

Insured by

Administered by

sunday



Business Health Plans

Company details
Application form

From 1 April 2025
www.sundayinsurance.co.id

bupaglobal.com

PT Sunday Insurance Indonesia (Company Registration Number: 9120215252276) is the insurer and Bupa Global, the trading name of Bupa Insurance Services Limited, is the administrator of PT Sunday Insurance Indonesia health insurance plans in Indonesia. PT Sunday Insurance Indonesia is authorised and regulated by the Indonesia Financial Services Authority OJK (Otoritas Jasa Keuangan).

Important information

This form needs to be completed by the company administrator to give details of the Business Health plans scheme they wish to purchase, and other information necessary to set up and administer the company health scheme.

You can type directly into this form, save it and email it to us. Or, please write clearly in block capitals using black ink. Once completed, you can send your form and any supporting documents by:

- o **Email:** bupa@sundayinsurance.co.id
- o **Post:** Centennial Tower, 38th Floor Unit E-G, Jl. Jend. Gatot Subroto, Kav. 24 & 25, Jakarta 12930, Indonesia.

Please only use one method, for example if you send it by email you do not need to post it.

This form should be returned along with completed member applications or membership census. If you have any questions please contact your sales advisor or intermediary.

Important Notes:

- o Our Business Health Plans are for businesses/companies, their employees and employee dependants. A dependant is the principle member's partner, spouse or dependant children.
- o A minimum number of two employees must be covered.
- o For employees aged 65 and over and companies that consist solely of members of the same family, it must be fully substantiated that such employees are working for the same employer/company. Copies of payslips or employment contracts will need to be provided.
- o All material facts relating to the questions asked in this application must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence the decision of an insurer when assessing and accepting this application.
- o As the Sponsor of this company plan you must answer all questions and sign the declaration on behalf of the company and all persons to be insured.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

Start date

The start date will generally be the date on which your completed group application form is received and accepted by PT Sunday Insurance Indonesia and Bupa Global. If you require a different start date, for example to take into account the expiry of your current insurance held elsewhere, please complete the start date box in section 1. PT Sunday Insurance Indonesia and Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance. Cover cannot start between the 28th & 31st of any month.

Back dating cover

PT Sunday Insurance Indonesia and Bupa Global will only back date cover in exceptional circumstances such as, but not limited to:

- o If you have an existing health insurance, we will accept a transfer within 30 days of the cancellation date of this insurance.
- o For new employees that are eligible to join from their first date of employment. A copy of their employment contract will be required with their application form.
- o If any employee application form has been confirmed as received by us and since been misplaced in our offices.

Underwriting terms and their requirements

PT Sunday Insurance Indonesia and Bupa Global offer three different underwriting terms. You should have agreed the underwriting terms with your sales advisor or intermediary before completing this form. If you have any doubts as to the agreed terms, please contact your sales advisor or intermediary before completing this form.

Intermediaries

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global require your consent to make payment to 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, your consent to make payment of 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.

1

Insured company details

Person applying on behalf of the Sponsor. This is the person who will sign this application form on behalf of the company. The Sponsor is the company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.

Registered Number: If you are a PLC, limited company or a LLP you will have a registered number. For any other business entity, such as a partnership or a sole trader, evidence of your status such as your letterhead should be submitted with this form.

Please provide a company registration document and utility bill with this application.

Type of business, i.e. accountants, manufacturer of car parts.

Start Date: It is important that you read the 'Start Date' section on page 1.

Company name	
Trading name (if different)	
Type of business	
Registered number	
Registered address	
Town/City	Postcode/zip code
Country	
Phone/mobile (include country/area code)	
Email address	
Start date (cannot be between 28th & 31st of any month)	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

2

Group contact details

The Group Secretary is the person **who will administer** the policy on behalf of the company. Please provide the details below.

Group secretary name	
Group secretary position	
Address details if different from above	
Town/City	Postcode/zip code
Country	
Phone/mobile (include country/area code)	
Email	

In addition, we may deal with any person such as a director, partner, senior manager or decision maker **who is authorised to represent the company**. Please provide these details below if this applies.

