

WORLDWIDE HEALTH OPTIONS



Joining Bupa Global

bupa-intl.com

PURPOSE OF APPLICATION

New application

☐

Amendment to existing membership

☐

IMPORTANT INFORMATION

Please write clearly in **BLOCK** capitals using black ink. Once completed, you can scan and email your form to:

newbusiness@bupa-intl.com or fax us on +44 (0) 1273 866 583 or post to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

If you feel that your email is not secure, please send us your application form via post or fax. If you have faxed or emailed us then we do not need the original copy of your form.

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

Please tell us immediately if you or any additional people to be covered under the plan experience any symptoms before you receive your membership documents. Failure to do so may mean we are unable to pay your claims.

All sections which need to be completed by the main applicant are labelled **MA**

We will not be able to process your application if this form is incomplete.

Please be sure to check the entire form.

We look forward to welcoming you as a member of Bupa.

CHECKLIST - PLEASE MAKE SURE:

IF YOU HAVE BEEN INTRODUCED BY AN INTERMEDIARY

You have read and understood the declaration at section 7 and consented to the payment of their fees. You can withdraw your consent at any time by contacting us at www.bupa-intl.com/contact ☐

IF THIS IS A NEW APPLICATION

the information you have given in sections 2-11 is correct and complete ☐

you have read, signed and dated the declaration in section 12 ☐

IF YOU ARE AMENDING YOUR EXISTING MEMBERSHIP

IF YOU WANT TO CHANGE YOUR ADDRESS OR OTHER CONTACT DETAIL

the information you have given in sections 1, 2, 3 and/or 4 is correct and complete ☐

you have read, signed and dated the declaration in section 12 ☐

IF YOU WANT TO INCLUDE ANY ADDITIONAL PERSONS ON YOUR PLAN

the information you have given in sections 1,5,6,8 & 9 is correct and complete ☐

you have read, signed and dated the declaration in section 12 ☐

IF YOU WANT TO CHANGE YOUR COVER OPTIONS OR ADD USA COVER

you complete sections 1,8,& 9 (if increasing your cover) and 10 for you and any additional persons to included on your plan ☐

you have read, signed and dated the declaration in section 12 ☐

IF YOU WANT TO CHANGE YOUR PAYMENT DETAILS

the information you have given in sections 1 and 11 is correct and complete ☐

you have read, signed and dated the declaration in section 12 ☐

If you are amending your application, [start at Section 1](#)

MA

Bupa Global membership number	BI	-					-					-				
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MA

The date you want your cover to start: D D M M Y Y (cannot be between 28th & 31st)

[illegible]

MA

(your permanent or usual address in the country where you are resident, this should be the country in which you are living on the first day of your current membership year)

[illegible]

(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)

[illegible]

If you have been living in the UK for 90 days or more out of the last 120 days at the start of your current membership year, then you are deemed resident in the UK.

Does this apply to you?	Yes	<input type="radio"/>	No	<input type="radio"/>	Do you have a residence in the USA?	Yes	<input type="radio"/>	No	<input type="radio"/>
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MA

[illegible]

If you would like to view your membership documents online via MembersWorld instead of receiving them in the post, please ensure you have given your email address above and tick here ☐

[illegible]

6 IF YOU HAVE A DOCTOR, PLEASE FILL IN THE DETAILS BELOW

[illegible]

If any family members included in your application have a different doctor, please give the name and/or address details on a separate sheet and confirm you have done so by ticking here: ☐

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global require your consent to payment of your intermediary for their part in introducing you to **us** as a member. Where applicable, we will deduct a fee from each subscription payment received from you and pass this onto your intermediary on your behalf. For the avoidance of doubt, consent to payment of your intermediary's fees does not affect the amount of any premiums payable by you which would remain the same whether or not you had approached us directly or not. Upon renewal of your policy, we will continue to pay your intermediary until otherwise notified by you in writing.

