

# Application form A

## International Health and Hospital Plan



### Important information

This form can be used for new customers wanting to join Bupa Global and existing customers wanting to make changes to their policy. Please contact your sales representative for more details.

You can type directly into this form, save it and email it to us. You can also complete it writing clearly in block capitals using black ink.

Once completed, you can send the form by:

- Email: customerengagement@bupa.com
- Post at Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY United Kingdom.

Remember to sign and date the form. Check that all relevant sections have been completed before you return it to us.

If you are an existing customer, you can safely update your card information and make secure payments online using our MembersWorld app or website. You can also make changes to your personal details, like your address, contact number or email.

Login or register at: <https://membersworld.bupaglobal.com>

If you have any questions, please call us on +44 (0) 1273 323563.

### Main applicant details



#### Your personal details

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	Date of birth	D	D	M	M	Y	Y	Y	Y
First name		Middle name												
Family name														
Nationality		Language												

#### Your contact details

Phone/mobile (include country/area code)	
Email	

**Residency address** (your permanent or usual address in the country where you are a resident, on the day you would like the policy to start)

Address			
Town/city			
County/region			
Postal, zip or area code		Country	

If you have previously had a policy with Bupa, please provide the membership number

**Correspondence address** (if your correspondence and residency address are the same please tick here

Address			
Town/city			
County/region			
Postal, zip or area code		Country	

## Dependants to be covered in your policy

Title								Male	<input type="radio"/>	Female	<input type="radio"/>	Date of birth	D	D	M	M	Y	Y	Y	Y	1
First name								Middle name													
Family name																					
Nationality								Country of residency													
Language								Relationship to you													
Phone/mobile (include country/area code)																					
Email																					
If they have had a Bupa policy before, please provide the policy number																					

Title								Male	<input type="radio"/>	Female	<input type="radio"/>	Date of birth	D	D	M	M	Y	Y	Y	Y	2
First name								Middle name													
Family name																					
Nationality								Country of residency													
Language								Relationship to you													
Phone/mobile (include country/area code)																					
Email																					
If they have had a Bupa policy before, please provide the policy number																					

Title								Male	<input type="radio"/>	Female	<input type="radio"/>	Date of birth	D	D	M	M	Y	Y	Y	Y	3
First name								Middle name													
Family name																					
Nationality								Country of residency													
Language								Relationship to you													
Phone/mobile (include country/area code)																					
Email																					
If they have had a Bupa policy before, please provide the policy number																					

## How you'd like to manage your policy

We are working hard to reduce our impact on the environment, and we encourage our customers to help us by managing their plan online.

**Please let us know how you would like to receive your and your dependants' (over 16 years old) policy documents.**

	Main applicant	Dependant 1	Dependant 2	Dependant 3
To view and manage your policy online, register at <a href="https://membersworld.bupaglobal.com">https://membersworld.bupaglobal.com</a> . We will email you when new documents are available to view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To receive your documents by post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At Bupa, we understand that our members might sometimes need support and we want to make things as easy as possible when they deal with us. To help us do this, please let us know if you or anyone on your policy would like to tell us about a hearing problem, a sight problem, a speech difficulty, a physical disability, or any other communication concerns.

Select this box if you want us to contact you about it

**Cover** - please choose modules, currency and deductible by ticking the relevant boxes

## Choice of modules

Please select the module(s) that you would like for you and any additional persons named in the Dependents' section of this form. MA is for the main applicant and 1, 2, 3 are for your dependants.

	MA	1	2	3
Hospital Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 1 - Non-Hospitalisation Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 2 - Medicine & Appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 3 - Medical Evacuation & Repatriation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 4A - Dental & Optical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Module 4B - Dental & Optical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Choice of deductible and currency

Please note if different levels of deductible are needed for the dependants in this application, a separate application form must be completed for each dependant.

<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil
<input type="radio"/> EUR 350	<input type="radio"/> GBP 250	<input type="radio"/> USD 400
<input type="radio"/> EUR 1,050	<input type="radio"/> GBP 750	<input type="radio"/> USD 1,600
<input type="radio"/> EUR 4,000	<input type="radio"/> GBP 2,750	<input type="radio"/> USD 5,000
<input type="radio"/> EUR 8,000	<input type="radio"/> GBP 5,500	<input type="radio"/> USD 10,000
<input type="radio"/> EUR 16,000	<input type="radio"/> GBP 11,000	<input type="radio"/> USD 20,000

**Please note that the chosen currency is binding**

**Payment details** (Contact your Bupa Global representative if payment is to be made by a third party)

**Direct debit** (Only for GBP £ payments from a UK bank account)**If you are paying by direct debit you must complete this section.**

Instruction to your Bank or Building Society to pay by direct debit

Name(s) of account holder(s):

Sort code:

Bank/Building Society account number:

Swift code:

Instruction to your Bank or Building Society

Please pay Bupa Global Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Bupa Global and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society:

Name

Address

Postcode

**Account holder's signature****Date**

D D M M Y Y Y Y

Reference number (for Bupa Global use only)

BI - 

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Originator's ID number 9 8 0 9 3 9

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

As Instruction Form

**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.

## 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 to store my below 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.; premiums, deductibles and/or co-insurances. Please refer to your insurance 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. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice.

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, to charge to my card account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

(please tick)  MasterCard  Visa  American Express

Please note that we do not accept Maestro payments. You will be given 14 days' notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card: \_\_\_\_\_

Card number: \_\_\_\_\_

Valid from date 

M	M
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 / 

Y	Y
---	---

 Expiry/end date 

M	M
---	---

 / 

Y	Y
---	---

### Cardholder's signature

### Date

D	D	M	M	Y	Y	Y	Y
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## Privacy notice

**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-notices](http://www.bupaglobal.com/legal-notices)

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.

## Privacy notice (continued)

## 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

## Signature

By submitting this application form for health insurance coverage with Bupa Global, I acknowledge and confirm my awareness that any health insurance policy issued by Bupa Global is not a substitute for any form of compulsory national health insurance in any country in which I or my dependants may reside.

**Applicant's signature**

Date							
D	D	M	M	Y	Y	Y	Y

## Intermediary only

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 Bupa Global sales representative. If we don't receive accurate documents, the application could be delayed or cancelled.

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 or require advice

## Intermediary's signature

Date								
D	D	M	M	Y	Y	Y	Y	Y

Print name

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

**Bupa Global** Customer Service, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom  
Tel: +44 (0) 1273 323563 Email: [info@bupaglobal.com](mailto:info@bupaglobal.com) [www.bupaglobal.com](http://www.bupaglobal.com)

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