

# Application form A



## International health and hospital plan

(Please use block letters)

FOR ADMINISTRATION USE	
Ref.	Membership number BI - - -
Date	Broker id

START DATE*
The date you want your cover to start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (cannot be between 28th & 31st)
*We will confirm to you the start date of your policy. Waiting periods may apply as set out in your terms and conditions.

MAIN APPLICANT (POLICYHOLDER)	
First name(s)	Sex (M/F)
Middle name(s)	
Family name(s)	
Nationality	
Date of birth	Fax
Email	
Telephone	Mobile phone
Residential Address	
Postal/Zip/Area code	City
Country	
Correspondence Address	
Postal/Zip/Area code	City
Country	
Are you a U.S. resident? <input type="radio"/> Yes <input type="radio"/> No	

DEPENDANTS	
First name(s)	Date of birth
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	
First name(s)	Date of birth
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	
First name(s)	Date of birth
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	
First name(s)	Date of birth
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	

**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 MembersWorld account on **www.bupaglobal.com/membersworld**. 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. However, I'm eligible to receive a hard copy of my documents on request. I can get more information on **www.bupaglobal.com**.

**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**

If you are paying by direct debit (applicable 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.

- |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <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

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

Annual  Semi-annual  Quarterly

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 premium 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 policy 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
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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 types of accounts.

As Instruction Form

**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.



**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 who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

**8 Transfers outside of the UK and the European Economic Area (EEA)**

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the UK and the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

**9 How long we keep your personal information**

We keep your personal information in line with periods using the criteria shown 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 correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

**11 Data Protection Contacts**

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [info@bupaglobal.com](mailto:info@bupaglobal.com). You can also use this address to contact our Data Protection Officer.

We are regulated by the Information Commissioner's Office ([www.ico.org.uk](http://www.ico.org.uk)) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). You have a right to make a complaint to them or to your local privacy supervisory authority.

**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** \_\_\_\_\_

**INTERMEDIARY ONLY**

Intermediary name																																			
Intermediary ID																																			

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 or required advice.

**INTERMEDIARY'S SIGNATURE**

\_\_\_\_\_  
Signature area for the intermediary

Print name \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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**We reserve the right to request further information where appropriate or necessary.**