8 CONFIDENTIAL MEDICAL HISTORY

This section asks for health and medical details, past and present about yourself and each person named in Section 5. Please tick Yes or No to every question for every person. **If you tick Yes to a question, please give full details in Section 9 on the next page.** Please ensure you tell us about any known or suspected conditions and symptoms even if professional advice has not yet been sought. If you are applying to increase cover and you are already a Bupa Global member, you should also include details of any conditions for which you have made claims within the last seven years. This information will be passed to our underwriting team who will assess the terms of your plan. **If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.**

Have you or anyone to be covered under the membership:

- seen a doctor or other healthcare professional in the last three years
- been admitted to hospital, had an operation/procedure or had an investigation (eg a scan/blood tests) in the last seven years

for any of the medical problems listed in question 1 – 13 below:

	MA	1	2	3	4
1. Circulatory disorders eg 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 eg diabetes (Type 1 or Type 2), thyroid problems 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 eg shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis 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 eg 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 eg polyps, benign growths, breast nodules or cysts, 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 eg 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 eg dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) 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 eg 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
9. Urinary or reproductive system problems eg kidney or bladder problems (including kidney failure), recurrent urinary infections, incontinence; pregnancy/childbirth problems (including caesarean sections), heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, polycystic ovaries, testicular or prostate disorders	<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 eg 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, throat and dental problems eg cataracts, glaucoma, visual impairment, deafness, ear infections, tonsillitis, dental infections, wisdom teeth problems or 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. Psychiatric/psychological disorders eg schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency	<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. Cosmetic treatment, surgery eg breast enlargements/reductions or rhinoplasty	<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. Has anyone to be covered ever had a history of:	<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
• 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
• Heart condition eg 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
• 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
• Prosthetic implants and appliances in his/her 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

8 CONFIDENTIAL MEDICAL HISTORY (CONTINUED)

17. Has anyone to be covered experienced any signs or symptoms of any medical problem in the last six months, regardless of whether a health care professional has been consulted?	<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
18. Do you have or have had a previous policy with Bupa?	<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? <div>feet/inches <input type="radio"/></div> <div>metres/centimetres <input type="radio"/></div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you weigh? <div>stones/pounds <input type="radio"/></div> <div>kilogrammes <input type="radio"/></div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you used tobacco products within the last seven years?	<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

9 MEDICAL QUESTIONS AND HISTORY: ADDITIONAL INFORMATION

This section applies if you, or anyone to be covered under this membership, have indicated Yes to any medical questions in Section 8. If you are unsure whether any details are relevant, you must include them.

[illegible]

If there is insufficient space, please use a separate sheet and indicate that you have done so by ticking here: ☐

10 CHOOSE YOUR COVER OPTIONS

Each member to be included on this plan automatically receives cover for Worldwide Medical Insurance, our core cover. Please tick the options you wish to add for you and any additional people.

WORLDWIDE MEDICAL INSURANCE

For treatment received whilst staying in hospital, either overnight or as a day-case, plus related benefits.

Worldwide Medical Insurance gives you the reassurance of covering essential hospital treatment you may need, whether in an emergency or a planned visit. Surgery, cancer treatment and advanced imaging, whether received whilst staying in hospital or as a visiting patient, are also included.

MA 1 2 3 4

WORLDWIDE MEDICAL PLUS:

For specialist treatment where you do not need to stay in hospital.

Worldwide Medical Plus covers you for consultations with a doctor or specialist and medical treatments that do not require a hospital stay. These may include osteopathy or complementary therapies, for example. Some of these treatments or consultations may take place before or after a hospital stay, but many will be totally independent.

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WORLDWIDE MEDICINES AND EQUIPMENT:

For prescribed medicines and medical equipment.

Often, treatment does not end when you leave the hospital or clinic or after you have seen a specialist. This option covers you for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. Our unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.

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WORLDWIDE WELLBEING:

For a range of health screenings, vaccinations, dental and optical treatment.

Our Wellbeing option is designed to help you protect and maintain your health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical treatments, which can play an important role in keeping you healthy by identifying underlying problems such as mouth cancer or diabetes.

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WORLDWIDE EVACUATION:

For when you can't get the treatment you need in a local hospital.

The Worldwide Evacuation option covers you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby. Repatriation, which is also included, gives you the added option of returning to your home country or specified country of nationality, to be treated in familiar surroundings.

