

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, send your form and any supporting documents to: brokereuro@bupa-intl.com.

You can also send it by post to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

Please only use one method, for example if you scan and email you do not need to fax or post.

This form should be returned along with completed member applications or membership census.

If you have any questions please contact your sales advisor or intermediary.

Bupa Global Business plans are for businesses/companies, their employees (who are actively engaged in employment duties) and employee's dependants. A dependant is the principle member's partner, spouse or dependant children. A minimum number of three employees must be covered. For employees aged 65 and over and companies that consist solely of members of the same family, it must be fully substantiated that such employees are working for the same employer/company. Copies of payslips or employment contracts will need to be provided.

All material facts relating to the questions asked in this application must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence the decision of an insurer when assessing and accepting this application.

As the Sponsor of this company plan you must answer all questions and sign the declaration on behalf of the company and all persons to be insured.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

Start date

The start date will generally be the date on which your completed group application form is received and accepted by Bupa Global. If you require a different start date, for example to take into account the expiry of your current insurance held elsewhere, please complete the start date box in section 1. Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance. **Cover cannot start between the 28**th & 31st inclusive, of any month.

Back dating cover

Bupa Global will only back date cover in exceptional circumstances such as, but not limited to:

- o Taking into account the expiry date of your current insurance held. Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance
- o If any application has been confirmed as received by Bupa Global and since been misplaced in our offices
- o For employees who are new joiners to your company have received an application form, but are eligible to join from their first date of employment. A copy of their employment contract will be required with their application form

Underwriting terms and their requirements

Bupa Global offer three different underwriting terms (for more information please refer to section 6). You should have agreed the underwriting terms with your sales advisor or intermediary before completing this form. If you have any doubts as to the agreed terms, please contact your sales advisor or intermediary before completion of the form.

Intermediaries

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global requires 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.

Checklist - please make sure:	
You have completed section 1 – 8	\bigcirc
You have read and understood the privacy notice in section 9	\bigcirc
You have signed the declaration in section 9	\bigcirc
You have attached the documents as per the KYC requirements	\bigcirc
You have attached employee application forms if applying for FMU or CPME terms	\bigcirc
You have provided a membership census for MHD terms	\bigcirc
If you are an intermediary, you have completed section 10	\bigcirc
Incomplete forms may delay the set up of your group.	

1	Insured company details
f	son applying on behalf of the Sponsor: This is the person who will sign this application form on behalf of the company. The Sponsor is the company, or individual with whom we have entered into an agreement to provide you with cover under the plan. 't date: It is important that you read the 'Start date' section on page 2.
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	iding name (if different)
	gistered address
	wn/City Postcode
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	ephone Fax
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	art date (cannot be between 28th and 31st inclusive)

The Group Secretary is the person who will administer the policy on behalf of the company. Please provide the details below. Group Secretary name Group Secretary position Address details if different from above Address Town/City Postcode Fax Email

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In addition, we may deal with any person such as a director, partner, senior manager or decision maker who is authorised to represent the company. Please provide these details below if this applies.

Group contact details (continued)

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Choose your cover options

Please choose the plan(s) that you wish to purchase.

If you have any questions or queries on the cover or benefits under any plan please contact your sales advisor or intermediary.

Choose Plan	Choose Co-insurance	Choose Optical & Dental	Choose U.S. cover
Business Select Health Plan	Not available	$\bigcirc \bigcirc$	♥ N
Business Premier Health Plan	○ 0% ○ 15% ○ 25%	$\bigcirc \mathbb{N}$	♡ N
Business Elite Health Plan	○ 0% ○ 15% ○ 25%	\bigcirc \bigcirc	♥ N



Underwriting options

The three underwriting terms available are:

Full Medical Underwriting (FMU)

All employees must complete individual employee applications. Unless a pre-existing condition or related condition is fully disclosed on our application form and we have not expressly excluded it, benefit will not be payable. Any specific exclusion(s) will be detailed on the insurance certificate issued in our member welcome pack.

