Joining Bupa Malta

bupa.com.mt

LifeStar Health Limited acts as an insurance agent for Bupa Global Designated Activity Company (Bupa Global DAC), which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings. LifeStar Health Limited is enrolled as an insurance agent under the Insurance Distribution Act, Cap 487 of the Laws of Malta and is regulated by the Malta Financial Services Authority of Notabile Road, Attard BKR 3000, Malta and subject to limited regulation by the Central Bank of Ireland.

Registered office: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. Company Registration No. C6393.

Bupa Global DAC, trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 V1W6. Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland.

Important information

You can type directly into this form, save it and email it to us. Alternatively, please write clearly in block capitals using black ink. Once completed, you can email your form to: bupa@lifestarinsurance.com or post the original form to: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta.

This application form applies to persons who are habitually residents and actually living in Malta for at least 6 months of each membership year.

Please note that the policy you are joining is a fully medically underwritten plan. This means that any symptoms or conditions that have been present prior to the start date of the plan may not be covered.

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

Completion of this application does not confirm inception of cover. The inception date of membership shall be stipulated on the Membership Certificate which will be sent to you upon approval of your application. When a receipt is issued, this will only attest that money for premium has been received and not that the insurance cover has commenced.

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. For full details of terms and conditions, please see a copy of your membership guide available on request, or you may download a copy from our website www.bupa.com.mt

If you have any questions when completing this form, please call us on +356 21342342.

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1 Main applicant: your personal details

MA

Your cover will start on the date we receive your completed application form unless you specify a date in the future.

The date you want your cover to start: D D M M Y Y Y Y

Title | Male ◯ | Female ◯ | ID card/Passport no

First name

Middle name

Family name

Date of birth D D M M Y Y Y Y | Country of nationality

Occupation

Do you have or had health cover with any other insurer, including Bupa? Y N

If yes, please give details of your cover;

Name of insurer

Name of plan/cover and membership number

2 Main applicant: your address details

MA

Residency address
(your permanent or usual address in Malta)

Address line 1

Address line 2

Town/City

Country

Postal code

Invoicing address (if different)

Address line 1

Address line 2

Town/City

Country

Postal code

3 Main applicant: your other contact details

MA

(Please include country code, area code and number)

Phone/Mobile

Email

4 Additional persons to be covered with you

1

Title | First name

Other initials | Family name

Male ◯ Female ◯ | Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Ⓨ Ⓝ

If yes, provide the name of plan/cover and membership number

2

Title | First name

Other initials | Family name

Male ◯ Female ◯ | Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Ⓨ Ⓝ

If yes, provide the name of plan/cover and membership number

3

Title | First name

Other initials | Family name

Male ◯ Female ◯ | Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Ⓨ Ⓝ

If yes, provide the name of plan/cover and membership number

4

Title | First name

Other initials | Family name

Male ◯ Female ◯ | Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Ⓨ Ⓝ

If yes, provide the name of plan/cover and membership number

5 Confidential medical history

This section asks for health and medical details, past and present about yourself and each person named in section 4.

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 do not provide us with full details we may cancel 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 starts. Failure to do so may also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.

Whether you are changing your benefits, or a returning Bupa customer, you must complete the medical history section in full so that we have an up to date record of your health.

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 seven years	MA	1	2	3	4
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	Y N	Y N	Y N	Y N	Y N
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	Y N	Y N	Y N	Y N	Y 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)	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
5. Benign tumours, growths or pre-cancerous conditions e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease or lipomas	Y N	Y N	Y N	Y N	Y N
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	Y N	Y N	Y N	Y N	Y 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	Y N	Y N	Y N	Y N	Y N
9b. Male urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy, enlarged prostate or infertility	Y N	Y N	Y N	Y N	Y N
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	Y N	Y N	Y N	Y N	Y 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 or gingivitis	Y N	Y N	Y N	Y N	Y N
12. Mental health disorders e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia or ADHD	Y N	Y N	Y N	Y N	Y 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, thalassemias or hemochromatosis	Y N	Y N	Y N	Y N	Y N
Please also answer the following questions:					
14. Is anyone to be covered taking any medication, prescribed or otherwise?	Y N	Y N	Y N	Y N	Y N

5 Confidential medical history (continued)

15. Does anyone to be covered currently have, or ever had:					
○ Cancer	Y N	Y N	Y N	Y N	Y N
○ Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	Y N	Y N	Y N	Y N	Y N
○ Stroke	Y N	Y N	Y N	Y N	Y N
○ Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements	Y N	Y N	Y N	Y N	Y 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?	Y N	Y N	Y N	Y N	Y 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?	Y N	Y N	Y N	Y N	Y N
Further details (for over 16s only):					
How tall are you? feet/inches ○ metres/centimetres ○					
How much do you weigh? stones/pounds ○ kilogrammes ○					

6 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 5. If you are unsure whether any details are relevant, you must include them.

Name of 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)?