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COVER FOR PRE-EXISTING CONDITIONS:

If you have a pre-existing medical condition, this option could provide you with the opportunity to be covered for it. If you would like to find out if we can cover you and to obtain a quote, please tick here. If your plan includes cover for pre-existing conditions, this cover does not apply in the USA.

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USA COVER:

If you spend most of your time in the USA, then you will need to buy USA cover on an annual basis. If you spend most of your time outside the USA, you can choose to add USA cover to your plan by ticking in this section. Please note, we do not cover permanent USA residents. This cover will increase your premium. If your plan includes cover for pre-existing conditions, this cover does not apply in the USA.

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ANNUAL DEDUCTIBLE:

If you are paying by direct debit (applicable to to GBP payments only) or Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year. If you choose any of the deductible amounts on Worldwide Medical Insurance then a fixed deductible amount of £100/\$170/€125 is applied to Worldwide Medical Plus and £50/\$80/€60 fixed deductible amount is applied to Worldwide Medicines and Equipment (if you choose these options).

The deductible you choose will apply to each member on this form.

GBP:	None	<input type="radio"/>	£250	<input type="radio"/>	£500	<input type="radio"/>	£1000	<input type="radio"/>	£2000	<input type="radio"/>	£5000	<input type="radio"/>
USD:	None	<input type="radio"/>	\$425	<input type="radio"/>	\$850	<input type="radio"/>	\$1700	<input type="radio"/>	\$3400	<input type="radio"/>	\$8500	<input type="radio"/>
EUR:	None	<input type="radio"/>	€300	<input type="radio"/>	€625	<input type="radio"/>	€1250	<input type="radio"/>	€2500	<input type="radio"/>	€6250	<input type="radio"/>

DATA PROTECTION NOTICE

Purpose: Personal data collected on you and, where appropriate, your family, will be used by Bupa Global to process your claims, administer your policy and may be used to detect and prevent fraud or improper claims.

Confidentiality:

The confidentiality of patient and member information is of paramount concern to Bupa Global. To this end, Bupa Global fully complies with UK Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical Information:

Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Claims information may also be shared with appointed third parties involved in the management and handling of your claim. Claims information may be discussed with the Bupa Global Agent/Adviser where you have requested the Adviser to assist you.

Member details:
All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

Telephone calls:

In the interest of continuously improving our service to members, your call will be recorded and may be monitored.

Research:

Anonymised or aggregated data may be used by Bupa Global, or disclosed to others, for research or statistical purposes.

Fraud:

Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Names and Addresses:

Bupa Global does not make the names and addresses of members or patients available to other organisations.

Keeping you informed:

Bupa Global would, on occasion, like to keep you informed of Bupa Global products and services which it considers may be of interest to you.

Contact Address:

If you do not wish to receive information about Bupa Global's products and services, or have any other Data Protection queries please write to the Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@Bupa.com.

Our complaints procedure

DECLARATION

I agree that the Rules of the Bupa Global Worldwide Health Options plan will be binding on me, as Main Applicant, and all eligible

I agree that any cover which I may purchase for the USA shall terminate upon informing Bupa Global that I have become a resident of

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, on behalf of myself and any Dependants

Where applicable, I hereby consent to your payment of the fees to my intermediary as described in this application.

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this

Please be aware that this form must be received by Bupa Global no more than six weeks after the declaration date. Fill in your form with

MAIN APPLICANT'S SIGNATURE _____ DATE _____

DATE _____

FOR OFFICE USE ONLY

IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER

General services:
+44 (0) 1273 323 563
Medical related enquiries:
+44 (0) 1273 333 911
Your calls may be recorded
and may be monitored.

Bupa Global
Victory House, Trafalgar
Place, Brighton. BN1 4FY.
United Kingdom

Bupa Global offers you:
Global medical plans for
individuals and groups
Assistance, repatriation and
evacuation cover
24-hour multi-lingual helpline

bupa-intl.com

The world of Bupa

Care homes
Cash plans
Dental insurance
Health analytics
Health assessments
Health at work services
Health centres
Health coaching
Health information
Health insurance
Home healthcare
Hospitals
International health insurance
Personal medical alarms
Retirement villages
Travel insurance