



Ultimate Global Health Plans

Application and policy changes form – Hong Kong

Bupa Global and Blue Shield Global® deliver better healthcare, together.

FOR NEW CUSTOMERS WISHING TO APPLY FOR A POLICY

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 your (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.

Start at section 2 and complete all sections after that. Once completed you can send your application to your sales representative or send it by post to Bupa Global, Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please ask your intermediary to complete section 13, if you have one.

FOR EXISTING CUSTOMERS WISHING TO MAKE A CHANGE TO THEIR POLICY

Please use this form to make changes to your policy.

◦ **To add dependants:** complete sections



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>

Remember to quote your membership number when you get in touch with us.

Once completed you can send your application to your sales representative or send it by post to Bupa Global, Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

If you have any questions, please call us on +852 2531 8571 or email us at ultimate.hk@bupaglobal.com, and we'll be happy to help.

Please ask your intermediary to complete section 13, if you have one.

HOW TO COMPLETE THIS FORM - ALL NEW AND EXISTING CUSTOMERS

You can type directly into this form, save it and email it to us. Or please 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.

Remember to sign and date the form and check you've completed all relevant sections fully before you return it to us.

[illegible]

The date you want your cover to start (this cannot be on or between the 28th and 31st of any month)?																				D	D	M	M	Y	Y	Y	Y			
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																1st Language														
Occupation																														
Your contact details																														
Phone/mobile (include country/area code)																														
Email																														
Residency address (your permanent or usual address in the country where you are resident, on the day you would like the policy to start)																														
Flat / Room										Floor										Block										
Bldg. / Mansion / House																														
Court / Estate / Street																														
District																														
HK / KLN / NT																				Country										
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)																														
Flat / Room										Floor										Block										
Bldg. / Mansion / House																														
Court / Estate / Street																														
District																														
HK / KLN / NT																				Country										

If any of these additional persons have different residency or correspondence addresses to yours, please write their name and addresses on the "Notes" section at the end of this form and indicate you have done so by ticking here ☐

Title					Male	<input type="radio"/>	Female	<input type="radio"/>	1st language											
First name										Middle name										
Family name																				
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality											
Country of residency									Relationship to you											
Occupation																				
Email																				
Phone/Mobile																				
Have you had a previous policy with Bupa?									<input type="radio"/> Y <input type="radio"/> N	If yes, membership number										

1

Title					Male	<input type="radio"/>	Female	<input type="radio"/>	1st language										
First name										Middle name									
Family name																			
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality										
Country of residency									Relationship to you										
Occupation																			
Email																			
Phone/Mobile																			
Have you had a previous policy with Bupa?									<input type="radio"/> Y <input type="radio"/> N	If yes, membership number									

2

Title					Male	<input type="radio"/>	Female	<input type="radio"/>	1st language										
First name										Middle name									
Family name																			
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality										
Country of residency									Relationship to you										
Occupation																			
Email																			
Phone/Mobile																			
Have you had a previous policy with Bupa?									<input type="radio"/> Y <input type="radio"/> N	If yes, membership number									

3

3 DEPENDANTS TO BE COVERED ON YOUR POLICY (CONTINUED)

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name		Middle name					
Family name							
Date of birth	D D M M Y Y Y Y	Country of nationality					
Country of residency		Relationship to you					
Occupation							
Email							
Phone/Mobile							
Have you had a previous policy with Bupa?	<input type="radio"/> Y <input type="radio"/> N	If yes, membership number					

4 HOW YOU'D LIKE TO MANAGE YOUR POLICY - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

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	Dependant 4
To view and manage your policy online, register at https://membersworld.bupaglobal.com . We will email you when new documents are available to view	<input type="radio"/>	<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"/>	<input type="radio"/>

5 MEDICAL HISTORY - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

This section asks for health and medical details, past and present about yourself and each dependant named in section 3.

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 6.

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 terminate your cover or it may stop us from paying your claims and/or cause us to review the terms and conditions of your policy.

You must also tell us immediately if you or any additional person to be covered under the policy 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 termination, rejection of claims and/or changes to the terms and conditions of your policy.

For any of the medical conditions listed below (questions 1-13), please answer yes if you or anyone to be covered by this plan has:

- Seen a doctor, therapist or consultant in the last three years
- Been admitted to hospital, had an operation or procedure, or had an investigation (e.g. a scan/blood tests) in the last five years

	M	1	2	3	4
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	<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
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	<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. Breathing or respiratory disorders e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis, emphysema, sleep apnoea or allergies (including hayfever and anaphylaxis)	<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

