

WORLDWIDE HEALTH OPTIONS



Joining Bupa Global

bupa-intl.com

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 at section 7 and consented to the payment of their fees. You can withdraw your consent at any time by contacting us at www.bupa-intl.com/contact

☐

IF THIS IS A NEW APPLICATION

the information you have given in sections 2-11 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 1,5,6,8 & 9 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 1,8,& 9 (if increasing your cover) and 10 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 11 is correct and complete

☐

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

☐

If you are amending your application, [start at Section 1](#)

MA

Bupa Global membership number	BI	-					-						-				
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MA

The date you want your cover to start: D D M M Y Y (cannot be between 28th & 31st)

[illegible]

MA

(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)

[illegible]

(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)

[illegible]

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	☐
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MA

[illegible]

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				
	Other initials		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 ☐ No ☐																															
2nd additional person	Title		First name																									2				
	Other initials		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 ☐ No ☐																															
3rd additional person	Title		First name																									3				
	Other initials		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 ☐ No ☐																															
4th additional person	Title		First name																									4				
	Other initials		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 ☐ No ☐																															

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: ☐

[illegible]

If any family members included in your application have a different doctor, please give the name and/or address details on a separate sheet and confirm you have done so by ticking here: ☐

7. Brain or nervous system disorders eg dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis

MA	1	2	3	4
				
				
				
				
				
				
				
				

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

Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N

14. Is anyone to be covered taking any medication, prescribed or otherwise?

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

A 4x5 grid of 20 identical pairs of circles, each containing the letter 'Y'.

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?

17. Has anyone to be covered experienced any signs or symptoms of any medical problem in the last six months, regardless of whether a health care professional has been consulted?

Diagram showing five boxes, each containing two circles labeled Y and N.

18. Do you have or have had a previous policy with Bupa?

19. For females only: Are you currently pregnant? Y/N

How tall are you? feet/inches () metres/centimetres ()

--	--	--	--	--

How much do you weigh? stones/pounds kilogrammes

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Have you used tobacco products within the last seven years?

This section applies if you, or anyone to be covered under this membership, have indicated Yes to any medical questions in Section 8. If you are unsure whether any details are relevant, you must include them.

[illegible]

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

10 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	☐	£250	☐	£500	☐	£1000	☐	£2000	☐	£5000	☐
USD:	None	☐	\$425	☐	\$850	☐	\$1700	☐	\$3400	☐	\$8500	☐
EUR:	None	☐	€300	☐	€625	☐	€1250	☐	€2500	☐	€6250	☐

12 DOCUMENTS REQUIRED

DOCUMENTS REQUIRED - INDIVIDUALS

Financial services institutions such as Bupa Global are required to verify the identity of their customers. This is to prevent institutions from being used by criminals for money laundering activities. This is regarded internationally as important in prevention and detection of identity theft, financial fraud, money laundering and terrorist financing.

At the start of a new contract, Bupa Global request and receive certain information and documentation from our customers. Details of the documentation required from you are listed in Section A.

If you have any questions related to this please speak to your Bupa Global contact or Intermediary.

Section A

- ☐ Must be completed/provided by the main applicant and all dependents over the age of 16.
- ☐ In addition if the person paying for the insurance is different to the main applicant we require them to provide copies of the documents noted in section A.
- ☐ **However, Section A does not need to be completed if you have appointed an Intermediary.**

Section B

- ☐ Must be completed if you have appointed an Intermediary.

SECTION A - MAIN APPLICANT AND ALL DEPENDANTS OVER THE AGE OF 16

In order to process your application form, we require the following:

1. Proof of Person: a copy of a current photographic identity document; for example

- ☐ Passport
- ☐ Photo ID Card
- ☐ Driving License
- ☐ Visa (if issued for residency purposes)
- ☐ Voters ID

2. Proof of Residency Address - a copy of a document issued in the last 3 months to evidence residency address; for example

- ☐ Utility bill - includes electric, water, gas, internet and fixed point telecoms (not mobile phone)
- ☐ Bank statement
- ☐ Property rental contract
- ☐ Hotel invoice (if applicable - e.g. if you intend to move to a new property)

Residency address is the address where you will spend the majority of your time.

Permanent residency is where you are deemed to be legally resident ordinarily.

If the identity document provided to evidence Proof of Person also provides the customers current location we do not require an additional document to evidence proof of address.