Full name	
Company position	
Address details if different from above	
Town/City	Postcode/zip code
Country	
Phone/mobile (include country/area code)	
Email	

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Please refer to the policy documents issued by your previous insurer

[illegible]

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If you have any questions or queries on the cover or benefits under any plan please contact your sales advisor or intermediary.

Choose Health Plan	Choose deductible	Choose Outpatient co-insurance	Choose area of cover	Choose Maternity	Choose Dental & Optical **
<input type="radio"/> Business Select Health Plan	<input type="radio"/> No deductible <input type="radio"/> USD\$ 500 <input type="radio"/> USD\$ 1,000 <input type="radio"/> USD\$ 5,000	Not applicable	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> ASEAN*	Not applicable	Not applicable
<input type="radio"/> Business Premier Health Plan	Not applicable	<input type="radio"/> No co-insurance <input type="radio"/> 10% <input type="radio"/> 20%	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> ASEAN*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dental Choice 1 <input type="radio"/> Dental and Optical Choice 2 <input type="radio"/> Dental and Optical Choice 3
<input type="radio"/> Business Elite Health Plan	Not applicable	<input type="radio"/> No co-insurance <input type="radio"/> 10% <input type="radio"/> 20%	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> ASEAN*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dental Choice 1 <input type="radio"/> Dental and Optical Choice 2 <input type="radio"/> Dental and Optical Choice 3
<input type="radio"/> Business Ultimate Health Plan	Not applicable	Not applicable	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> ASEAN*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dental Choice 1 <input type="radio"/> Dental and Optical Choice 2 <input type="radio"/> Dental and Optical Choice 3

** Dental & Optical benefits must be purchased together

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Full Medical Underwriting (FMU)

All employees must complete individual employee applications. If you have a pre-existing condition, which is any symptom or medical condition that you had before the start date, you must tell us on the application form. The treatment for pre-existing conditions will generally not be covered. Any specific exclusion(s) will be included on the insurance certificate issued in the member welcome pack.

Please include the employee's application along with previous insurer's certificates. These must confirm the medical exclusions that are applicable to each person or the commencement date of the previous moratorium.

As the Sponsor of this company plan you must answer the health questions in section 5. All employees must join as soon as they are eligible. This also applies to new employees that are added after the start date of the group contract. Please include a full membership census (first name, surname, date of birth, gender, location, nationality, occupation and level of cover) of all eligible employees and dependants to be covered. Employees or dependants aged 70 and over are not eligible for MHD cover.

Please note that you can only choose one set of underwriting terms

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Underwriting options (Continued)

FMU – Full Medical Underwriting

A fully completed application form for each person to be covered under this plan must be submitted with this application.

☐
CPME – Continued Personal Medical Exclusions

A fully completed application for each person to be covered under this plan, along with their previous insurance certificate must be submitted with this application.

☐
MHD – Medical History Disregarded

Please complete the section below and provide a membership census.

☐

If applying for Medical History Disregarded (MHD) underwriting terms, please answer the following questions.

Need to know: If any of the below questions have been answered yes, MHD terms must be agreed and accepted by our underwriters before the policy starts. This also applies for future persons to be covered under the company health scheme.

If yes, how many
of your employees
and dependants

Are you aware if any person to be covered under the policy has a history of the following:

Heart conditions or strokes?

☐ Y ☐ N

Any type of cancer, including benign brain tumours?

☐ Y ☐ N

Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment?

☐ Y ☐ N

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Administration & documents

The documents for the company and its members (employees and dependants) will be distributed via your sales advisor/intermediary.

Company documents

These are related to the contract and billing, including invoices, statements and credit notes. They will be addressed to the Group Secretary and available in [CorporateWorld](#), our online secure portal for group secretaries.

Member documents

These are related to your employees and dependants' policy, such as welcome letter, insurance certificate, membership guide and membership card. These will be available to view and download from MembersWorld, our online secure portal for members. Membership cards are also available in MembersWorld for members to use digitally.

Please fill in the details below if additional group contacts wish to be given access to our dedicated, secure online website CorporateWorld, allowing to manage the company health scheme online.

