

# Business Explorer Health Plan

Employee  
application form



## Important information

This application form is for employees and eligible dependants who are applying to join Bupa Global on a Full Medical Underwriting (FMU), Continued Personal Medical Exclusions (CPME) or to amend an existing membership.


The start date will generally be the date on which your completed application form is received and accepted by Bupa Global. If you require a different start date in the future please complete the start date box in section 1.

You can type directly into this form. Alternatively, please write clearly in block capitals using black ink.

Please return this form to your company's Bupa Global Group Administrator in a sealed envelope.

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.

You must tell us if you or any dependant to be covered under the policy experience any symptoms between the time you complete this application form and when the policy is issued. If you do not provide this information you (and your dependants') cover may be affected.

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

**If you have any questions when completing this form, please call us on +44 (0) 1273 322 074**

### Checklist - please make sure:

#### If this is a new group application or a new joiner to an existing group plan

Your Group Secretary has completed section 1	<input type="radio"/>
The information you have given in sections 3-8 is current and complete	<input type="radio"/>
You have read, signed and dated the declaration in section 10	<input type="radio"/>

#### If you want to amend your existing membership

Your Group Secretary has completed section 1	<input type="radio"/>
The information you have given in section 2 is correct	<input type="radio"/>
You have completed the relevant section to reflect the amendment(s) required	<input type="radio"/>
You have read, signed and dated the declaration in section 10	<input type="radio"/>

# 1 To be completed by the Group Secretary

## Scheme type

Employee only

☐

Employee plus dependants

☐

Group name

Group number

Starting date (cannot be between 28th & 31st of any month)

D	D	M	M	Y	Y	Y	Y
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### Dental and optical cover

This option covers 75 percent of preventative, routine and major restorative or orthodontic treatment (only available with Business Explorer Gold)

☐☐☐☐☐

## Underwriting Terms

Please tick the underwriting terms to be applied to this application. If you are unsure of the underwriting terms agreed for this group plan please contact us.

### Full Medical Underwriting:

Unless a pre-existing condition or related condition is fully disclosed on our application form and we have not expressly excluded it, benefit will not be payable. Any specific exclusion(s) will be detailed on the insurance certificate issued in our member welcome pack

☐

### Continued Personal Medical Exclusions:

This is where underwriting terms from your previous insurer are carried over to your Bupa Global Plan.

☐

## Group Secretary declaration

I confirm that I am authorised to sign on behalf of the company and that all applicants named in this application are eligible to join the plan and do not contribute to the cost, which is borne by the employer.

Company signature

Date

D

D

M

M

Y

Y

Y

Y

Print full name

## 2 Main applicant: Membership details



Membership number BI -     -     -

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

## 3 Main applicant details: your personal details



Title	<input type="text"/>	Male	<input type="radio"/>	Female	<input type="radio"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First name	<input type="text"/>															
Middle name (s)	<input type="text"/>															
Family name	<input type="text"/>															
Occupation	<input type="text"/>															
Passport number	<input type="text"/>										1st language	<input type="text"/>				
Country of nationality	<input type="text"/>															

## 4 Main applicant details: your address details



### 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	<input type="text"/>																			
	<input type="text"/>																			
Town/city	<input type="text"/>																			
State/emirate	<input type="text"/>																			
County	<input type="text"/>																			
Postal/zip/area code	<input type="text"/>																			

### 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	<input type="text"/>																			
	<input type="text"/>																			
Town/city	<input type="text"/>																			
State/emirate	<input type="text"/>																			
County	<input type="text"/>																			
Postal/zip/area code	<input type="text"/>																			

## 5 Main applicant details: your other contact details



Email	<input type="text"/>																			
Phone/mobile (include country/area code)	<input type="text"/>																			

[illegible]

## 7 Medical questions and history

### Full Medical Underwriting (FMU)

Complete this section if Full Medical Underwriting has been selected within the Underwriting Terms section at the start of this form.

This section asks for health and medical details, past and present about yourself and each person named in section 6.

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.

Please answer each of these questions fully and accurately for the person named above. You do not need to tell us about colds and flu.

