LIFELINE

Joining Bupa Global

bupaglobal.com

TO BE COMPLETED BY MAIN APPLICANT MA

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:

newbusiness@bupa-intl.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	◯

1 MAIN APPLICANT: EXISTING MEMBERSHIP DETAILS MA

Bupa Global membership number BI - - -

Alternatively, if you have previously had a policy with Bupa, please tick here and provide the membership number above ◯

2 MAIN APPLICANT: YOUR PERSONAL DETAILS MA

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

The date you want your cover to start: D D M M Y Y Y Y (cannot be between 28th & 31st)

Title | Male ◯ | Female ◯ | 1st language

First name | Middle name

Family name

Date of birth D D M M Y Y Y Y | Country of nationality

Occupation

Do you have current medical cover with any other insurer, including Bupa? If Yes, please give details: Yes ◯ No ◯

Name of other health insurer

How long have you been with this insurer

Name of plan/cover

Membership number

3 MAIN APPLICANT: YOUR ADDRESS DETAILS 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)

Address line 1

Address line 2

Town/City

State/Emirate

Country

Postal/Zip/Area code

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)

Address line 1

Address line 2

Town/City

State/Emirate

Country

Postal/Zip/Area code

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 ◯ No ◯ | Do you have a residence in the USA? Yes ◯ No ◯

4 MAIN APPLICANT: YOUR OTHER CONTACT DETAILS MA

(Please include country code, area code and number)

Phone/Mobile

Phone/Mobile

Email

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 1

Title | First name

Middle name

Family name

Male / Female | Nationality | 1st Language

Occupation | Date of birth D D M M Y Y

Relationship to you

2nd additional person 2

Title | First name

Middle name

Family name

Male / Female | Nationality | 1st Language

Occupation | Date of birth D D M M Y Y

Relationship to you

3rd additional person 3

Title | First name

Middle name

Family name

Male / Female | Nationality | 1st Language

Occupation | Date of birth D D M M Y Y

Relationship to you

4th additional person 4

Title | First name

Middle name

Family name

Male / Female | Nationality | 1st Language

Occupation | Date of birth D D M M Y Y

Relationship to you

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 payment of 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, consent to payment of your 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.**

Have you or anyone to be covered under the membership: ○ seen a doctor or other healthcare professional in the last three years ○ been admitted to hospital, had an operation/procedure or had an investigation (e.g. a scan/blood tests) in the last seven years for any of the medical problems listed in question 1 – 13 below:	MA	1	2	3	4
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	Y N	Y N	Y N	Y N	Y N
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems or obesity	Y N	Y N	Y N	Y N	Y N
3. Breathing or respiratory disorders eg shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis)	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
5. Benign tumours, growths or pre cancerous conditions e.g. polyps, benign growths, breast nodules or cysts, lipomas	Y N	Y N	Y N	Y N	Y N
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
12. Psychiatric/psychological disorders e.g. schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency	Y N	Y N	Y N	Y N	Y N
13. Cosmetic treatment, surgery e.g. breast enlargements/reductions or rhinoplasty	Y N	Y N	Y N	Y N	Y N

Please also answer the following questions:

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

7 CONFIDENTIAL MEDICAL HISTORY (CONTINUED)

16. Is anyone to be covered receiving any treatment of any kind or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in questions 1 - 13?	Y N	Y N	Y N	Y N	Y N
17. In the last 6 months, have you or anyone to be covered experienced any signs or symptoms of any medical problems, illnesses or injuries not already disclosed, regardless of whether a doctor or other healthcare professional has been consulted?	Y N	Y N	Y N	Y N	Y N

Further details (for over 16s only):

How tall are you?	feet/inches ◯	metres/centimetres ◯				
How much do you weigh?	stones/pounds ◯	kilogrammes ◯				
Have you used tobacco products within the last seven years?			Y N	Y N	Y N	Y N	Y N

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.

Name of Main Applicant or Additional Person	The relevant question number from Section 7	Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (eg right leg, left eye).	When were symptoms first experienced and when was treatment completed (if applicable)?	What treatment did you receive and when (please include dates, names and details of medications)?	What was the outcome of the treatment (eg ongoing, complete recovery, recurrent or likely to recur)?

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	○	£100	○	£250	○	£500	○	£1000	○	£2000	○
USD:	None	○	$160	○	$400	○	$800	○	$1600	○	$3200	○
EUR:	None	○	€160	○	€400	○	€800	○	€1600	○	€3200	○

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.

Please refer to the membership guide for full details.

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.

Name

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):

Sort code: - -

Bank/Building Society account number:

Swift code:

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:

To: The Manager

Address

Postcode

ACCOUNT HOLDER'S SIGNATURE | DATE (D D M M Y Y)

Reference number (for Bupa Global use only)

BI - - - -

Originator's ID number 1 7 8 0 1 7

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

As Instruction Form

CARD PAYMENT AUTHORITY

To Bupa Global, I authorise you, until further notice in writing, to charge to my card account, subscriptions and other unspecified amounts, as and 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:

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

CARD HOLDER'S SIGNATURE | DATE (D D M M Y Y)

The Direct Debit Guarantee

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.

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 us 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.

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.

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

11 YOUR MEMBERSHIP DECLARATION

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

Intermediary name	TURNKEY INS. & REINS. BROKERS LTD
Intermediary ID	89647

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.

INTERMEDIARY'S SIGNATURE

Print name	LOUKAS BENFIELD
Date	D D M M Y Y Y Y

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

ADDITIONAL INFORMATION

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General services:
+44 (0) 1273 323 563
Medical related enquiries:
+44 (0) 1273 333 911
Your calls may be recorded and may be monitored.

Bupa Global
Victory House, Trafalgar Place, Brighton. BN1 4FY.
United Kingdom

Bupa Global offers you:
Global medical plans for individuals and groups
Assistance, repatriation and evacuation cover
24-hour multi-lingual helpline

bupaglobal.com

The world of Bupa

Care homes
Cash plans
Dental insurance
Health analytics
Health assessments
Health at work services
Health centres
Health coaching
Health information
Health insurance
Home healthcare
Hospitals
International health insurance
Personal medical alarms
Retirement villages
Travel insurance

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