your membership documents. Failure to do so may mean we are unable to pay your claims.

All sections which need to be completed by the main applicant are labelled **MA**

We will not be able to process your application if this form is incomplete.

Please be sure to check the entire form.

We look forward to welcoming you as a member of Bupa.

CHECKLIST - PLEASE MAKE SURE:

IF YOU HAVE BEEN INTRODUCED BY AN INTERMEDIARY

You have read and understood the declaration in section 6 and consented to the payment of their fees. You can withdraw your consent at any time by contacting us at www.bupaglobal.com/contact-us ☐

IF THIS IS A NEW APPLICATION

the information you have given in sections 1-10 is correct and complete ☐

you have read, signed and dated the declaration in section 11 ☐

IF YOU ARE AMENDING YOUR EXISTING MEMBERSHIP

IF YOU WANT TO CHANGE YOUR ADDRESS OR OTHER CONTACT DETAIL

the information you have given in sections 1, 2, 3 and/or 4 is correct and complete ☐

you have read, signed and dated the declaration in section 11 ☐

IF YOU WANT TO INCLUDE ANY ADDITIONAL PERSONS ON YOUR PLAN

the information you have given in sections 1, 5, 7 and 8 is correct and complete ☐

you have read, signed and dated the declaration in section 11 ☐

IF YOU WANT TO CHANGE YOUR COVER OPTIONS

you complete sections 1, 7, 8 (if increasing your cover) and 9 for you and any additional persons to included on your plan ☐

you have read, signed and dated the declaration in section 11 ☐

IF YOU WANT TO CHANGE YOUR PAYMENT DETAILS

the information you have given in sections 1 and 10 is correct and complete ☐

you have read, signed and dated the declaration in section 11 ☐

MA

[illegible]

MA

Your cover will start on the date we receive your completed application form unless you specify a date in the future.

[illegible]

MA

Residency address

(your permanent or usual address in the country where you are resident, this should be the country in which you are living on the first day of your current membership year)

[illegible]

Correspondence address

(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)

[illegible]

If you have been living in the UK for 90 days or more out of the last 120 days at the start of your current membership year, then you are deemed resident in the UK.

Does this apply to you?	Yes	<input type="radio"/>	No	<input type="radio"/>	Do you have a residence in the USA?	Yes	<input type="radio"/>	No	<input type="radio"/>
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MA



(Please include country code, area code and number)



[illegible]



If you would like to view your membership documents online via MembersWorld instead of receiving them in the post, please ensure you have given your email address above and tick here ☐

5 ADDITIONAL PERSONS TO BE COVERED WITH YOU

1st additional person	Title		First name																									1				
	Middle name																															
	Family name																															
	Male / Female	 	Nationality													1st Language																
	Occupation																									Date of birth	D	D	M	M	Y	Y
	Relationship to you																															
Have you had a previous policy with Bupa?																										Yes	<input type="radio"/>	No	<input type="radio"/>			
If yes, provide your membership number																																

2nd additional person	Title		First name																									2				
	Middle name																															
	Family name																															
	Male / Female	 	Nationality													1st Language																
	Occupation																									Date of birth	D	D	M	M	Y	Y
	Relationship to you																															
Have you had a previous policy with Bupa?																										Yes	<input type="radio"/>	No	<input type="radio"/>			
If yes, provide your membership number																																

3rd additional person	Title		First name																									3				
	Middle name																															
	Family name																															
	Male / Female	 	Nationality													1st Language																
	Occupation																									Date of birth	D	D	M	M	Y	Y
	Relationship to you																															
Have you had a previous policy with Bupa?																										Yes	<input type="radio"/>	No	<input type="radio"/>			
If yes, provide your membership number																																

4th additional person	Title		First name																									4				
	Middle name																															
	Family name																															
	Male / Female	 	Nationality													1st Language																
	Occupation																									Date of birth	D	D	M	M	Y	Y
	Relationship to you																															
Have you had a previous policy with Bupa?																										Yes	<input type="radio"/>	No	<input type="radio"/>			
If yes, provide your membership number																																

If any of these additional persons have different home or correspondence addresses to yours, please write their name and addresses on a separate sheet and confirm you have done so by ticking here: ☐

6 IF YOU HAVE BEEN INTRODUCED BY AN INTERMEDIARY

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global require your consent to make payment to your intermediary for their part in introducing you to **us** as a member. Where applicable, we will deduct a fee from each subscription payment received from you and pass this onto your intermediary on your behalf. For the avoidance of doubt, your consent to make payment of intermediary's fees does not affect the amount of any premiums payable by you, which would remain the same whether or not you had approached us directly or not. Upon renewal of your policy, we will continue to pay your intermediary until otherwise notified by you in writing.

