

GROUP SECRETARY APPLICATION FOR BUSINESS HEALTH PLANS

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

Bupa Global is the sole insurer of this plan.

Bupa Global is a trade name of Bupa, the international health and care company. Bupa is an independent licensee of Blue Cross and Blue Shield Association. Bupa Global is not licensed by Blue Cross and Blue Shield Association to sell Bupa Global/Blue Cross Blue Shield Global co-branded products in Argentina, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, Bupa Global is only licensed to use the Blue Shield marks. Please consult your policy terms and conditions for coverage availability. Blue Cross and Blue Shield Association is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Cross and Blue Shield Global is a brand owned by Blue Cross and Blue Shield Association. For more information about Blue Cross and Blue Shield Association, visit www.BCBS.com.

IMPORTANT INFORMATION

You can type directly into this form. 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 Health Plans are for businesses/companies, their employees 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.

Guidance Notes have been written next to each section to be completed to help you understand the information we are requesting. If you have any queries relating to any section please contact your sales advisor or intermediary if using one.

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 28th & 31st of any month.

Back dating cover

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

- O If your have an existing health insurance, Bupa Global will accept a transfer within 30 days of the cancellation date of this insurance.
- For new employees that are eligible to join from their first date of employment. A copy of their employment contract will be required with their application form.
- O If any employee application form has been confirmed as received by Bupa Global and since been misplaced in our offices.

Underwriting terms and their requirements

Bupa Global offer three different underwriting terms. 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 completing this form.

Intermediaries

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global require your consent to make payment to 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, your consent to make payment of 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.

Person 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, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.

Registered number: If you are a PLC, limited company or a LLP you will have a registered number. For any other business entity, such as a partnership or a sole trader evidence of your status, such as your letterhead should be submitted with this form. Please provide a company registration document and utility bill with this application.

Type of business, i.e. accountants, manufacturer of car parts.

Start Date: It is important that you read the 'Start Date' section on page 1.

Company name																		
Trading name (if different)																		
Registered number																		
Registered address line																		
Town/City										Post o	:ode/	zip c	code					
Country																		
Telephone										Fax								
Email address																		
Type of business																		
Start date (cannot be between 28th an	d 31st inclusive)	D	D	Μ	М	Y	Y	Y	Y									

GROUP CONTACT DETAILS

The Group Secretary is the person who will administer the policy on behalf of the company. Please	e provide the details below.
Group secretary name	
Group secretary position	
Address details if different from above	
Address Line 2	
Town/city	Postcode
Country	
Telephone	
Email	

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GROUP CONTACT DETAILS (continued)

addition, we may deal lease provide these det		• •			ecto	r, pai	ther,	Serin		er Or		IIId		viio				repr	esen		у.
Full name																					\perp
Company position									<u> </u>												
Address details if differe	nt fro	m abo	ove																		
Address line 2																					
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OTHER MEDICAL INSURANCE PLANS

If you have a curre	nt or	prev	vious	s me	dica	l ins	uran	ice p	polic	y tic	k he	ere	C															
lf yes, please provi	de th	e fo	llowi	ng i	nfor	mati	ion (refe	r to	the	poli	cy d	ocur	nent	s iss	ued	by t	he ir	nsur	er as	req	uireo	d)					
Name of Insurer	Name of Insurer																											
Plan name																												
Policy number																												
Current/ongoing	\bigcirc		Rer	newa	al da	te o	f the	pla	n	D	D	Μ	М	Y	Y	Y	Y											
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CHOOSE YOUR COVER OPTIONS

Please choose the health plan(s) that you wish to purchase. If you have any questions on the cover or benefits for any health plan, contact your sales advisor or intermediary