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

7 Choose your cover options

	MA
Bupa Malta private clinic	○
Bupa Malta Private Hospital – Essential Option	○
Bupa Malta Private Hospital – Premier Option	○
Bupa Malta International – UK option	○
Bupa Malta International – Standard Option	○
Bupa Malta International – Gold Option	○

Optional / Additional cover

	Bupa Malta Private Clinic	Bupa Malta Private Hospital Premier/ Essential Option	Bupa Malta International UK Option	Bupa Malta International Standard/ Gold Option
Optional Extra Benefits	○	○	○	○
Emergency Evacuation Cover	N/A	N/A	N/A	○
Dental Option	Level 1 ○ Level 2 ○ Level 3 ○	Level 1 ○ Level 2 ○ Level 3 ○	Level 1 ○ Level 2 ○ Level 3 ○	Level 1 ○ Level 2 ○ Level 3 ○

Annual Deductible

You might choose an annual deductible which enables you to make a saving on your premium rate. This is the amount you would pay towards eligible medical treatment each year, for each member under your policy (please tick one circle only)

None ○ € 120.00 ○ € 235.00 ○ € 585.00 ○ € 1,000.00 ○

8 Your payment details (Contact your Bupa MALTA representative if payment is to be made by a third party)

Chose the applicable mode of payment and indicate the frequency of payment.

	Quarterly	Annually
By Credit Card / Debit Card	○	○
By Cheque	○	○
By Internet banking	○	○

Annual subscriptions are approximately 5% lower than equivalent quarterly subscriptions.

Card payment authority

In order to take payments from your credit card, Bupa Malta 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 payment.

Visa & Mastercard's terms and conditions require Bupa Malta 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. Please refer to your membership documents for details of when payments will be taken and the amounts.

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 Malta 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 Malta, 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

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 /

Expiry/end date /

Card holder's signature	Date
	D D M M Y Y Y Y

9 Privacy notice

Last updated: May 2022

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. Fuller details can be found in our Full Privacy Notice available at: https://www.bupaglobal.com/en/legal/privacy-notice. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Malta service team on +356 21 342 342. Alternatively you can email or write to the team via bupa@lifestarinsurance.com or Bupa Malta, LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. If you have any questions about how we handle your information, please contact us at gdpr@lifestarinsurance.com

Information about Bupa Malta

In this privacy notice, reference to 'Bupa Malta', 'we', 'us' and 'our' are to LifeStar Health Limited which is registered as an insurance agent for Bupa Global Designated Activity Company ('Bupa Global').

1. Scope of our Privacy Notice

This privacy notice applies to anyone who interacts with us about our products and services in any way (for example email, website, phone, applications and any other alternatives).

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 data about you and, if applicable, from your dependants.

- Standard Personal Data: for example, information we use to contact you, identify you or manage our relationship with you.
- Special Categories of Personal Data: for example health information, information about race, ethnic origin and religion that allows us to tailor your case.
- Data in relation to criminal convictions and offences: we may get this information when carrying out anti-fraud or anti-money-laundering checks.

4. Purpose of Processing Personal Data and lawful grounds of processing personal data

We process your personal data and special categories of personal data on the basis set out in our full privacy notice, including but not limited 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)
- 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 applicable 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. 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.

6. 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 accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as health-care 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 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.

8. 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 available on our website.

9. Your rights

The GDPR bestows upon the Data Subject the below rights. Please contact us if you would like to exercise any of your rights.

- Right to access Personal Data.
- Right of rectification.
- Right to be forgotten.
- Right to restriction of processing.
- Right of portability.
- Right to object.
- Right to not be subjected to automated decisions.
- Right to Judicial review.

10. Data protection contacts

If you have any questions, comments, complaints, or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at gdpr@lifestarinsurance.com.

You also have the right to make a complaint to your local supervisory authority for data protection. The contact details for the Maltese Information and Data Protection Commissioner are as follows: Information and Data Protection Commissioner, Level 2, Airways House, High Street, Sliema SLM 1549, Malta. Tel: +356 2328 7100, email: idpc.info@idpc.org.mt

10 Your membership declaration

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 understand that my personal information and that of any other person to be covered by this policy will be processed by Bupa Malta for the purposes set out in Bupa Malta's privacy notice. I confirm that I have brought Bupa Malta's privacy notice to the attention of these covered.

I understand and accept that all policy documentation and other written communications associated with this application including any claims information will be provided in English. I acknowledge that Bupa will endeavour to facilitate verbal communication in an alternative language insofar as is possible however I understand and accept that some verbal communications may also be in English.

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 Maltese law will apply to the 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 provide complete information, we will not be able to process your application.

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.

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.

Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this application form within six weeks of this declaration date, or the date of signature expires six weeks before your cover start date we will ask for a declaration of continued good health or we may ask you to submit a new form.

Main applicant's signature	Date							
	D	D	M	M	Y	Y	Y	Y

Print name

NOTES

General Services:
+356 21342342

LifeStar Health Limited
Testaferrata Street,
Ta' Xbiex XBX 1403, Malta

DAC-MALI-APPF-EN-XXXX-2206-0037578