4. Stomach, intestines, liver or gall bladder problems e.g. stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	<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
5. Benign tumours, growths or pre-cancerous conditions e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease, lipomas	<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
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<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
7. Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles), Parkinson's disease, motor neurone disease, cerebral palsy, encephalitis or meningitis	<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. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	<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
9a. Female urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, incontinence, ovarian cysts, polycystic ovaries, pelvic inflammation, cervical disease, endometriosis, dysmenorrhoea, irregular menstruation, fibroids, breast disease or infertility	<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
9b. Male urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy or enlarged prostate or infertility	<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
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<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
11. Eye, ear, nose and throat problems e.g. cataracts, glaucoma, visual impairment, detached retina, macular degeneration, deafness, ear infections, glue ear, deviated nasal septum, tonsillitis, gingivitis.	<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
12. Mental health disorders e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia, ADHD	<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
13. Congenital/Hereditary conditions e.g. Downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Huntington's disease, thalassemia, hemochromatosis	<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

Please also answer the following questions:

14. Is anyone to be covered taking any medication, prescribed or otherwise?	<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
15. Does anyone to be covered currently have, or ever had:					
<input type="radio"/> Cancer	<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
<input type="radio"/> Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	<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
<input type="radio"/> Stroke	<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
<input type="radio"/> Prosthetic implants and appliances in their body e.g. shunts, pacemakers, joint replacements	<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
16. Is anyone to be covered receiving any treatment of any kind or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in questions 1 - 13?	<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
17. In the last 3 months has anyone to be covered experienced any signs or symptoms of any 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	<input type="radio"/> Y <input type="radio"/> N

Further details (for over 16s only):

How tall are you?	<input type="radio"/> feet/inches	<input type="radio"/> metres/centimetres	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you weigh?	<input type="radio"/> stones/pounds	<input type="radio"/> kilograms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This section applies if you, or anyone to be covered under this plan, have indicated Yes to any 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?



Main applicant or additional person	The relevant question number from section 5	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)?
M					
1					
2					
3					
4					

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 ☐

ULTIMATE HEALTH PLAN

For more details of what is and is not covered please refer to the Membership Guide.

The Bupa Global Ultimate Health plan protects you and your family with a wealth of services. These include evacuation during non-medical emergencies such as natural disasters, suites at top hospitals, extensive maternity cover (after a period of 18 months) and unlimited access to scans, doctors, specialists and therapists.

We also care for your all-round health with complementary treatments and genetic cancer screening.

Children covered at no additional cost

With your Bupa Global Ultimate Health Plan up to two children, per paying parent, who are under 16 years of age, can be insured at no additional cost*. The child being added must reside at the same address as the parent who is insured and who has legal custody of the child.

*Any medical loadings following underwriting will be charged

YOUR PAYMENT DETAILS – TO BE COMPLETED BY NEW CUSTOMERS (CONTACT YOUR BUPA GLOBAL REPRESENTATIVE IF PAYMENT IS TO BE MADE BY A THIRD PARTY)

Your choice of currency for the policy and premium payments (please tick one only): ☐ HKD \$ ☐ USD \$

How will you make your premium payments (please tick one only): ☐ Quarterly ☐ Semi-Annually ☐ Annually

CARD PAYMENT AUTHORITY

In order to take payments from your credit card, Bupa (Asia) Limited needs to store your card details on file.

☐ I give my consent to Bupa (Asia) Limited to store my below card details on file and using them to process payments.

Visa & Mastercard's terms and conditions require Bupa (Asia) Limited 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.; subscriptions, deductibles and/or co-insurances.

Please refer to your membership 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 (Asia) Limited 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 (Asia) Limited, 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 / Y Y Expiry/end date M M / Y Y

CARDHOLDER'S SIGNATURE

DATE

D D M M Y Y Y Y

9

OTHER MEDICAL INSURANCE PLANS – TO BE COMPLETED BY NEW CUSTOMERS

If you have a current or previous medical insurance policy tick here ☐. If yes, please provide the following information. (Refer to the policy documents issued by the insurer as required)

Name of Insurer

Plan name

Policy number

☐ Current/ongoing: Renewal date of the plan

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

☐ Expired: Cover expiry date

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

10

AUTHORISED PERSON

I hereby authorise (full name and relation)

Name of Person (in full)

Relation to insured person

Date of birth

Address

Email

Phone number (including country code)

To contact Bupa (Asia) Limited and Bupa Global on my behalf in relation to policy administration, including but not limited to claims assessment and preauthorisation of treatment, and I give my consent for Bupa (Asia) Limited and Bupa Global to exchange information, including medical information with the authorised person for the purpose of such policy administration. I understand that I have the right to withdraw the authorisation at any time by contacting Bupa (Asia) Limited and Bupa Global.

SIGNATORY

DATE

D

D

M

M

Y

Y

Y

Y

Bupa (Asia) Limited**Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")****1. Introduction**

1.1. Bupa (Asia) Limited ("**Company**", "**we**" or "**us**") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.

1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.

1.3. For the purposes of this Notice, "**Group Company**" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "**Group**").

1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "**Member**"), to supply the Company with certain personal information (including where relevant, credit information and claims history) when you interact with us, apply for and use our products and services.

2.2 During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

2.3 Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.

2.4 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

2.5 We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.

2.6 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.

