

# GLOBAL HEALTH PLANS

JOINING AND MANAGING YOUR PLAN

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# GLOBAL HEALTH PLANS

This form can be completed by **new customers** or **existing Bupa Global customers**.

# HOW TO USE THIS FORM

We have split this form into sections to make it easier for you to complete. Each section is numbered with an icon below.



These icons represent the person you are describing on the form.



When you see M you need to fill in information about the Main Applicant

and this 1 is referring to the 1st Additional Person.

# 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.

Once completed, you can email your form to: eeadirectsales@bupa.com, fax us on +44 (0) 1273 866 583 or post to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

Please note that we cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending us confidential information.

If you have faxed or emailed us then we do not need the original copy of your form.

Please note that the plan you are joining is a fully medical underwritten plan. This means that any symptoms or conditions that have been present prior to the start date of the plan may not be covered.

If you do not take reasonable care to provide full, complete and accurate information for each of the persons to be covered under the policy, it may affect the cover for those people.

Please tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts. Failure to do so may mean we are unable to pay your claims.

The global health plans are not designed to meet specific in-country requirements and are not intended to be used to fulfil visa or compulsory health insurance requirements where they fall due. The plans can be used alongside any locally required health insurance contract. The plans are designed for short term stays in the U.S.

# FOR **NEW CUSTOMERS** Please complete sections 1-10, and section 11 if applicable Read, sign and date the declaration in section 12 FOR **EXISTING CUSTOMERS** There are a number of things you can change on your plan using this form. Make sure you read, sign and date the declaration in section 12.

Changing your address and contact details?

You must notify us of any change of contact details so that we can ensure that correspondence reaches you

The easiest way to change your address and contact details is simply to contact us. You can email us on info@bupaglobal.com, call us on +44 (0) 1273 323563, or contact us via our secure website at https://membersworld.bupaglobal.com.

# Adding additional people to your plan?

- o complete sections 1 and 5-8
- o complete section 11, if applicable
- read, sign and date the declaration in section 12



# Want to change your cover?

- o complete sections 1 and 7-9
- o complete section 11, if applicable
- read, sign and date the declaration in section 12



# Want to change your payment details?

- o complete sections 1 and 10
- o complete section 11, if applicable
- read, sign and date the declaration in section 12



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6 ADDITIONAL PEOPLE TO BE COVERED WITH	YOU (C	ONTINU	JED)		
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First name Middle	e name				
Family name					
Date of birth D D M M Y Y Y Country of nationality					
Country of residency Relati	onship to y	ou			
Email					
For over 16s only Paperless customer (manage plan online, register on Member	rsWorld)	Hard copy (	receive docume	ents by post)	
Have you had a previous policy with Bupa? Yes No If yes, members	hip number				
This section asks for health and medical details, past and present about you Please tick Yes or No to every question for every person. If you tick Yes to a If you do not provide us with full details we may terminate your cover or it to review the terms and conditions of your policy.	question, p	olease give	full details	in Section 8	
Whether you are changing your benefits, or a returning Bupa customer, you 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 or anyone to be covered by this plan has:  Seen a doctor or other healthcare professional in the last three years  Been admitted to hospital, had an operation or procedure, or had	must comp	olete the me	edical histor	ry section in	full so
an investigation (e.g. a scan/blood tests) in the last seven years	YN	YN	YN	YN	Y N
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	YN	YN	<b>V N</b>	<b>V N</b>	<b>(V)</b> (N)
<b>2. Endocrine (glandular) disorders</b> e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	YN	YN	<b>Y N</b>	<b>Y N</b>	<b>(Y)</b> (N)
<b>3. Breathing or respiratory disorders</b> e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis, emphysema, sleep apnoea or allergies (including hayfever and anaphylaxis)	YN	YN	YN	YN	YN
<b>4. Stomach, intestines, liver or gall bladder problems</b> 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	YN	Ý N	YN	YN	YN
<b>5. Benign tumours, growths or pre-cancerous conditions</b> e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease or lipomas	YN	YN	YN	YN	Y N
<b>6. Skin problems</b> e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	(YN)	YN	<b>(V)</b> (N)	<b>(V)</b> (N)	(YN)
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	YN	YN	(V) (N)	(V) (N)	YN
<b>8. Muscle or skeletal problems</b> e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	YN	YN	YN	YN	YN

	M	1	2	3	4
<b>9a. Female urinary or reproductive system problems</b> 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	YN	YN	(V) (N)	(YN)	<b>Y N</b>
<b>9b. Male urinary or reproductive system problems</b> e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy, enlarged prostate or infertility	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>	YN	YN
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	YN	YN	<b>Y N</b>	YN	YN
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	YN	Y N	<b>(V)</b> (N)	♥ N	YN
12. Mental health disorders e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia or ADHD	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>	YN	YN
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	(Y) (N)	YN	Y N	Y N	YN
Please also answer the following questions:					
14. Is anyone to be covered taking any medication, prescribed or otherwise?	Y N	Y N	YN	YN	YN
15. Has anyone to be covered ever had a history of the following:					
○ Cancer	YN	YN	Ý N	<b>YN</b>	YN
Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	(Y) (N)	(Y) (N)	<b>(V)</b> (N)	Y N	YN
○ Stroke	(Y) (N)	(Y) (N)	<b>(V) (N)</b>	<b>(V) (N)</b>	YN
<ul> <li>Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements</li> </ul>	Y N	Y N	<b>Y N</b>	Y N	YN
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?	(Y) (N)	(Y) (N)	(Y) (N)	Y N	YN
17. In the last 3 months has anyone to be covered experienced any signs or symptoms of any medical problem, illness, or injury not yet diagnosed or treated?	Y N	Y N	<b>Y N</b>	♥N	YN
Further details (for over 16s only):					
How tall are you? feet/inches metres/centimetres					
How much do you weigh? stones/pounds kilograms					



# MEDICAL QUESTIONS AND HISTORY: ADDITIONAL INFORMATION

This section applies if you, or anyone to be covered under this plan, have indicated yes to any medical questions in Section 7. If you are unsure whether any details are relevant, you must include them.

