APPLICATION FORM

Worldwide Travel Options



(It is possible to con	possible to complete the form electronically, but it must be signed by hand)									Producer code #																		
ADMISSION							•														•							
I/We wish to take out:																												
Single Trip fro	om (dd/mm/yyyy)																											
Do you wish to	o include th	e No	n-Me	edica	al Op	otior	?ר				Õ) YE	S		Ć) NC)											
Do you wish to	o include th	e Trip	o Ca	ncel	latio	n Ol	otior	ר?			\bigcirc) YE	S		C) NC)											
Annual Multi-1 as of (dd/mm, Do you wish to Do you wish to	/yyyy) o include th							n?			C) YE:			C C) NC) NC												
PLEASE CHOOS	E CURREN	ICY						С) US	D		\bigcirc) EU	R		С) сн	IF		GE	BP							
PLEASE LIST AL		sol	NS 1	FO E	BE C	ov	ERE	ED I	зү т	HE	POI		Y															
Policyholder																												
First name(s)																												
Family name(s)																												_
Sex (M/F)	Dat	e of	birtl	h (da	ay/m	ontl	h/ye	ar)]	A	ge						 			
Nationality																					Pr	emi	um					
Dependant																												
First name(s)																												
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Sex (M/F)	Dat	e of	birtl	h (da	ay/m	ont	h/ye	ar)]	A	ge						 	 		
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Sex (M/F)	Date of birth (day/month/year) Age																											
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First name(s)																												
Family name(s)																												
Sex (M/F)	Date of birth (day/month/year)																											
Nationality																					Pr	emi	um					
Total premium																												
The premium for Single Trip is calculated per person as a basic premium and premium per travel day. The premium for Annual Multi-Trip Travel is calculated per person per year. Children under two years are insured free of charge but must be listed																												

PREMIUM PAYMENT

I wish to pay the premium by credit card. (You will receive a payment link by email when we have created your policy.)

I wish to pay the premium via bank transfer. (You will receive an email with information on how to make a bank transfer when we have created your policy.)

I hereby pay the premium by the enclosed cheque

OTHER HEALTH	OTHER HEALTH INSURANCE																						
Do you have anothe	Do you have another health insurance?																						
YES, with Bupa	oa Global YES, with another company							ОиО															
If YES, please state:																							
Company name																							
Policy Number																							
ADDRESS IN COUNTRY OF PERMANENT RESIDENCE																							
Postal address																							
Postal Code					City [
Country																							
Telephone																							
Mobile phone																							
Fax																							
Email																							

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. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.global.ihi.com/Service/Privacy+Notice.aspx. 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 Travel service team on +45 70 20 70 48. Alternatively, you can email or write to the team via travel@ihi-bupa.com or Bupa Global Travel, Palægade 8, DK-1261 Copenhagen K, Denmark.

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"), in any way (for example email, website, telephone, app).

2 Ways in which we obtain personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity)

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 deal with 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 to protect our rights, property, or safety , or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by applicable law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5 Marketing and preferences

We would, on occasion, like to keep you informed of our products and services which we consider 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 travel@ihi-bupa.com or by writing to Bupa Global Travel, 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 limited 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.

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 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 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 travel@ihi-bupa.com. You can also use this address to contact our Data Protection Officer.

We are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, DO2 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800. You have a right to make a complaint to them or to your local privacy supervisory authority.

SIGNATURE

I, the undersigned, declare that all information given in this form is in accordance with the truth and is correct.

I also agree that Worldwide Travel Options covers in the event of acute illness or accident, but that it does not cover pre-existing conditions that have shown symptoms within a period of 6 months before starting a trip, nor does it cover illnesses or other conditions related to such pre-existing conditions. I hereby give Bupa Global Travel permission to seek such information from doctors and hospitals concerning state of health as the Company deems necessary.

I Accept the policy conditions and I agree that all documentation related to this insurance will be provided in English and that the product will be serviced in English.

App	licant's	signa	ture
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Date

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Bupa Global Travel o Palaegade 8 o DK-1261 Copenhagen K o Denmark o Tel: +45 70 20 70 48 o Fax: +45 70 20 70 56 o Email: travelsales@ihi-bupa.com o www.bupaglobal.com Bupa Global Assistance • Tel: +45 70 23 24 61 • Email: emergency@ihi-bupa.com

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