7 CONFIDENTIAL MEDICAL HISTORY

This section asks for health and medical details, past and present about yourself and each person named in Section 5. Please tick Yes or No to every question for every person. **If you tick Yes to a question, please give full details in Section 8 on the next page.** Whether you are increasing your benefits or a returning Bupa customer, you must complete the medical history section in full so that we have an up to date record of your health. **If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.**

For any of the medical conditions listed below (questions 1-13), please answer yes if you or anyone to be covered by this plan has:

- ☐ seen a doctor or other healthcare professional in the last three years
- ☐ been admitted to hospital, had an operation or procedure, or had an investigation (e.g. a scan/blood tests) in the last seven years

	MA	1	2	3	4
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems or obesity	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. Breathing or respiratory disorders e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
4. Stomach, intestines, liver or gall bladder problems e.g. stomach inflammation/ulcers, irritable bowel, crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
5. Benign tumours, growths or pre cancerous conditions e.g. polyps, benign growths, breast nodules or cysts, lipomas	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
7. Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
9. Urinary or reproductive system problems e.g. kidney or bladder problems (including kidney failure), recurrent urinary infections, incontinence; pregnancy/childbirth problems (including caesarean sections), heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, polycystic ovaries, testicular or prostate disorders	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
11. Eye, ear, nose, throat and dental problems e.g. cataracts, glaucoma, visual impairment, deafness, ear infections, tonsillitis, dental infections, wisdom teeth problems or gingivitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
12. Psychiatric/psychological disorders e.g. schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
13. Cosmetic treatment, surgery e.g. breast enlargements/reductions or rhinoplasty	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Please also answer the following questions:

14. Is anyone to be covered taking any medication, prescribed or otherwise?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
15. Has anyone to be covered ever had a history of:	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Stroke	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

7 CONFIDENTIAL MEDICAL HISTORY (CONTINUED)

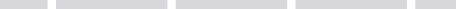


Diagram illustrating the cross between two heterozygous individuals (Yy x Yy). The possible genotypes of the offspring are shown in the Punnett squares: YY, Yy, Yy, Yy, and yy.



8 MEDICAL QUESTIONS AND HISTORY: ADDITIONAL INFORMATION

This section applies if you, or anyone to be covered under this membership, have indicated Yes to any medical questions in Section 7. If you are unsure whether any details are relevant, you must include them.

[illegible]

If there is insufficient space, please use a separate sheet and indicate that you have done so by ticking here: ☐

9 CHOOSE YOUR COVER OPTIONS

Please tick the options you wish to add for you and any additional people.
(Note: the level of cover you choose will apply to all members detailed on this form)

MA 1 2 3 4

LIFELINE ESSENTIAL:

This level concentrates on covering you for in-patient hospital stays. You have the security that you'll be covered for treatment you may receive as an in-patient or as a daycare patient.

☐ ☒ ☒ ☒ ☒

LIFELINE CLASSIC:

Our Classic level is designed to cover you and your family for specialist medical treatment or diagnosis. You will be covered for in-patient hospital stays as well as out-patient consultations, treatment such as physiotherapy and a range of preventive health checks.

☐ ☒ ☒ ☒ ☒

LIFELINE GOLD:

Our top level gives you cover for both in-patient and out-patient care. In addition, Gold also covers family doctor treatment and any prescription medication you may need, as well as accident related dental treatment. Maternity cover, home nursing and a range of four preventive health checks are also included in this comprehensive plan.

☐ ☒ ☒ ☒ ☒

USA COVER:

We understand that many people do not need medical insurance for the USA, so you can choose whether you want to include it. Unfortunately, we cannot offer Bupa Global Lifeline to anyone who is normally resident in the USA. This cover will increase your premium.

☐ ☐ ☐ ☐ ☐

CHOOSE YOUR ANNUAL DEDUCTIBLE:

If you are paying by Direct Debit or Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year.

GBP:	None	<input type="radio"/>	£100	<input type="radio"/>	£250	<input type="radio"/>	£500	<input type="radio"/>	£1000	<input type="radio"/>	£2000	<input type="radio"/>
USD:	None	<input type="radio"/>	\$160	<input type="radio"/>	\$400	<input type="radio"/>	\$800	<input type="radio"/>	\$1600	<input type="radio"/>	\$3200	<input type="radio"/>
EUR:	None	<input type="radio"/>	€160	<input type="radio"/>	€400	<input type="radio"/>	€800	<input type="radio"/>	€1600	<input type="radio"/>	€3200	<input type="radio"/>

YOUR ASSISTANCE COVER OPTIONS

MA 1 2 3 4

EVACUATION:

If you are concerned about the quality of local medical care, this is ideal. If the treatment you need is not available locally, we will arrange for you to be evacuated to the nearest centre of medical excellence, no matter where you are in the world.