Position in the company

Name

Phone/mobile (include country/area code)

Email

7

Payment details (Contact us if payment is to be made by a third party)

Currency to make premium payment

☒ USD\$

How often would you like to make premium payments?

☐ Annual

☐ Semi-annual

☐ Quarterly

Premium payment must be done by bank transfer to the following details:

BCA Bank, KCP, Cyber II, Indonesia, A/C No.: 607.0348.550, Swift Code/BIC: CENAIDJA on behalf of PT Sunday Insurance Indonesia.

Privacy Notice of PT Sunday Insurance Indonesia, as your Insurer

PT Sunday Insurance Indonesia is subject to Data Protection requirements as applicable to PT Sunday Insurance Indonesia within Indonesia, and with any relevant local data provision requirements. For further details of how PT Sunday Insurance Indonesia uses your information please visit www.sundayinsurance.co.id/en/privacy/ or contact PT Sunday Insurance Indonesia by telephone on +62 (21) 2295 8080, or by email at bupa@sundayinsurance.co.id.

Privacy Notice of Bupa Global

Last updated: September 2023

For the avoidance of doubt, it is clarified that this privacy notice is for Bupa Global and is only applicable to / governs your relationship with Bupa Global. This privacy notice does not apply to or govern your relationship with PT Sunday Insurance Indonesia, as your insurer.

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 certain 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 your 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. Our main office is in the UK, where the local supervisory authority is the Information Commissioner’s Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

I apply on behalf of the company named in section 1, for a Company Group plan. I declare that I have the authority to sign this form on behalf of the company named in section 1, and have the authority to enter the same company into this contract.

I agree that the Rules of the Company Group plan will be binding on the company named in section 1. I declare that all main members to be included in this plan are employees of the company, who are eligible to join the plan and that they and any eligible dependants do not contribute to the cost of the plan, which is funded by the employer.

I declare that to the best of my knowledge and belief the information given in this form is true and complete. I understand that providing false or misleading information may invalidate the insurance and prevent claims from being paid for the group member. PT Sunday Insurance Indonesia and Bupa Global reserve the right, in such circumstances, to lapse a group member's policy and/or the Company Group plan (where appropriate) and to take all and any such action as may be deemed necessary to recover any losses suffered as a result. If any misrepresentation and/or fraudulent activity is suspected, PT Sunday Insurance Indonesia and Bupa Global also reserve the right to take all and any further action as may be deemed necessary and to share such information (where appropriate) with other insurers. I have brought these matters to the individual or group member's attention.

I understand that any personal information provided under this Company Group plan will be processed by Bupa Global for the purposes set out in PT Sunday Insurance Indonesia and Bupa Global's privacy notice. I confirm I have brought PT Sunday Insurance Indonesia and Bupa Global's privacy notice to the attention of those covered under the Company Group plan.

AUTHORISED SIGNATORY*

(Please note that the signature is the contact within the company that can legally enter into agreement with Bupa)

Date (Note it must be before the starting date of the policy)

D	D	M	M	Y	Y	Y	Y
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Position in the company

Print full name

CHECKLIST - PLEASE MAKE SURE:

You have completed all sections	<input type="radio"/>
You have signed the declaration in section 9	<input type="radio"/>
You have attached the documents as per the KYC (Know Your Customer) requirements	<input type="radio"/>
You have attached employee application forms if applying for FMU terms (Full Medical Underwriting)	<input type="radio"/>
You have attached employee application forms and a copy of their previous insurer certificate if applying for CPME (Continued Personal Medical Exclusions)	<input type="radio"/>
You have provided a membership census for MHD terms (Medical History Disregarded)	<input type="radio"/>
If you are an intermediary, please complete section 10	<input type="radio"/>

Please ensure up-to-date Know Your Customer (KYC) documents have been provided for the main applicant and dependants (aged over 16) where applicable. If you need information about which documents are required, please contact your sales representative. If we don't receive accurate documents, the application could be delayed or cancelled.

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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 contact your sales representative.

- ☐ 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 _____

DATE							
D	D	M	M	Y	Y	Y	Y

[illegible]