Continued Personal Medical Exclusions (CPME)

Continued personal medical exclusions is where underwriting terms from your previous insurer are carried over to you Bupa Global Plan. In order to transfer your employees on a CPME basis from their previous insurer we require copies of their previous insurance certificate. CPME transfers are only available if your scheme is on a medically underwritten or moratorium underwritten basis. The certificate should be the last insurance certificate issued and confirm the following information: Employee's first and surname, their date of birth, gender and home address. The same information is required for any dependants. The certificate must confirm the medical exclusions (if any) that are applicable to each person or the commencement date of the previous moratorium. Please include the employee's 'Employee application form' along with previous insurer's certificates. These must confirm the medical exclusions that are applicable to each person or the commencement date of the previous scheme.

Medical History Disregarded (MHD)

All employees must join as soon as they are eligible. This also applies to new employees that are added after the start date of the group contract. Please include a full membership census (first name, surname, date of birth, gender, location, nationality, occupation and level of cover) of all eligible employees and dependants to be covered. Employees or dependants aged 70 and over are not eligible for MHD cover.

Please note that you can only choose one set of underwriting terms.

FMU - Full medical underwriting A fully completed application form for each person to be covered under this plan must be submitted with this application	
CPME - Continued personal medical exclusions A fully completed application form for each person to be covered under this plan, along with their previous insurance certificate must be submitted with this application	
MHD - Medical history disregarded	

If applying for Medical History Disregarded (MHD), these terms must be agreed by our underwriters prior to acceptance if any of the MHD questions are answered 'yes'. This also applies to future additions to your plan.

If you are applying for MHD terms, please answer the following questions: Are you aware if any person to be covered under the policy has a history of the following:		If yes, how many of your employees
Heart conditions or strokes?	(Y) (N)	
Any type of cancer, including benign brain tumours?	(Y) (N)	
Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment?	YN	

Administration & documents

All group documents will be addressed to the Group Secretary.

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Your application declaration

Privacy Notice

Last updated: March 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. 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" mean 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).

4. What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety , or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We would, on occasion, like to keep you informed of our products and services which we consider may be of interest to you.

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

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

6. Profiling and automated decision making

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

7. Sharing your information

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

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. We are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

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Your application declaration (continued)

Important information

I hereby apply on behalf of the company named in section 1, for a Company Group plan. I declare that I have the authority to sign this form on behalf of the company named in section 1, and have the authority to enter the same company into this contract.

I agree that the Rules of the Company Group plan will be binding on the company named in section 1. I declare that all main members to be included in this plan are employees of the company, who are eligible to join the plan and that they and any eligible dependants do not contribute to the cost of the plan, which is borne by the employer.

I declare that to the best of my knowledge and belief the information given in this form is true and complete. I understand that providing false or misleading information may invalidate the insurance and prevent claims from being paid for the group member. Bupa reserves the right, in such circumstances, to lapse a group member's policy and/or the Company Group plan (where appropriate) and to take all and any such action as may be deemed necessary to recover any losses suffered as a result. If any misrepresentation and/or fraudulent activity is suspected, Bupa also reserves the right to take all and any further action as may be deemed necessary and to share such information (where appropriate) with other insurers. I have brought these matters to the individual or group member's attention.

I confirm I have the prior and express consent of all persons to be covered pursuant to this application form, to submit this application on their behalf.

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

Print full name	AUTHORISED SIGNATORY	DATE	
Print full name		D D M M Y Y Y	(
	Print full name		

10	Intermediary	only
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Please ensure up to date KYC documents have been provided for the applicant and dependants (aged over 16) where applicable. If clarity is needed on what documents are required; please contact Broker Services on +44 (0) 1273 718 314. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

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.

Solicited (promoted) Sale.	Tick the	box if	this is	a So	licited Sa	ale.

Unsolicited Sale - I hereby confirm that we 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					
Print name						

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

Bupa Global Designated Activity Company (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 VIW6.

Notes

Notes

Notes

General services:

+44 (0) 1273 323 563

Medical related enquiries:

+44 (0) 1273 333 911

Your calls will 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

bupaglobal.com

Bupa Global is a trading name of **Bupa Global** Designated Activity Company (**Bupa Global** DAC), Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 V1W6.