☐ ☐ ☐ ☐ ☐

REPATRIATION *(automatically includes Evacuation cover):*

Our highest level of Assistance cover also gives you the choice of returning to your home country, to be treated in familiar surroundings, near your friends and relatives (if treatment is not available locally). If this happens, you can choose to have someone to accompany you for your visit back home.

☐ ☐ ☐ ☐ ☐

10 YOUR PAYMENT DETAILS (Contact your Bupa Global representative if payment is to be made by a third party)

Your choice of currency for your cover and subscription payments (please tick one only): GBP (£) ☐ USD (\$) ☐ EUR (€) ☐

How will you make your subscription payments (please tick one only): Monthly ☐ Quarterly ☐ Annually ☐

You must choose to pay by Direct Debit or Credit Card if you have chosen a deductible.

By Direct Debit through a UK bank. (This is only an option for GBP(£) payments. Please complete the below Direct Debit Instruction):

By Credit Card (please complete the below Card Payment Authority): ○

By cheque or bankers draft in the currency you have indicated above: ☐

Please note, when choosing to pay via cheque or bankers draft, you cannot pay monthly or have a deductible.

Please fill in the name of the person paying the subscription in the box provided below when choosing to pay via cheque or bankers draft.


[illegible]

A valid Direct Debit agreement or Card Authority is required throughout your membership year.

Your cover may be suspended or terminated if you do not have such an agreement or authority in place.

DIRECT DEBIT

If you are paying by Direct Debit you must complete this section - for GBP (£) payments only

Instruction to your Bank or Building Society to pay by Direct Debit - this must come out of a UK bank account 



Name(s) of account holder(s):

[illegible]

Sort code: Bank/Building Society account number:

Sort code: Bank/Building Society account number:

Instruction to your Bank or Building Society
Please pay Bupa Global Direct Debits from the account detailed in

Swift code:

[illegible]

Instruction to your Bank or Building Society

Please pay Bupa Global Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Bupa Global and, if so, details will be passed electronically to my Bank/ Building Society.

Name and full postal address of your Bank/Building Society:

[illegible]

ACCOUNT HOLDER'S SIGNATURE	DATE
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ACCOUNT HOLDER'S SIGNATURE	DATE
----------------------------	------

	D	D	M	M	Y	Y
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Reference number (for Bupa Global use only)

BI	-	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: #ccc;"></div> <div style="width: 10px; height: 10px; background-color: #ccc;"></div> </div>	-	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: #ccc;"></div> <div style="width: 10px; height: 10px; background-color: #ccc;"></div> </div>	-	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: #ccc;"></div> <div style="width: 10px; height: 10px; background-color: #ccc;"></div> </div>		Originator's ID number	1	7	8	0	1	7
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[illegible][illegible]

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts. As Instruction Form

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts. As Instruction Form

The Direct Debit Guarantee This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is guaranteed by the Direct Debit Scheme Administrator. If an error is made by Bupa Global or your Bank or Building Society, you are guaranteed a full and immediate refund from the relevant party.

This guarantee should be detached and retained by the payer



This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Bupa Global will notify you 7 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Bupa Global or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

CARD PAYMENT AUTHORITY

In order to take payments from your credit card, Bupa Global needs to store your card details on file.

☐ I give my consent to Bupa Global storing card details on file and using them to process payments.

Visa & Mastercard's terms and conditions require Bupa Global to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; subscriptions, deductibles and/or co-insurances. Please refer to your membership documents for details of when payments will be taken and the amounts.

We will also request your consent to store your credit card information if you are using an American Express card.

Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice.

If you do not want Bupa Global to store your card details, then we cannot accept payments from your card and you will need to choose a different payment method.

To Bupa Global, I authorise you until further notice in writing, to charge to my card account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

(please tick) MasterCard ☐ Visa ☐ American Express ☐

Please note that we do not accept Maestro payments.
You will be given 14 days notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card:

[illegible]

Card number: _____ Valid from date: _____ Expiry/end date: _____

Valid from date:					Expiry/end date:				

Expiry/end date:

[illegible]

$$\frac{\square}{\square} \div \frac{\square}{\square} = \frac{\square}{\square} \div \frac{\square}{\square}$$

$$\frac{\square}{\square} / \frac{\square}{\square}$$

CARD HOLDER'S SIGNATURE _____ DATE _____

DATE _____

	D	D	M	M	Y	Y
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11 YOUR MEMBERSHIP DECLARATION

PRIVACY NOTICE

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. Fuller details can be found in our Full Privacy Notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Global service team on +44 (0)1273 323 563. Alternatively you can email or write to the team via info@bupa-intl.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom. If you have any questions about how we handle your information, please contact us at info@bupa-intl.com.

