WORLDWIDE HEALTH OPTIONS

Joining Bupa Global

bupa-intl.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 scan and 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 at section 7 and consented to the payment of their fees. You can withdraw your consent at any time by contacting us at www.bupa-intl.com/contact	◯

IF THIS IS A NEW APPLICATION

the information you have given in sections 2-11 is correct and complete	◯
you have read, signed and dated the declaration in section 12	◯

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 12	◯

IF YOU WANT TO INCLUDE ANY ADDITIONAL PERSONS ON YOUR PLAN

the information you have given in sections 1,5,6,8 & 9 is correct and complete	◯
you have read, signed and dated the declaration in section 12	◯

IF YOU WANT TO CHANGE YOUR COVER OPTIONS OR ADD USA COVER

you complete sections 1,8,& 9 (if increasing your cover) and 10 for you and any additional persons to included on your plan	◯
you have read, signed and dated the declaration in section 12	◯

IF YOU WANT TO CHANGE YOUR PAYMENT DETAILS

the information you have given in sections 1 and 11 is correct and complete	◯
you have read, signed and dated the declaration in section 12	◯

If this is a new application, start at Section 2

If you are amending your application, start at Section 1

1 MAIN APPLICANT: EXISTING MEMBERSHIP DETAILS MA

Bupa Global membership number BI - - -

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 (cannot be between 28th & 31st)

Title | Male ◯ | Female ◯ | 1st language

First name | Other initials

Family name

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

Occupation

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

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

Other initials | 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

Other initials | 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

Other initials | 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

Other initials | 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 A DOCTOR, PLEASE FILL IN THE DETAILS BELOW

Doctor's name

Address

Your consent to your doctor to disclose medical information.

On behalf of myself and each person named on this form, I authorise this doctor to provide Bupa Global with any information it asks for in connection with my membership application and any claims (past, present and future). Please tick here to give your consent: ◯

If any family members included in your application have a different doctor, please give the name and/or address details on a separate sheet and confirm you have done so by ticking here: ◯

7 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.

8 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 9 on the next page.** Please ensure you tell us about any known or suspected conditions and symptoms even if professional advice has not yet been sought.
If you are applying to increase cover and you are already a Bupa Global member, you should also include details of any conditions for which you have made claims within the last seven years. This information will be passed to our underwriting team who will assess the terms of your plan.
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 (eg 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 eg 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 eg 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 eg 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 eg polyps, benign growths, breast nodules or cysts, lipomas	Y N	Y N	Y N	Y N	Y N
6. Skin problems eg 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 eg 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 eg 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 eg 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 eg 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 eg 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 eg 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 eg 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
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

8 CONFIDENTIAL MEDICAL HISTORY (CONTINUED)

17. Has anyone to be covered experienced any signs or symptoms of any medical problem in the last six months, regardless of whether a health care professional has been consulted?	Y N	Y N	Y N	Y N	Y N
18. Do you have or have had a previous policy with Bupa?	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

9 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 8. 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 8	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: ◯

10 CHOOSE YOUR COVER OPTIONS

Each member to be included on this plan automatically receives cover for Worldwide Medical Insurance, our core cover.
Please tick the options you wish to add for you and any additional people.

WORLDWIDE MEDICAL INSURANCE

For treatment received whilst staying in hospital, either overnight or as a day-case, plus related benefits.

Worldwide Medical Insurance gives you the reassurance of covering essential hospital treatment you may need, whether in an emergency or a planned visit. Surgery, cancer treatment and advanced imaging, whether received whilst staying in hospital or as a visiting patient, are also included.

	MA	1	2	3	4
WORLDWIDE MEDICAL PLUS: *For specialist treatment where you do not need to stay in hospital.* Worldwide Medical Plus covers you for consultations with a doctor or specialist and medical treatments that do not require a hospital stay. These may include osteopathy or complementary therapies, for example. Some of these treatments or consultations may take place before or after a hospital stay, but many will be totally independent.	○	○	○	○	○
WORLDWIDE MEDICINES AND EQUIPMENT: *For prescribed medicines and medical equipment.* Often, treatment does not end when you leave the hospital or clinic or after you have seen a specialist. This option covers you for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. Our unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.	○	○	○	○	○
WORLDWIDE WELLBEING: *For a range of health screenings, vaccinations, dental and optical treatment.* Our Wellbeing option is designed to help you protect and maintain your health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical treatments, which can play an important role in keeping you healthy by identifying underlying problems such as mouth cancer or diabetes.	○	○	○	○	○
WORLDWIDE EVACUATION: *For when you can't get the treatment you need in a local hospital.* The Worldwide Evacuation option covers you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby. Repatriation, which is also included, gives you the added option of returning to your home country or specified country of nationality, to be treated in familiar surroundings.	○	○	○	○	○

