

# Individual health cover

Application and policy  
changes form

## Important information

Please use this form to tell us about your medical history and the medical history of anyone else you want to add to your cover (dependant). We need this information to confirm your cover, process future claims and pay for treatment.

As the policy you are applying for is fully medical underwritten, any symptoms or medical conditions that you or any of your dependants had before the start date may not be covered.

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. This may be different from the requested policy start date on this form. If you do not provide this information you (and your dependants') cover may be affected.

Please provide complete and accurate information. Without it, we may be unable to pay all or part of a claim or need to treat your (and your dependants') policy as if it had not existed.

### Need to know -

#### Right to be Forgotten

**Policy residency of Spain** - If the country where your policy is contracted from is **Spain**, note that you (and any dependants covered under your policy) don't need to give information on oncological diagnosis if five years have passed since the completion of active treatment without subsequent relapse.

**Policy residency of Italy** - If the country where your policy is contracted from is **Italy**, note that you (and any dependants covered under your policy) don't need to give information or undergo medical examination on oncological diagnosis if the legal timeframes have passed since the completion of active treatment without subsequent relapse. Applicable timeframes can be found here [www.bupaglobal.com/en/legal/oncological-right-to-be-forgotten](http://www.bupaglobal.com/en/legal/oncological-right-to-be-forgotten)

If you are a Bupa Global Health Plan (BGHP) France customer and live in France or Monaco, we can give you the following documents in French: Insurance certificate, Membership guide, premium payments and documents about claims and complaints. Alternatively, all documents can be given in English. Please select which language you prefer your documents in section 3.

Note that sometimes we may issue some communications in English.

### How to use this form

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.

If you need more space to answer any of the questions, you can use the notes page at the end.

This form can be used for new customers wanting to join Bupa Global and existing customers wanting to make changes to their policy.

If you are a new customer, start at section 2 and complete all sections after that.

If you are an existing customer, you can use this form to:

○ **Add dependants:** complete sections

1 3 4 5 6 7 11

○ **Change your level of cover:** complete sections

1 3 6 7 11

○ **Include U.S. area of cover:** complete sections

1 9 11

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>

### Where to send this form

This form can be sent by email and by post;

For new customers, email us at [eedirectsales@bupa.com](mailto:eedirectsales@bupa.com)

For existing customers, email us at [eeacustomerengagement@bupa.com](mailto:eeacustomerengagement@bupa.com)

For new and existing customers, you can send us the application form by 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 have any questions, please call us on +44 (0) 1273 323563.**

If your policy is managed by an intermediary, please ask them to complete section 12 - Intermediary information.





## 5 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

## 6 Medical history

Please tell us about yours and your dependants' health and medical details, past and present.

If you are an existing customer upgrading your cover you must complete this section in full, so that we have an up to date record of your (and your dependants') health.

Please tick yes or no to every question for every person. If you tick yes to a question, please give full details in section 7.

If you and/or your dependants have had a previous policy with us you still need to give your/your dependants' full medical history, including any previous claims and/or pre-authorisations with us. We may still ask additional questions about your/your dependants' past medical history to be able to decide on the policy terms.

**If you do not provide us with full details, we may lapse your cover or it may stop us from paying your claims, and/or cause us to review the terms and conditions of your policy.** Please note that if the country where your policy is contracted from is **Spain** or **Italy**, the right to be forgotten for oncological information still applies (as detailed in right to be forgotten - important information section).

You must also tell us immediately if you or any dependants experience any symptoms between the time you complete this application form and the date the policy is issued or starts (whichever date is later). Failure to do so may also result in cancellation, rejection of claims and/or changes to the terms and conditions of your policy.

	Main applicant	Dependant 1	Dependant 2	Dependant 3
1. In the last 3 years, has any applicant seen a doctor or other healthcare professional for any recurrent or persistent medical condition or symptoms? (persistent means has continued for 2 weeks or more)	<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
2. In the last 3 years, has any applicant been advised by doctor to take any medications (such as to be taken daily, once per week, as needed as directed by doctor) for a continuous period of more than 1 month?	<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. In the last 3 years, has any applicant to be covered ever had or been advised to have any regular or ongoing follow-up consultations or medical care with a healthcare professional (such as a doctor, physiotherapist, psychiatrist) for any disease or other medical condition?	<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
4. In the last 7 years, has any applicant ever had or been advised to undergo investigations (such as blood or urine test, colonoscopy, mammogram, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B or Hepatitis C test)?	<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
5. In the last 7 years, has any applicant been admitted to hospital?	<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
6. In the last 3 months, has any applicant experienced any signs or symptoms of a medical problem, illness or injury not yet diagnosed or treated?	<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
7. Does any applicant have any chronic conditions e.g. a disease, illness or injury that has one or more of the below characteristics?				
o Continues indefinitely, symptoms or condition may recur or likely to recur?	<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
o Needs ongoing or long-term monitoring through consultation, examination, check-ups, and tests	<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
o Needs ongoing or long-term relief of symptoms	<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
o Needs rehabilitation	<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

