

Family name

Date of birth

C) Medical history

This section asks for health and medical details, past and present about yourself.

Please tick Yes or No to every question. If you tick Yes to a question, please give full details in Section D.

If you do not provide us with full details we may cancel your cover or it may stop us from paying your claims and/or cause us to review the terms and conditions of your policy.

Whether you are changing 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.

For any of the medical conditions listed below (questions 1-13), please answer yes if you have:

- Seen a doctor, therapist or consultant in the last three years
- Been admitted to hospital, had an operation or procedure, or had an investigation (e.g. a scan/blood tests) in the last seven years

1) Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis

YES NO

2) Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity

YES NO

3) Breathing or respiratory disorders e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis, emphysema, sleep apnoea or allergies (including hayfever and anaphylaxis)

YES NO

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

YES NO

5) Benign tumours, growths or pre-cancerous conditions e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease or lipomas

YES NO

6) Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions

YES NO

7) Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles), Parkinson's disease, motor neurone disease, cerebral palsy, encephalitis or meningitis

YES NO

8) Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions

YES NO

9a) Female urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, incontinence, ovarian cysts, polycystic ovaries, pelvic inflammation, cervical disease, endometriosis, dysmenorrhoea, irregular menstruation, fibroids, breast disease or infertility

YES NO

9b) Male urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy or enlarged prostate or infertility

YES NO

10) Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder

YES NO

11) Eye, ear, nose and throat problems e.g. cataracts, glaucoma, visual impairment, detached retina, macular degeneration, deafness, ear infections, glue ear, deviated nasal septum, tonsillitis or gingivitis

YES NO

12) Mental health disorders e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia or ADHD

YES NO

13) Congenital/Hereditary conditions e.g. Downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Huntington's disease, thalassemias or hemochromatosis

YES NO

Please also answer the following questions:

14) Are you taking any medication, prescribed or otherwise?

YES NO

15) Do you currently have, or ever had:

- Cancer
- Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat
- Stroke
- Prosthetic implants and appliances in your body e.g. shunts, pacemakers, joint replacements

YES NO

YES NO

YES NO

YES NO

16) Are you 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?

YES NO

17) In the last 3 months have you experienced any signs or symptoms of any medical problem, illness, or injury not yet diagnosed or treated?

YES NO

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Further details (for over 16s only):

How tall are you? feet/inches _____ metres/centimetres _____

How much do you weigh? stones/pounds _____ kilograms _____

D) Additional information

**This section applies if you have indicated "Yes" to any questions in section C.
If you are unsure whether any details are relevant, you must include them.**

Please enter the question number (Questions 1-17 that you have answered YES to on the Medical Information Questionnaire) _____

Please specify as accurately as possible the name of the illness or medical problem.
Where applicable, please state the area of the body affected (e.g. right leg, left eye):

When did the symptoms start and when was treatment completed?

What treatment did you receive and when (please include dates, names and details of medications)?

What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?

Please enter the question number (Questions 1-17) that you have answered YES to on the Medical Information Questionnaire) _____

Please specify as accurately as possible the name of the illness or medical problem.
Where applicable, please state the area of the body affected (e.g. right leg, left eye):

When did the symptoms start and when was treatment completed?

What treatment did you receive and when (please include dates, names and details of medications)?

What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?

Additional information: Do you have additional medical information? YES NO

All relevant up-to-date medical reports should be enclosed in the event of any pre-existing medical conditions.

NB If you experience any additional symptoms other than the above described before you receive your insurance documents, please notify us immediately. Failure to do so may affect your cover

If there is insufficient space, please use a separate sheet and indicate that you have done so by ticking here

If you have ticked here, please indicate how many pages you have attached to this Medical Questionnaire _____

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E) 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.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@bupaglobal.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@bupaglobal.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"), 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 info@bupaglobal.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 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 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. You can also use this address to contact our Data Protection Officer.

Bupa Global Designated Activity Company is registered in Ireland where the local supervisory is the Data Protection Commission who can be contacted at: Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel: +353 578 684 800 or +353 761 104 800

Family name

Date of birth

F) Your application declaration

Your declaration

Claims and other benefits may not be payable, and in some cases the insurance may even be void, if you do not fully disclose any material fact which could influence our assessment and acceptance of this application. 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 your health changes after the application has been signed but before an insurance agreement has been entered into with Bupa Insurance Limited ("Bupa Global"), you must notify Bupa Global immediately of such a change. You may be required to provide Bupa Global with medical reports in relation to this and any other pre-existing conditions. Failure to notify Bupa Global may result in the cancellation of your insurance policy.

In view of the following declaration, it is essential that complete information is supplied.

I declare that to the best of my knowledge and belief the information given by me is true and complete, and that, apart from the conditions fully disclosed to Bupa Global, I and any children ("dependants") to be insured on my policy are in excellent health and do not suffer or have suffered from any recurring illness or physical debility. If insurance for dental treatment is required, neither myself nor my dependants are under or about to undergo dental treatment.

I declare that I (on my and my dependants' behalf) have read the terms and conditions and this Medical Questionnaire, and accept that the terms and conditions together with the insurance certificate (and the application forms) will represent the insurance contract with Bupa Global.

I also declare that I and my dependants are not permanently resident in the USA. I agree that any cover which I may purchase shall not be renewed at the policy anniversary should I become a permanent resident of the USA (or in the case of an additional person becoming a permanent resident of the USA, their cover under the policy shall not be renewed at the policy anniversary). I agree that I am required to immediately notify the Company in writing if I or any additional person (as the case may be) become a permanent resident of the USA, failing which the Company may terminate the insurance with immediate effect or (where permitted to continue the insurance until such date) with effect from the policy anniversary. 'Permanent resident' shall mean a person residing in the USA who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the USA, and 'USA' shall include the Commonwealth of Puerto Rico for this purpose.

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.

Date

Signature _____

G) Authorised person

I hereby authorise (full name and relation)

Name of Person (in full):

Relation to insured person:

Date of birth:

Address:

Email:

Phone number (including country code):

To contact Bupa Global on my behalf in relation to policy administration, including but not limited to claims assessment and preauthorisation of treatment, and I give my consent for Bupa Global to exchange information, including medical information with the authorised person for the purpose of such policy administration. I understand that I have the right to withdraw the authorisation at any time by contacting Bupa Global.

Date

Signature _____

Notes

Notes