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)?
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4					
f there is insuffici	ent spa	ce, please use a separate she	eet and indicate that you have	done so by ticking here:	

# CHOOSE YOUR COVER

For full details of our health plans, refer to the health plan guides where you can find out what is and isn't covered including any waiting periods and other restrictions. Health plan guides are available on our website www.bupaglobal.com.

# **SELECT GLOBAL HEALTH PLAN:**

A mandatory 15% co-insurance for out-patient treatment applies to the Select Health Plan. You can increase this to 25% by ticking the associated boxes below.



CO-INSUF	RANCE:								
15%	05%	15%	05%	15%	0.5%	15%	05%	15%	05%
15%	25%	15%	25%	15%	25%	15%	25%	15%	25%

# PREMIER GLOBAL HEALTH PLAN:

An optional co-insurance of 15% or 25% for out-patient treatment is available on the Premier Health Plan. If you would like to add a co-insurance, please tick the associated boxes below.

M	1	2	3	4

CO-INSUR	RANCE:								
15%	25%	15%	25%	15%	25%	15%	25%	15%	25%

# 9

# **ELITE GLOBAL HEALTH PLAN:**

An optional co-insurance of 15% or 25% for out-patient treatment is available on the Elite Global Health Plan. If you would like to add a co-insurance, please tick the associated boxes below.

#### Children covered at no additional cost

With your Elite Global Health Plan up to two children under 10 years of age, per paying parent or insured legal guardian, can be insured at no additional cost\*. The child being added must reside at the same address as the parent who is insured and who has legal custody of the child.

\*Any medical loadings following underwriting will be charged.

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CO-INSUF	RANCE:								
15%	25%	15%	25%	15%	25%	15%	25%	15%	25%

# **MAJOR MEDICAL GLOBAL HEALTH PLAN:**

A mandatory deductible of £5,000 per person per policy year applies to the Major Medical Global Health Plan.

M	1	2	3	4

# YOUR PAYMENT DETAILS (Contact your Bupa Global representative if payment is to be made by a third party) A valid Direct Debit agreement or Credit Card Authority is required throughout your policy year. We may delay paying claims until you have such an agreement or authority in place. USD \$ EUR € Your choice of currency for the policy and premium payments (please tick one only): GBP £ Quarterly ( ) Monthly ( ) How will you make your premium payments (please tick one only): Annually 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): CARD PAYMENT AUTHORITY In order to take payments from your credit card, Bupa Global needs to store your card details on file. ) I give my consent to Bupa Global storing card details on file and using them to process payments. Visa & Mastercard's terms and conditions require Bupa Global to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; subscriptions, deductibles and/or co-insurances. Please refer to your membership documents for details of when payments will be taken and the amounts. We will also request your consent to store your credit card information if you are using an American Express card. Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice. By cheque or bankers draft in the currency you have indicated above: If you do not want Bupa Global to store your card details, then we cannot accept payments from your card and you will need to choose a different payment method. To Bupa Global, I authorise you until further notice in writing, American (please tick) ( ) MasterCard Visa

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

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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.

OTTLER INSURA	WCL			
If you have a current medica	l insuran	ce policy	tick here	If yes, please provide the following information:
Name of Insurer				
Policy Number				
Renewal date of plan	D D	MMY	YYY	

12 YOUR MEMBERSHIP DECLARATION

OTHED INCHIDANCE DLANC

### 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 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 info@bupaglobal.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, D02 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.

# YOUR MEMBERSHIP DECLARATION

# **OUR COMPLAINTS PROCEDURE**

If you have a concern or complaint you can call the Bupa Global service team on +44 (0) 1273 718 379. Alternatively, you can email or write to the team via: Service.UK@bupaglobal.com; or Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom. You can also use these contact details to request a full copy of our complaints procedure. If we can't settle your complaint you may be able to refer your complaint to the 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

# INTERMEDIARIES ONLY

Please ensure up to date KYC documents have been provided for the applicant and dependants (aged over 16) where applicable. If clarity is needed on what documents are required, please contact Broker Services on +44 (0) 1273 718314. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

Intermediary name																					
Intermediary ID																					
n 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 I neither promoted, sought, approached the customer and the customer neither sought nor required advice																					
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We reserve the right to request further information where appropriate or necessary.

# YOUR MEMBERSHIP DECLARATION

### **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 understand and accept that all policy documentation and other written communications associated with this application including any claims information will be provided in English. I acknowledge that Bupa will endeavour to facilitate verbal communication in an alternative language insofar as is possible however I understand and accept that some verbal communications may also be in English.

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.

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, or the date of signature expires six weeks before your cover start date we will ask for a declaration of continued good health. Or we may ask you to submit a new form.

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Print name																						
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Bupa Global Designated Activity Company (Bupa Global DAC), trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 V1W6. Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland.

IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER

# 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