Choose Health Plan	Choose Deductible	Choose Optical & Dental	Choose Maternity	Choose U.S. cover
O Business Health Select Plan	<pre> £0</pre>	$\bigotimes \bigotimes$	$\bigotimes \bigotimes$	$\bigcirc \bigcirc$
Business Health Premier Plan	<pre> £0 £250 / \$390 / €325 £500 / \$780 / €650 £1,000 / \$1,550 / €1,300</pre>	$\bigotimes \mathbb{N}$	$\bigotimes \bigotimes$	$\bigotimes \bigotimes$
Business Health Elite Plan	<pre> £0</pre>	\odot \mathbb{N}	$\bigotimes \bigotimes$	\bigcirc \bigcirc
O Business Health Ultimate Plan	€0 £500 / \$780 / €650 €1,000 / \$1,550 / €1,300 £2,000 / \$3,100 / €2,600	✓ Included	$\bigotimes \mathbb{N}$	$\bigotimes \mathbb{N}$

The three underwriting terms available are:

Full Medical Underwriting (FMU)

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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 your 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.

Medical History Disregarded (MHD)

As the Sponsor of this company plan you must answer the health questions at the bottom of this section. 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	0
CPME – Continued personal medical exclusions Please complete the section below and provide a membership census along with their previous insurance certificates	\bigcirc
MHD – Medical history disregarded Please complete the section below and provide a membership census	0

If applying for CPME or MHD, these terms must be agreed by our underwriters prior to acceptance if any of the questions are answered 'yes'.

Note: This also applies to future additions to your plan if MHD is selected.

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?	\bigcirc \bigcirc	
Any type of cancer, including benign brain tumours?	$\bigcirc \mathbb{N}$	
Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment?	$\bigcirc \bigcirc \bigcirc$	

ADMINISTRATION & DOCUMENTS

All group documents will be addressed to the Group Secretary.

GROUP DOCUMENTS: Su	uch as your contract	t and billing, including invoice	es, statements and credit notes.	
Group Secretary	e-docs	post	🔘 both	
Intermediary	n/a	post	n/a	
Please note group documents of	can only be sent to one re	cipient, either the group secretary or	intermediary.	
their full address details.	For access to e-doc	2 .	l directly to your employees if we have to use MembersWorld; our online secur ion like their claims history.	ſe
Group Secretary	n/a	post	n/a	
Intermediary	n/a	post	n/a	
Member	e-docs	post) both	
Please note membership docur	nents can only be sent to	one recipient, either the group secret	ary, the intermediary or the member.	

ADMINISTRATION & DOCUMENTS (continued)

Position in the Company				
Name				
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mail				
PAYMENT DETAILS				
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elect your method of payment	Direct Debi		Credit card	Cheque/Bank transfer
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Address line 2				
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Country				

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The Direct Debit Guarantee

DIRECT

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 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.

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.

Privacy Notice Last updated: May 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).

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 on the basis that it is necessary so we can perform a contract, for our or others' legitimate merests 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. 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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YOUR DECLARATION

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 understand that any personal information provided under this Company Group plan will be processed by Bupa Global for the purposes set out in Bupa Global's privacy notice. I confirm I have brought Bupa Global's privacy notice to the attention of those covered under the Company Group plan. Where applicable, I hereby consent to your payment of the fees to my intermediary as described in this application.

CHECKLIST - PLEASE MAKE SURE:

Y	'ou have	completed	section 1 - 8	3
Y	ou have	completed	section 1 –	٤

You have signed the declaration in section 9

O You have attached the documents as per the KYC requirements

- O You have attached employee application forms if applying for FMU (Full Medical Underwriting) or copies of the previous insurance certificate if applying for CPME terms (Continued Personal Medical Exclusions)
- You have provided a membership census for MHD terms (Medical History Disregarded)

O If you are an intermediary, please complete section 10

Incomplete forms may delay the set up of your group.

AUTHORISED SIGNATOR	Y* (Please note that the signature is the co company that can legally enter into agr	ontact within the reement with Bupa)	DATE							
			D	D	Μ	Μ	Y	Y	Y	Y
Print name										

INTERMEDIARY ONLY

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Intermediary name																										
Intermediary ID																										
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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.