COVER FOR PRE-EXISTING CONDITIONS:

If you have a pre-existing medical condition, this option could provide you with the opportunity to be covered for it. If you would like to find out if we can cover you and to obtain a quote, please tick here. If your plan includes cover for pre-existing conditions, this cover does not apply in the USA. ○

USA COVER:

If you spend most of your time in the USA, then you will need to buy USA cover on an annual basis. If you spend most of your time outside the USA, you can choose to add USA cover to your plan by ticking in this section. Please note, we do not cover permanent USA residents. This cover will increase your premium. If your plan includes cover for pre-existing conditions, this cover does not apply in the USA. ○

ANNUAL DEDUCTIBLE:

If you are paying by direct debit (applicable to to GBP payments only) or Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year. If you choose any of the deductible amounts on Worldwide Medical Insurance then a fixed deductible amount of £100/$170/€125 is applied to Worldwide Medical Plus and £50/$80/€60 fixed deductible amount is applied to Worldwide Medicines and Equipment (if you choose these options).

The deductible you choose will apply to each member on this form.

GBP:	None ○	£250 ○	£500 ○	£1000 ○	£2000 ○	£5000 ○
USD:	None ○	$425 ○	$850 ○	$1700 ○	$3400 ○	$8500 ○
EUR:	None ○	€300 ○	€625 ○	€1250 ○	€2500 ○	€6250 ○

11 YOUR PAYMENT DETAILS

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 9 8 0 9 3 9

Banks and Building Societies may not accept Direct Debit Instructions for some type 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.

12 YOUR MEMBERSHIP DECLARATION

DATA PROTECTION NOTICE

Purpose:
Personal data collected on you and, where appropriate, your family, will be used by Bupa Global to process your claims, administer your policy and may be used to detect and prevent fraud or improper claims.

Confidentiality:
The confidentiality of patient and member information is of paramount concern to Bupa Global. To this end, Bupa Global fully comply with UK Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical Information:
Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Claims information may also be shared with appointed third parties involved in the management and handling of your claim. Claims information may be discussed with the Bupa Global Agent/Adviser where you have requested the Adviser to assist you.

Member details:
All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

Telephone calls:
In the interest of continuously improving our service to members, your call will be recorded and may be monitored.

Research:
Anonymised or aggregated data may be used by Bupa Global, or disclosed to others, for research or statistical purposes.

Fraud:
Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Names and Addresses:
Bupa Global does not make the names and addresses of members or patients available to other organisations.

Keeping you informed:
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.

Contact Address:
If you do not wish to receive information about Bupa Global's products and services, or have any other Data Protection queries please write to the Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@Bupa.com.

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 email via bupa-intl.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: South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone; 0845 080 1800 or +44 (0) 20 7964 1000 from outside the UK.

DECLARATION

I declare that to the best of my knowledge and belief the information given in this Application is true and complete.

I agree that the Rules of the Bupa Global Worldwide Health Options plan will be binding on me, as Main Applicant, and all eligible Dependants included in my membership.

I agree that any cover which I may purchase for the USA shall terminate upon informing Bupa Global that I have become a resident of the USA.

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, on behalf of myself and any Dependants specified in this form, for Bupa Global to process our personal information with respect to our membership and I confirm that I have brought the Data Protection Notice to the attention of these Dependants.

Where applicable, I hereby consent to your payment of the fees to my intermediary as described in this application.

In view of the declaration above it is essential that complete information is supplied. We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. You are advised to keep a record of all 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. English Law shall apply to the agreement between you and Bupa Global.

Please be aware that this form must be received by Bupa Global no more than six weeks after the declaration date. Fill in your form with complete up-to-date medical history before you sign and date it. If we receive this form after six weeks from this declaration date, or with incomplete information, we will be unable to register your details and enrol you on the plan.

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

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

bupa-intl.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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