

Newborn: application to join



Medical questionnaire

Important information

You can type directly into this form, save it and email it to us. Alternatively, please write clearly in block capitals using black ink.

This form is only for existing Bupa Global customers. Refer to your membership guide for more details about adding newborn children.

We will add the newborn on the same level of cover as the main applicant unless you tell us otherwise.

Please complete multiple copies of this form if you are adding more than one newborn to your policy.

It is essential that you take reasonable care to provide us with full, complete and accurate information when you complete this application.

Please return this form to your sales representative or intermediary, or send it by post to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

Details of main applicant

First name(s)	
Family name(s)	
Date of birth	D D M M Y Y Y Y
Membership Number	BI - - - - -

Details of newborn to be added

First name(s)							
Family name(s)							
Date of birth	D D M M Y Y Y Y	Country of birth					
Nationality							
Gestational age at birth		Birth weight		Male	<input type="radio"/>	Female	<input type="radio"/>

Medical questions

Please answer each of the following questions. If you have answered yes for any of the questions, provide details below. If there is insufficient space, please use the "Notes" section at the end of this form and indicate that you have done so by ticking here

1. Were any congenital, hereditary or other abnormalities detected at the neonatal examination?	<input type="radio"/> Y <input type="radio"/> N
2. Have there been any symptoms, abnormalities or health concerns since date of discharge?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Not yet discharged*
*If not yet discharged, please provide current treatment plan and expected discharge date.	
3. Is there any need for a future review with a healthcare professional other than for routine baby checks?	<input type="radio"/> Y <input type="radio"/> N

Last updated: March 2022

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, or if you have any questions about how we handle your information, 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.

Information about Bupa Global

In this privacy notice, “we” “us” and “our” mean the Bupa companies trading as Bupa Global. For details of these companies, visit www.bupaglobal.com/legal-notice

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the ‘Sharing your information section’. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services (“you”, “your”), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from other organisations (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. What we use personal information for and our legal reasons for doing so

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 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. 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 interest you (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.

6. Sharing your information

We share your information within the Bupa group of companies, 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 line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

9. 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.

10. 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.

You also have the right to make a complaint to your local privacy supervisory authority. We are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

Declaration

To the best of my knowledge and belief the information given in this application form is true, accurate and complete. I understand that benefits may not be payable in full or at all and this policy may be treated as if it had not existed, if I do not take reasonable care when providing any information requested in this application form.

Where I have provided information on behalf of the newborn's parent or legal guardian, I confirm that I have checked with them that the information is correct before completing this application form and I have their express agreement to submit this application form.

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 above. Where applicable, I confirm that I have brought Bupa Global's privacy notice to the attention of the newborn's parent or legal guardian.

I understand that this application will be rejected if the newborn is granted permanent residency in the U.S.

It is essential that you take reasonable care to provide us with full, complete, and accurate information when you complete this application form. If you do not provide complete information, we will not be able to process your application. Please be sure to check the entire application form.

Fill in your form with the newborn's complete up-to-date medical history before you sign and date it. We may ask you for a declaration of continued good health or to submit a new form if:

- o we do not receive this application form within six weeks of this declaration date;
- o or the declaration date is more than six weeks before your cover start date.

We recommend that you keep a record of all the information you supply to us in connection with this application, including letters and any other documents and correspondences exchanged between you and us, or with Bupa Global on our behalf. If you would like a copy of this application form please ask us.

I affirm my signature on this application form with full responsibility on the contents disclosed therewith.

Main applicant's signature

Date							
D	D	M	M	Y	Y	Y	Y

Print full name

For Group Plans

Group Secretary declaration: I confirm the above named newborn is eligible to join the plan.

Group Secretary signature

Date							
D	D	M	M	Y	Y	Y	Y

Print full name

Notes