

APPLICATION FORM A



INTERNATIONAL HEALTH AND HOSPITAL PLAN

(Please use block letters)

FOR ADMINISTRATION USE	
Ref.	Policy Number
Date	Broker id

COMMENCEMENT DATE*

I / we request that the policy commences from day month year

*We will confirm to you the commencement date of your policy. Waiting periods may apply as set out in your policy conditions.

MAIN APPLICANT (POLICYHOLDER)

First name(s)	Sex (M/F)
Middle name(s)	
Family name(s)	
Date of birth (day/month/year)	Fax
Email	
Telephone	Mobile phone
Residential Address	
Postal Code	City
Country	
Correspondence Address	
Postal Code	City
Country	

Are you a U.S. resident? Yes No

DEPENDANTS

First name(s)	Date of birth (day/month/year)
Middle name(s)	
Family name(s)	Sex (M/F)
First name(s)	Date of birth (day/month/year)
Middle name(s)	
Family name(s)	Sex (M/F)
First name(s)	Date of birth (day/month/year)
Middle name(s)	
Family name(s)	Sex (M/F)
First name(s)	Date of birth (day/month/year)
Middle name(s)	
Family name(s)	Sex (M/F)

REIMBURSEMENT VIA BANK TRANSFER

If you would like us to transfer future reimbursements to your bank account, please state:

Account holder's name(s)

Name of bank

Bank address

Postal Code City

Country

Transfer to Danish account: Reg. No. Account No.

Transfer to foreign account: Account No./IBAN No.
Swift No.

PREFERRED REIMBURSEMENT CURRENCYPlease state currency **PAPERLESS CUSTOMER SIGN UP**

I hereby sign up as a paperless customer with Bupa Global. As a paperless customer, I will receive all documents and correspondence from Bupa Global via my personal myPage on www.ihl.com. I understand that I will not receive any hardcopies of documents to my postal address and that it will be my responsibility to check all documents and correspondence online and to inform Bupa Global of any changes to my email address. I can get more information on www.ihl.com/services.

INTERMEDIARY'S ACCESS TO DOCUMENTS

In the event that I and any dependants are represented by an intermediary, we would like our intermediary to have access to all our documents until further notice, including documents containing sensitive information such as medical details, for the purpose of assisting me with the administration of my policy. I confirm that I have discussed this with my dependants over the age of 16 and obtained their consent.

COVER - please choose modules, currency and deductible by ticking the relevant boxes**Choice of modules**

- Hospital Plan
- Module 1 - Non-Hospitalisation Benefits
- Module 2 - Medicine & Appliances
- Module 3 - Medical Evacuation & Repatriation
- Module 4A - Dental & Optical
- Module 4B - Dental & Optical

Choice of deductible / currency

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Nil | <input type="checkbox"/> Nil | <input type="checkbox"/> Nil |
| <input type="checkbox"/> EUR 350 | <input type="checkbox"/> GBP 250 | <input type="checkbox"/> USD 400 |
| <input type="checkbox"/> EUR 1,050 | <input type="checkbox"/> GBP 750 | <input type="checkbox"/> USD 1,600 |
| <input type="checkbox"/> EUR 4,000 | <input type="checkbox"/> GBP 2,750 | <input type="checkbox"/> USD 5,000 |
| <input type="checkbox"/> EUR 8,000 | <input type="checkbox"/> GBP 5,500 | <input type="checkbox"/> USD 10,000 |
| <input type="checkbox"/> EUR 16,000 | <input type="checkbox"/> GBP 11,000 | <input type="checkbox"/> USD 20,000 |

Please note that the chosen currency is binding**PREMIUM PAYMENT**

- Annual Semi-annual Quarterly

REQUEST FOR PAYMENT FROM A BANK OR ANOTHER ADDRESS, IF DIFFERENT FROM RESIDENTIAL ADDRESS

Name(s)

Address

Address

Postal Code City

Country

Account holder (if bank)

Account No. (if bank)

Relation of the person paying for the insurance to policyholder

(A third party payment agreement must be completed if a third party is paying for the policy - contact your Bupa Global representative for more information if necessary)

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.ihl.com/privacy. 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 +45 70 23 00 42. Alternatively you can email or write to the team via GlobalCustomer@ihl.com or Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark. If you have any questions about how we handle your information, please contact us at GlobalCustomer@ihl.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.ihl.com/legal-information

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 GlobalCustomer@ihl.com or by writing to Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark.

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.

All correspondence concerning your policy, including documents containing sensitive information such as medical details, will be sent to the policyholder and may be sent via your intermediary. All insured persons on the policy may have access to correspondence and other information, including documents containing sensitive information such as medical details, sent by Bupa Global or accessed at www.ihl.com via the myPage login.

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.

9 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.

10 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.

11 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 GlobalCustomer@ihl.com. You also have the right to make a complaint to your local supervisory authority for data protection.

SIGNATURE

By submitting this application form for health insurance coverage with Bupa Global, I acknowledge and confirm my awareness that any health insurance policy issued by Bupa Global is not a substitute for any form of compulsory national health insurance in any country in which I or my dependants may reside.

Applicant's signature _____

Date _____