# 6

## Medical history (continued)

8. Has any applicant ever had a history of the following?

**Need to know:** If the country where your policy is contracted from is **Spain** or **Italy**, please read the information below before answering this question.

- o Cancer, including benign brain tumours

**Policy residency of Spain only:** In the last 5 years, have you been diagnosed with or received treatment (including surgery, chemotherapy, radiotherapy, etc., but not including preventative treatment) for any type of cancer?

**Policy residency of Italy only:** Have you been diagnosed with or received treatment (including surgery, chemotherapy, radiotherapy, etc., but not including preventative treatment) for any type of cancer within a period that is shorter than the applicable right to be forgotten time limit?

- o Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat

- o Stroke

- o Prosthetic implants and appliances in their body e.g. shunts, pacemakers, joint replacements

- o Congenital/hereditary conditions

9. Does any applicant have any ongoing or planned treatment, investigations or tests?

**Further details (for over 16s only):**

How tall are you?

feet/inches

metres/centimetres





How much do you weigh?

stones/pounds

kilograms





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## Medical history: additional information

**This section applies if any applicant has indicated yes to any medical questions in section 6. 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

	The relevant question number from section 6	Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right leg, left eye).	When were symptoms first experienced and when was treatment completed (if applicable)?	What treatment did you receive and when (please include dates, names and details of medications)?	What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?
Main applicant					
Dependant 1					
Dependant 2					
Dependant 3					

If there is insufficient space, please use the notes page at the end of this form, and indicate that you have done so by ticking here

## Your payment details

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

Which currency would you like to use to pay for the policy? (please tick one)

GBP £

USD \$

EUR €

How often would you like to make premium payments?

Monthly

Quarterly

Annually

### Payment method

You can pay for your policy by direct debit, credit card, cheque or bankers draft. We're unable to accept cash payments.

**Need to know:** If you have chosen a deductible, co-insurance and/or to pay your premium each month, you must pay by direct debit or credit card. Please make sure that we always have a valid direct debit agreement or card payment authority. If we don't, it may take us longer to pay claims.

Please choose how you'd like to pay for your policy:

By credit card - now complete the **card payment authority section** below

By direct debit through a UK bank (GBP £ payments only) - now complete the **direct debit section** on the next page

By cheque or bankers draft in the currency you have indicated above. Fill in the name of the person paying the premiums in the box provided below. If the named person is not the policy holder they will be subject to Bupa's KYC (Know Your Customer) checks.

Name

### Card payment authority

Visa and Mastercard require Bupa Global to obtain your consent to store your credit card information for future use. This is so that we can take payments from you as agreed in your international private medical insurance contract, such as premiums, deductibles and/or co-insurances. Please refer to your policy 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 policy 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.

I authorise Bupa Global 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 bank account or cancel the card payment authority.

I give my consent to Bupa Global to store my below card details on file and use them to process payments.

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 /  Y  Y

Expiry/end date  M  M /  Y  Y

#### Cardholder's signature

#### Date of signature

D  D  M  M  Y  Y  Y  Y

#### Cardholder address (if different from the main applicant's address)

Address

Town/city

County/region

Postal/zip/area code

Country



**Need to know:** Cover can only be added to certain health schemes and if you or your dependents are not permanent residents of the U.S. You can find more information in your Membership Guide.

If you are completing this form to upgrade to U.S. cover after your policy has started, you should complete this section instead of sections 6 Medical history and 7 Medical history: additional information. Medical underwriting will be undertaken at the point of application to upgrade cover to include U.S. Exclusions may be applied to U.S. cover.

	Main applicant	Dependant 1	Dependant 2	Dependant 3
1. How long do you plan to stay in the U.S.?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Do you have any ongoing or planned treatment? If yes, please provide details in the box 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
3. <b>Females only:</b> 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

**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.

#### 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