Application form A





Important information

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

Once completed, you can send the form by:

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

Remember to sign and date the form. Check that all relevant sections have been completed before you return it to us. If you have any questions, please call us on +44 (0) 1273 323563.

| Main applicant details M | | | | | | | | | | | | | | |
|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | MA | | | | | | | | | | | | | |
| Your personal details | | | | | | | | | | | | | | |
| Title | Male | | | | | | | | | | | | | |
| First name | Middle name | | | | | | | | | | | | | |
| Family name | | | | | | | | | | | | | | |
| Nationality | Language | | | | | | | | | | | | | |
| Your contact details | | | | | | | | | | | | | | |
| Phone/mobile (include country/area code) | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | |
| Residency address (your permanent or usual address in the country where you are a resident, on the day you would like the policy to start) | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Town/city | | | | | | | | | | | | | | |
| County/region | | | | | | | | | | | | | | |
| Postal, zip or area code | Country | | | | | | | | | | | | | |
| If you have previously had a policy with Bupa, please provide the mem | bership number | | | | | | | | | | | | | |
| Correspondence address (if your correspondence and residency addre | ss are the same please tick here () | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Town/city | | | | | | | | | | | | | | |
| County/region | | | | | | | | | | | | | | |
| Postal, zip or area code | Country | | | | | | | | | | | | | |

| Dependants | s to | be | co | ver | ed | in y | /ou | r po | olic | У | | | | | | | | | | | | | | | | | | | | | | | |
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| Title | | | | | | | | | | | Ma | le | | | F | emale | . | | | Da | ite o | f bir | th | D | D | М | М | Υ | Υ | Υ | Υ | | 1 |
| First name | | | | | | | | | | | | | | | | | Mic | ddle | nam | ie | | | | | | | | | | | | | |
| Family name | | | | | | | | | | | | | | | Ī | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | | | | | Со | untr | y of | resio | denc | У | | | | | | | | | | | | |
| Language | | | | | | | | | | | | | | | | Re | latio | nshi | p to | you | | | | | | | | | | | | | |
| Phone/mobile (| incl | ude | cour | ntry/ | area | ı coc | de) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If they have had | If they have had a Bupa policy before, please provide the policy number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title Male Female Date of birth D D M M Y Y Y Y Z | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | <u>L</u> | <u></u> | | L | | Ма | le | , | | Fe | emale | <u> </u> | | | Da | te o | f bir | th | D | D | М | М | Υ | Υ | Υ | Υ | | 2 |
| First name | | | | | | | | | | | | | | | L | | Mid | ddle | nam | ie | | | | | | | | | | | | | |
| Family name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | | | | | Со | untr | y of | resio | denc | У | | | | | | | | | | | | |
| Language | | | | | | | | | | | | | | | | Re | latio | nshi | p to | you | | | | | | | | | | | | | |
| Phone/mobile (| incl | ude | cour | ntry/ | area | ı coc | de) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If they have had | l a E | Bupa | poli | icy b | efor | e, pl | lease | e pro | ovide | e the | pol | icy r | num | ber | | | | | | | | | | | | | | | | | | | |
| | | | 1 | 1 | | | _ | | | 7 | | | | | | | | 1 | ٦ | | | | | | 1 | _ | _ | _ | | | | | |
| Title | | | | | | L | | Ļ | Ļ | _ | Ма | le | | | Fe | emale | | 0 | | Da | ite o | f bir | th | D | D | М | М | Υ | Υ | Υ | Υ | | 3 |
| First name | | | | | | L | L | | L | L | L | | | | Ļ | <u></u> | Mid | ddle | nam | ie | | | | | | | | | | | Ш | \perp | |
| Family name | | | | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | | | | | Со | untr | y of | resic | denc | y | | | | | | | | | | | | |
| Language | Language Relationship to you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone/mobile (| incl | ude | cour | ntry/ | area | ı coc | de) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If they have had | l a E | Bupa | poli | icy b | efor | e, p | lease | e pro | ovide | e the | pol : | icy r | num | ber | | | | | | | | | | | | | | | | | | | |

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 https://membersworld.bupaglobal.com. We will email you when new documents are available to view | 0 | 0 | 0 | \bigcirc |
| To receive your documents by post | | 0 | 0 | |
| At Bupa, we understand that our members might sometimes need support to help us do this, please let us know if you or anyone on your policy would a physical disability, or any other communication concerns. | | | | |
| Select this box if you want us to contact you about it | | | | |
| Cover - please choose modules, currency and deductible | by ticking the r | elevant boxes | | |
| Choice of modules | | | | |
| Please select the module(s) that you would like for you and any additional papplicant and 1, 2, 3 are for your dependants. | persons named in the | Dependants' sectio | n of this form. MA i | s for the main |
| | MA | 1 | 2 | 3 |
| Hospital Plan | | | | |
| Module 1 - Non-Hospitalisation Benefits | | | | |
| Module 2 - Medicine & Appliances | | | | |
| Module 3 - Medical Evacuation & Repatriation | | | | |
| Module 4A - Dental & Optical | | | | |
| Module 4B - Dental & Optical | | Ŏ | | Ö |
| Choice of deductible and currency | | | | |
| Please note if different levels of deductible are needed for the dependants in this | application, a separate | e application form mu | st be completed for | each dependant. |
| O Nil | | | Nil | |
| EUR 350 GBP 250 | | | USD 400 | |
| EUR 1,050 GBP 750 | | | USD 1,600 | |
| EUR 4,000 GBP 2,750 | | | USD 5,000 | |
| | | | | |
| | | | USD 10,000 | |
| EUR 16,000 GBP 11,000 | | O | USD 20,000 | |
| Please note that the chosen currency is binding | | | | |
| Payment details (Contact your Bupa Global representati | ve if payment is | to be made by | a third party) | |
| Annual Semi-annual Quarterly Monthly | | | | |
| By direct debit (only for GBP (£) payments through a UK bank account. | Please complete the | e below direct debit | instruction) | |
| By credit card (please complete the below card payment authority) | | 230 30010 | | |
| By cheque or bankers draft in the currency you have indicated above | | | | |
| Please fill in the name of the person paying the premium in the box provider | d below when choos | ing to pay via cheg | ie or bankers draft | |
| Name Name | | 3 1 1 1 1 | | |

