

WORLDWIDE HEALTH OPTIONS



Joining Bupa Global

bupaglobal.com

IQ MED
www.iqmed.ro

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 in section 6 and consented to the payment of their fees. You can withdraw your consent at any time by contacting us at www.bupaglobal.com/contact-us

IF THIS IS A NEW APPLICATION

the information you have given in sections 1-11 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, 7, 8, 9 & 11 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, 7, 8 (if increasing your cover) & 9 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 10 is correct and complete

you have read, signed and dated the declaration in section 12

1 MAIN APPLICANT: EXISTING MEMBERSHIP DETAILS

MA

Bupa Global membership number BI - [] - [] - []

Alternatively, if you have previously had a policy with Bupa, please tick here and provide the membership number above

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 []

Middle name []

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	Title		First name													1
	Middle name															
	Family name															
	Male / Female		Nationality							1st Language						
	Occupation							Date of birth	D	D	M	M	Y	Y		
	Relationship to you															
If this additional person is a newborn child under 91 days old, please answer the following question: Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate.													Yes <input type="radio"/>	No <input type="radio"/>		

2nd additional person	Title		First name													2
	Middle name															
	Family name															
	Male / Female		Nationality							1st Language						
	Occupation							Date of birth	D	D	M	M	Y	Y		
	Relationship to you															
If this additional person is a newborn child under 91 days old, please answer the following question: Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate.													Yes <input type="radio"/>	No <input type="radio"/>		

3rd additional person	Title		First name													3
	Middle name															
	Family name															
	Male / Female		Nationality							1st Language						
	Occupation							Date of birth	D	D	M	M	Y	Y		
	Relationship to you															
If this additional person is a newborn child under 91 days old, please answer the following question: Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate.													Yes <input type="radio"/>	No <input type="radio"/>		

4th additional person	Title		First name													4
	Middle name															
	Family name															
	Male / Female		Nationality							1st Language						
	Occupation							Date of birth	D	D	M	M	Y	Y		
	Relationship to you															
If this additional person is a newborn child under 91 days old, please answer the following question: Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate.													Yes <input type="radio"/>	No <input type="radio"/>		

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 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.

7 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 8 on the next page.** Whether you are increasing 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.

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 (e.g. 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 e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems or obesity	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. Breathing or respiratory disorders e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
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	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
5. Benign tumours, growths or pre cancerous conditions e.g. polyps, benign growths, breast nodules or cysts, lipomas	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
7. Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

7 CONFIDENTIAL MEDICAL HISTORY (CONTINUED)

8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
9. Urinary or reproductive system problems e.g. 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	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
11. Eye, ear, nose, throat and dental problems e.g. cataracts, glaucoma, visual impairment, deafness, ear infections, tonsillitis, dental infections, wisdom teeth problems or gingivitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
12. Psychiatric/psychological disorders e.g. schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
13. Cosmetic treatment, surgery e.g. breast enlargements/reductions or rhinoplasty	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Please also answer the following questions:

14. Is anyone to be covered taking any medication, prescribed or otherwise?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
15. Has anyone to be covered ever had a history of:					
<input checked="" type="radio"/> Cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Heart condition eg angina, heart attack, heart failure, abnormal heartbeat	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Stroke	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input checked="" type="radio"/> Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> 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?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
17. In the last 6 months, have you or anyone to be covered experienced any signs or symptoms of any medical problems, illnesses or injuries not already disclosed, regardless of whether a doctor or other healthcare professional has been consulted?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
18. For females only: Are you currently pregnant? Y/N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Further details (for over 16s only):

How tall are you? feet/inches <input type="radio"/> metres/centimetres <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you weigh? stones/pounds <input type="radio"/> kilogrammes <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you used tobacco products within the last seven years?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

8 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 7. 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 7	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 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 (e.g. 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:

9 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	<input type="radio"/>	£250	<input type="radio"/>	£500	<input type="radio"/>	£1000	<input type="radio"/>	£2000	<input type="radio"/>	£5000	<input type="radio"/>
USD:	None	<input type="radio"/>	\$425	<input type="radio"/>	\$850	<input type="radio"/>	\$1700	<input type="radio"/>	\$3400	<input type="radio"/>	\$8500	<input type="radio"/>
EUR:	None	<input type="radio"/>	€300	<input type="radio"/>	€625	<input type="radio"/>	€1250	<input type="radio"/>	€2500	<input type="radio"/>	€6250	<input type="radio"/>

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. Fuller details can be found 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@bupa-intl.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@bupa-intl.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"), via any channel (e.g. email, website, telephone, app etc.).

2 Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (e.g. those acting on your behalf, like brokers, healthcare providers etc.). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

3 Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (e.g. information we use to contact you, identify you or manage our relationship with you); and special categories of information (e.g. health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

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 administer 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 in order to protect the rights, property, or safety of Bupa Global, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third party's legitimate interests or it is required or permitted by applicable law.

5 Marketing and preferences

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.

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@bupa-intl.com or by writing to Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

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 contact us via bupaglobal.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: Financial Services and Pensions Ombudsman. You can write to them at: Lincoln House, Lincoln Place, Dublin 2; or call them on +353 1 567 7000. Alternatively, you can find further details at their website: www.fspo.ie

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 some 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. Further details are available in our Full 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 commissioning services on your behalf, those acting on your behalf (e.g. brokers and other intermediaries) and with others who help us provide services to you (e.g. healthcare providers) or from whom we need information to handle or verify claims or entitlements (e.g. professional associations). We also share your information in accordance with the law.

8 Transfers outside of the European Economic Area (EEA)

Bupa Global deals with many international organisations and uses global information systems. As a result, Bupa Global transfers your personal information to countries outside of the European Economic Area ("EEA"), that is the EU member states and Norway, Liechtenstein and Iceland, for the purposes set out in this privacy notice.

9 How long we retain your personal information

Bupa Global retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed 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 rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

11 Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupa-intl.com. You also have the right to make a complaint to your local supervisory authority for data protection.

12 YOUR MEMBERSHIP DECLARATION (CONTINUED)

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 my 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 any other person to be covered by the policy, 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 on their behalf, or I am their legal representative.

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.

I agree to be bound by the policy terms of my health plan (and for cover provided to any other person to be covered by this policy but under a different health plan, the policy terms of that health plan). I agree that Irish law will apply to the policy.

I agree that any cover for the U.S. shall terminate upon informing Bupa Global that I have become a resident of the U.S. (or in the case of an additional person becoming a resident of the U.S., their cover under the policy shall terminate).

It is essential that you take reasonable care to provide us with full, complete and accurate information when you complete this application form. Please be sure to check the entire form.

If you do not provide complete information, we will not be able to process your application.

If you do not take reasonable care to provide us with full, complete and accurate information about yourself or any other person covered under the policy, we will have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

We recommend that you keep a record of all the 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.

This form must be received by us within six weeks of the date of this declaration. Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this application form within six weeks of this declaration date, we will require you to submit a new form.

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

bupaglobal.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