Please tick either Yes or No to each of these questions

	MA	1	2	3	4
1. Within the last 3 years, has any applicant seen a doctor or other healthcare professional for a) any recurrent or persistent medical condition or symptoms? (persistent meaning for 2 weeks or more) b) any abnormal tests or results?	Y N	Y N	Y N	Y N	Y N
2. In the last 7 years, has any applicant been admitted to hospital, had an operation, procedure or investigation (e.g. a scan/blood tests)?	Y N	Y N	Y N	Y N	Y N
3. Is any applicant taking any medication, prescribed or otherwise?	Y N	Y N	Y N	Y N	Y N
4. Does any applicant have any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for broken bones) currently in their body?	Y N	Y N	Y N	Y N	Y N
5. Has any applicant (at any time in the past) had a history of:					
<input type="radio"/> cancer, including benign brain tumours	Y N	Y N	Y N	Y N	Y N
<input type="radio"/> heart condition	Y N	Y N	Y N	Y N	Y N
<input type="radio"/> stroke	Y N	Y N	Y N	Y N	Y N
<input type="radio"/> joint replacements	Y N	Y N	Y N	Y N	Y N
6. Has 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?	Y N	Y N	Y N	Y N	Y N
7. Do you have any planned or pending treatment, investigations or tests?	Y N	Y N	Y N	Y N	Y 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"/>	kilograms <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 7 Medical questions and history (continued)

### Continued Personal Medical Exclusions (CPME)

Complete this section if Continued Personal Medical Exclusions has been selected within the Underwriting Terms section at the start of this form.

This section asks for health and medical details, past and present about yourself and each person named in section 6.

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.

Please tick either Yes or No to each of these questions

MA

1

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1. Have you ever suffered from any form of:

☐ cancer, including benign brain tumours

Y N

Y N

Y N

Y N

Y N

☐ heart condition

Y N

Y N

Y N

Y N

Y N

☐ stroke

Y N

Y N

Y N

Y N

Y N

☐ psychiatric condition

Y N

Y N

Y N

Y N

Y N

2. Have you had a joint replacement or spinal surgery?

Y N

Y N

Y N

Y N

Y N

3. Have you made a claim under your existing insurance in the last 12 months?

Y N

Y N

Y N

Y N

Y N

4. Do you have any long-term conditions which require regular treatment and reviews with a doctor?

Y N

Y N

Y N

Y N

Y N

5. Do you have any planned or pending treatment, investigations or tests?

Y N

Y N

Y N

Y N

Y N

## 8 Medical questions and history: Additional information

This section applies if you have answered 'Yes' to any of the medical questions in section 7. If you are unsure whether any details are relevant, you must include them.

Main applicant or dependant	The relevant question number from section 7.	What was the condition (or symptom if not yet diagnosed)?  If applicable, state the area affected e.g. right leg.	When were symptoms first experienced and when was treatment completed (if applicable)?	What was the treatment/ medication (including dates and names)?	What was the outcome of the treatment (e.g. full recovery, ongoing treatment required, likely to recur or awaiting test results)?
MA					
1					
2					
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If there is insufficient space, please use the "Notes" section at the end of this form and indicate that you have done so by ticking here ☐



**Last updated: September 2023**

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](http://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](mailto: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” means the Bupa companies trading as Bupa Global. For details of these companies visit [www.bupaglobal.com/legal-notice](http://www.bupaglobal.com/legal-notice)

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

### 1. What this privacy notice covers

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

### 2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

### 4. What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5. 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 contacting us.

### 6. 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.

### 7. 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.

### 8. 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.

### 9. 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.

### 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](mailto: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](http://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).

## 10 Your application 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 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 Kenyan law will apply to the policy.

I agree that my policy shall terminate upon informing Bupa Global that I have become a permanent resident of the U.S. (or in the case of a dependant 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. We may ask you for a declaration of continued good health or to submit a new application form if:

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

I sign this application form confirming that its contents are accurate and true.

**Main applicant's signature**

Date \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y
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[illegible]

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 your sales representative. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

[illegible][illegible]

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. We reserve the right to request further information where appropriate or necessary.

- ☐ 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 signature

Date \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible]

For office use only

Identification stamp / broker name and ID number

# Notes

**General services:**

Inside Kenya: +254 (0) 207 651 131

Rest of the world: +44 (0) 1273 323 563

**Medical related questions**

+44 (0) 1273 323 563

We may record or monitor your calls.

**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](http://bupaglobal.com)