Direct debit (Only for GBP £ payments from a UK bank account)

| If you are paying by direct debi | you are paying by direct debit you must complete this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------|-------|-------|------|-------|-----|----|-----|------|-------|-------|------|-------|-------|-------|-------|------|------|------|-----|---|---------|-------|-------|-------|------|-------|---|
| Instruction to your Bank or Build | ding | Soci | ety t | o pay | by d | irect | deb | it | | | | | | | | | | | | | | | <u></u> | L | | D | e k |) i t | t |
| Name(s) of account holder(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sort code: | | | - [| | | | | | Bai | nk/E | Build | ing S | Soci | ety a | accou | unt r | num | ber: | | | | | | | | | | | |
| Swift code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instruction to your Bank or Building Society Please pay Bupa Global Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. Funderstand that this instruction may remain with Bupa Global and, if so, details will be passed electronically to my Bank/Building Society. Funderstand that this instruction may remain with Bupa Global and, if so, details will be passed electronically to my Bank/Building Society. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | Post | tcod | е | | | | | | | | |
| Account holder's signati | ure | | | | | | | | | | | | | Da | ate | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | [| | D | | М | | М | | ` | Y |) | (| , | (|) | 1 |
| Reference number (for Bupa Glo | bal | use | only) |) | | | | | | | - | | | | | | | | | | | | | | | | | | |
| ВІ - | .1 - | | | | | | | | | | | | | | | Or | ginat | or's | ID n | um | ber | | 9 | 8 | 0 | 9 | 3 | 9 | |
| Banks and Building Societies ma | nd Building Societies may not accept Direct Debit Instructions for some types of acc | | | | | | | | | | | | | ccol | ınts. | | | | | | | | , | ۹s II | nstru | ıctic | n Fo | orm | |

The Direct Debit Guarantee

This guarantee should be detached and retained by the payer



This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Bupa Global will notify you 7 working days in advance of your account being debited or as otherwise agreed.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

If an error is made by Bupa Global or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

In order to take payments from your credit card, Bupa Global needs to store your card details on file. I give my consent to Bupa Global to store my below card details on file and using them to process payments. Visa & Mastercard's terms and conditions require Bupa Global to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; premiums, deductibles and/or co-insurances. Please refer to your insurance documents for details of when payments will be taken and the amounts. We will also request your consent to store your credit card information if you are using an American Express card. Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice. If you do not want Bupa Global to store your card details, then we cannot accept payments from your card and you will need to choose a different payment method. To Bupa Global, I authorise you until further notice in writing, to charge to my card account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority. (please tick) MasterCard Visa American Express Please note that we do not accept Maestro payments. You will be given 14 days' notice of other unspecified amounts to be collected.

| (picase tick) Piasteredia 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 | |
|------------------------|--|
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| Date | | | | | | | |
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Privacy notice

Last updated: September 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. 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 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

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).

${\bf 4}$ 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.

| \bigcirc | Please tick if you would like us and other members of the |
|------------|--|
| \circ | Bupa group to keep you updated about our products and services |
| | by post, telephone email and text. |

You will be able to opt out of receiving these communications at any time by contacting us.

Privacy notice (continued)

6 Profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7 Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8 International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within

the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

9 How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

10 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11 Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

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

| Applicant's signature | Date | | | | | | | |
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Intermediary only

Please ensure up-to-date Know Your Customer (KYC) documents have been provided for the main applicant and dependants (aged over 16) where applicable. If you need information about which documents are required, please contact your Bupa Global sales representative. If we don't receive accurate documents, the application could be delayed or cancelled.

| Intermediary name | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Intermediary ID | | | | | | | | | | | | | | | | |

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.

| _ | | | | | | |
|---------|---------------|---------------|----------------|----------------|-----------------|-----|
| 0 | Solicited (nr | omoted) sale | Tick the h | nox if this i | s a Solicited s | ale |
| \circ | Jonettea (pi | officea) saic | . I ICK LIIC K | 70X 11 (1113 1 | 3 d Solicited S | uic |

| $\overline{}$ | | | | | | | | | |
|---------------|----------------------|------------------|-------------------|--------------------|------------------|-------------------|-------------------|---------------------|-------|
| () | Unsolicited Sale - I | l hereby confirm | that we neither p | romoted, sought, a | pproached the cu | stomer and the ci | ustomer neither s | ought or require ac | lvice |

| Intermediary's signature | Date | | | | | | | |
|--------------------------|------|---|---|---|---|---|---|---|
| | D | D | М | М | Y | Υ | Υ | Υ |
| Print name | | | | | | | | |

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

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

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance Limited that take place outside of the UK. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The Financial Registration numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.