3. For annual premiums over £50,000 please provide us with evidence of the source of funds; for example

- ☐ Bank / Credit Card Statement - issued in the last 3 months
- ☐ Proof of income
- ☐ Inheritance document
- ☐ Public information such as annual accounts or a tax return.

12 DOCUMENTS REQUIRED (CONTINUED)

DOCUMENTS REQUIRED - INDIVIDUALS (CONTINUED)

SECTION A - MAIN APPLICANT AND ALL DEPENDANTS OVER THE AGE OF 16

4. Please indicate whether any person on the contract is a “politically exposed person” (PEP) for example; someone who has been entrusted with a prominent public function. e.g. members of parliament, ambassadors

☐ Main Applicant ☐ Dependant 1 ☐ Dependant 2 ☐ Dependant 3 ☐ None

Please state the nature of the public function:

[illegible]

5. Third party payments:

If you are not the payer of the insurance contract, the cardholder must also complete section A and provide copies of the required information. We only accept payment from Third Party Payers restricted to parent, children, spouse, employer or a connected company. Please advise below the relationship of the cardholder to the main applicant:

[illegible]

If an individual is paying for your policy then we also require the above documents for that person. If the premium is being paid by your employer or a connected company please provide the following documents:

Proof of company corporate entity; for example

- ☐ Certificate of Incorporation
- ☐ Trade License/Certificate
- ☐ Proof of company status such as a copy of the annual accounts (where available) or bank statement issued in the last 3 months.

Proof of address of registered company address - a copy of a document dated in the last 3 months; for example

- ☐ Utility Bill - includes electric, water, gas, internet and fixed point telecoms (not mobile phone)

Photographic identification for Controlling Directors and Controlling Shareholder (share holding in excess of 25%) for example

- ☐ Passport
- ☐ Photo ID Card
- ☐ Driving License
- ☐ Voters ID

SECTION B - INTERMEDIARY ONLY.

[illegible][illegible]

- ☐ By ticking this box you certify that you have completed the appropriate KYC (Know Your Customer) checks and have validated the personal documentation provided to you and can confirm that the copies received by you are a true and accurate copy of the originals

☐ If you have met the customer face-to-face please tick the box

☐ In 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 we neither promoted, sought, approached the customer and the customer neither sought nor required advice.

INTERMEDIARY'S SIGNATURE _____

[illegible]

Date	D	D	M	M	Y	Y	Y	Y
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We reserve the right to request further information where appropriate or necessary.

DATA PROTECTION NOTICE

Purpose: Personal data collected about you and any additional people to be covered by the policy, may be used by Bupa Global to process your application (including verification of identity), your claims, administer your policy, make suggestions about clinically appropriate treatment, for research and analytics and to detect and prevent fraud or improper claims.

Confidentiality: The confidentiality of patient and member information is of paramount concern to Bupa Global. To this end, Bupa Global fully comply with UK Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

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Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Claims information may also be shared with appointed third parties involved in the management and handling of your claim. Claims information may be discussed with the Bupa Global Agent/Adviser where you have requested the Adviser to assist you.

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 email via bupa-intl.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: Exchange Tower, London E14 9SR, UK call them on 0800 023 4 567 (free from most landlines), 0300 123 9 123 or from outside the UK +44 (0) 20 7964 0500

All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

Telephone calls:

Research:

Fraud:

Names and Addresses:

Keeping you informed:

Contact Address:

If you do not wish to receive information about Bupa Global's products and services, or have any other Data Protection queries please write to the Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@Bupa.com.

DECLARATION

I agree that the Rules of the Bupa Global Worldwide Health Options plan will be binding on me, as Main Applicant, and all eligible Dependents included in my membership.

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, on behalf of myself and any Dependents specified in this form, for Bupa Global to process our personal information with respect to our membership and I confirm that I have brought the Data Protection Notice to the attention of these Dependents.

In view of the declaration above it is essential that complete information is supplied. We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

Please be aware that this form must be received by Bupa Global no more than six weeks after the declaration date. Fill in your form with complete up-to-date medical history before you sign and date it. If we receive this form after six weeks from this declaration date, or with incomplete information, we will be unable to register your details and enrol you on the plan.

[illegible]

FOR OFFICE USE ONLY	IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER TSITSOPOULOU INSURANCE 33002
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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

bupa-intl.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