2.7 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

2.8 Separate privacy notices apply for recruitment or employment purposes.

3. Purposes of Collection

3.1 Your personal information collected may be used, stored, processed,

transferred, disclosed or shared by the Company for the following purposes from time to time:

(a) processing, assessing and determining any applications for insurance products and services;

(b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;

(c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;

(d) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;

(e) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;

(f) performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;

(g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;

(h) providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;

(i) communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;

(j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);

(k) provision and design of products and services of the Company;

(l) exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

(m) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;

(n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in **paragraph 5** below);

(o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, without limitation, futures changes to this Notice);

(p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;

(q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and

(r) fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

4.1 Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in **paragraph 3** to the following classes of transferees:

- (a) any member and/or brand of the Group Companies;
- (b) any insurance adjusters, agents and brokers;
- (c) any re-insurance companies authorised by the Company;
- (d) employers (for members of corporate policy only);
- (e) healthcare professionals and hospitals;
- (f) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
- (g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, cloud, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
- (h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in **paragraph 5** below);
- (i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
- (j) financial institutions engaged by the Company or you for billing and payment purposes;
- (k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
- (l) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in **paragraph 3** above.

4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information (including your name, contact details, products and services portfolio, transaction pattern and behaviour) collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:

- (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
- (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
- (c) services and products offered by the Company's co-branding partners; and
- (d) donations and contributions for charitable and/or non-profit making purposes.

5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:

- (a) any member and/or brand of the Group Companies;
- (b) third party service providers;
- (c) third party reward, loyalty, co-branding or privileges programme providers;
- (d) co-branding partners of a member of the Group Companies; and
- (e) charitable or non-profit making organisations.

5.3 We will not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.

5.4 If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.

5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this **paragraph 5**, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

6. Security and Retention

6.1 The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.

6.2 Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

6.3 We will take all practicable steps to protect your personal information against unauthorised or accidental access, processing, erasure, loss or use. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.

6.4 When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our corporate website and is available upon request.

6.5 Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Data Access and Correction

7.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:

- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
- (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
- (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
- (d) request the Company to cease using your personal information for direct marketing purposes; and
- (e) change your preference in respect of our use of your personal information.

7.2 Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Privacy Officer/ Customer Service Manager
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Notice, please do not hesitate to contact our service team at +852 2531 8503.

10. Nothing in this Notice shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended

by the Company from time to time. You may access and obtain a copy of this Notice, as amended from time to time, at www.bupa.com.hk or <https://www.bupa.co.uk/legal-notices/privacy-and-cookies>.

Issued by Bupa (Asia) Limited

16 May 2025

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 / We confirm that I / we have selected this insurance plan of my / our own free will. I / We further confirm that the product features of the Insurance Scheme ("this Scheme") were able to fulfil my / our medical protection needs, financial situation and premium affordability.

By signing this application form, I confirm that I have read and understood Bupa (Asia) Limited Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of any other person to be covered by this policy (or their guardians if applicable) and confirmed the understanding and agreement to it.

I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from www.bupa.com.hk.

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 Hong Kong law will apply to the policy.

I confirm that this application is made in Hong Kong and understand that this application must only be acted upon by persons in Hong Kong. Bupa (Asia) Limited does not offer or sell any insurance product in jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

I acknowledge that the Bupa (Asia) Limited Medical Insurance Contract should be governed by and construed in accordance with the laws of Hong Kong. Any disputes or differences arising out of or in connection with the Contract shall be referred to and determined by arbitration at the Hong Kong International Arbitration Centre and in accordance with its Domestic Arbitration Rules.

I also declare that I am in Hong Kong at the time of signing this application and have, at such time, presented to Bupa (Asia) Limited my current, complete and accurate immigration record and personal identification.

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).

I understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Bupa (Asia) Limited, Bupa (Asia) Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

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 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.

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:

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

If any dispute arises as to the interpretation of this form as between language versions, then the English version shall be deemed to be conclusive and take precedence over any other version.

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.

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies (such as Bupa Global) and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled “Use of Personal Information in Direct Marketing” in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I/we understand that I/we have the right to request Bupa to cease using my/our personal data for direct marketing purposes by emailing ultimate.hk@bupaglobal.com or calling the Bupa Global Customer Care helpdesk on +852 2531 8571. Tick the box below if I/we wish to receive such direct marketing communications.

- ☐ By checking this box, I/we wish my/our personal information to be used and disclosed by Bupa related to direct marketing purposes as set out above and in accordance with the Statement.

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

MAIN APPLICANT'S SIGNATURE

--	--

Print name

[illegible]

DATE

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

M

INTERMEDIARY INFORMATION (TO BE COMPLETED BY THE INTERMEDIARY, IF APPLICABLE)

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.

[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.

- ☐ Solicited (promoted) sale. Tick this box if this is a solicited sale
- ☐ Unsolicited sale - I hereby confirm that I 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]

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

NOTES