Information about Bupa Global

In this privacy notice, references to “we” or “us” or “our” are to Bupa Global.
For company contact details, visit www.bupaglobal.com/legal-notices.

1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (“you”, “your”), via any channel (e.g. email, website, telephone, app).

2 Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (e.g. those acting on your behalf, like brokers, healthcare providers). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

3 Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (e.g. information we use to contact you, identify you or manage our relationship with you); and special categories of information (e.g. health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa Global, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third party's legitimate interests or it is required or permitted by applicable law.

5 Marketing and preferences

Bupa Global would, on occasion, like to keep you informed of Bupa Global products and services which it considers may be of interest to you.

☐ Please tick if you would like you and other members of the Bupa group to keep you updated about our products and services by post, telephone email and text. You will be able to opt out of receiving these communications at any time by emailing info@bupa-intl.com or by writing to Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

6 Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

7 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (e.g. brokers and other intermediaries) and with others who help us provide services to you (e.g. healthcare providers) or from whom we need information to handle or verify claims or entitlements (e.g. professional associations). We also share your information in accordance with the law.

8 Transfers outside of the European Economic Area (EEA)

Bupa Global deals with many international organisations and uses global information systems. As a result, Bupa Global transfers your personal information to countries outside of the European Economic Area ("EEA"), that is the EU member states and Norway, Liechtenstein and Iceland, for the purposes set out in this privacy notice.

8 How long we retain your personal information

Bupa Global retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

11 YOUR MEMBERSHIP DECLARATION

9 Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produces legal effects concerning you or similarly significantly affects you.

10 Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupa-intl.com. You also have the right to make a complaint to your local supervisory authority for data protection.

Bupa Global Designated Activity Company is registered in Ireland where the local supervisory is the Data Protection Commission who can be contacted at: Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel: +353 578 684 800 or +353 761 104 800.

Our complaints procedure

It is Bupa Global's intention to provide a first class service to our members at all times. However, if you have any comments or complaints, you can call the Bupa Global customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively you can contact us via bupaglobal.com/membersworld, or write to us at Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK. If you have not received a response within 8 weeks or you remain unhappy with our final response, you may refer your complaint to the Financial Ombudsman Service. Their address and contact details are Lincoln House, Lincoln Place, Dublin 2; or call them on +353 1 567 7000. Alternatively, you can find further details at their website: www.fspo.ie

DECLARATION

To the best of my knowledge and belief the information given in this application form is true, accurate and complete. I understand that benefits may not be payable in full or at all and my policy may be treated as if it had not existed, if I do not take reasonable care when providing any information requested in this application form.

Where I have provided information on behalf of any other person to be covered by the policy, I confirm that I have checked with them that the information is correct before completing this application form and I have their express agreement to submit this application form on their behalf, or I am their legal representative.

I understand that my personal information and that of any other person to be covered by this policy will be processed by Bupa Global for the purposes set out in Bupa Global's privacy notice. I confirm that I have brought Bupa Global's privacy notice to the attention of these covered.

I agree to be bound by the policy terms of my health plan (and for cover provided to any other person to be covered by this policy but under a different health plan, the policy terms of that health plan). I agree that Irish law will apply to the policy.

I agree that any cover for the U.S. shall terminate upon informing Bupa Global that I have become a resident of the U.S. (or in the case of an additional person becoming a resident of the U.S., their cover under the policy shall terminate).

It is essential that you take reasonable care to provide us with full, complete and accurate information when you complete this application form. Please be sure to check the entire form.

If you do not provide complete information, we will not be able to process your application.

If you do not take reasonable care to provide us with full, complete and accurate information about yourself or any other person covered under the policy, we will have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

We recommend that you keep a record of all the information you supply to us in connection with this application, including letters.

If you would like a copy of this application form, please ask us.

This form must be received by us within six weeks of the date of this declaration. Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this application form within six weeks of this declaration date, we will require you to submit a new form.

MAIN APPLICANT'S SIGNATURE		DATE					
		D	D	M	M	Y	Y
Print full name							
FOR OFFICE USE ONLY		IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER					

INTERMEDIARIES ONLY

Please ensure up to date KYC documents have been provided for the applicant and dependants (aged over 16) where applicable. If clarity is needed on what documents are required, please contact Broker Services on +44 (0) 1273 718314. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

[illegible]

In case of unsolicited sales, applications will only be accepted for countries that allow unsolicited sales of health insurance contracts - including on a cross-border basis, where this is the case. For more information please refer to your Bupa Global contact.

- ☐ Solicited (promoted) Sale. Tick the box if this is a Solicited Sale.
- ☐ Unsolicited Sale - I hereby confirm that we neither promoted, sought, approached the customer and the customer neither sought nor required advice.

[illegible]

We reserve the right to request further information where appropriate or necessary.

[illegible]

[illegible]

