



# Employee

## Application form



# 1 To be completed by the Group Secretary (continued)

The options below will increase your premiums:	MA	1	2	3	4
U.S. cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evacuation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repatriation (automatically includes Evacuation cover)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Group Secretary declaration

I confirm that I am authorised to sign on behalf of the company and that all members named in this application can join the plan and do not make premium payment, which is the company's responsibility.

Authorised signatory	Date								
	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Print name

## 2 Main applicant: membership details



Bupa Global membership number BI - 



 - 



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(to be completed if you are an existing member)

## 3 Main applicant: Your personal details



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

### Your personal details

Title	<table border="1" style="width: 100%; height: 20px;"></table>	Male <input type="radio"/> Female <input type="radio"/>	Date of birth	<table border="1" style="width: 100%; height: 20px;"></table>
First name	<table border="1" style="width: 100%; height: 20px;"></table>	Middle name	<table border="1" style="width: 100%; height: 20px;"></table>	
Family name	<table border="1" style="width: 100%; height: 20px;"></table>			
Nationality	<table border="1" style="width: 100%; height: 20px;"></table>	Language	<table border="1" style="width: 100%; height: 20px;"></table>	

### Your contact details

Email

Phone/mobile (include country/area code)

**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	<table border="1" style="width: 100%; height: 20px;"></table>									
Town/city	<table border="1" style="width: 100%; height: 20px;"></table>									
County/region	<table border="1" style="width: 100%; height: 20px;"></table>									
Postal/zip/area code	<table border="1" style="width: 40px; height: 20px;"></table>	Country	<table border="1" style="width: 100%; height: 20px;"></table>							





## 5 Medical history (continued)

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

metres/centimetres







How much do you weigh?

stones/pounds

kilograms







## 6 Medical history: additional information

This section applies if you or your dependants have answered 'Yes' to any of the medical questions in section 5. If you are unsure whether any details are relevant, you must include them.

Please attach medical reports or test results relating to the medical conditions you have declared if these are available.

Is additional medical information included?

Y N

Main applicant or dependant <b>MA</b>	The relevant question number from section 5.	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)?
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					

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

## 7 Upgrade to include U.S. cover once the policy has started

**Need to know:** Cover can only be given if you or your dependants are not permanent residents of the U.S. You can find more information in your Membership Guide.

If you are filling out this form to include U.S. cover following the commencement of the policy, you should complete this section in place of section 5, Medical history. Medical underwriting will be reviewed at the point of application to upgrade to include U.S. cover.

Exclusions may be applied to U.S. cover.

Please tick either Yes or No to each of these questions

	MA	1	2	3	4
1. Your anticipated length of stay in the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any ongoing or planned treatment? If yes, please provide details below	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. FEMALES ONLY: Are you currently pregnant?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

## 8 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-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.



# Notes

**General services:**

+44 (0) 1273 323 563

**We may record or monitor your calls**

**Bupa Global**

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Trafalgar Place

Brighton

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