

GLOBAL HEALTH PLANS

JOINING AND MANAGING YOUR PLAN

Bupa Global is a trade name of Bupa, the international health and care company. Bupa is an independent licensee of BCBSA. Bupa Global is not licensed by BCBSA to sell Bupa Global/BCBS 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. BCBSA is an association of independent, community-based and locally operated member companies. Blue Shield Global is a brand owned by BCBSA. For more information about Bupa Global, visit bupaglobalaccess.com, and for more information about BCBSA, visit www.BCBS.com.

FOR NEW CUSTOMERS WISHING TO APPLY FOR A POLICY

Please use this form to tell us about your medical history and the medical history of anyone else you want to add to your cover (dependant). We need this information to confirm your cover, process future claims and pay for treatment.

As the policy you are applying for is fully medical underwritten, any symptoms or medical conditions that you or any of your dependants had before the start date may not be covered.

You must tell us if you or any dependant to be covered under the policy experience any symptoms between the time you complete this application form and when the policy is issued. This may be different from the requested policy start date on this form. If you do not provide this information your (and your dependants') cover may be affected.

Please provide complete and accurate information. Without it, we may be unable to pay all or part of a claim or need to treat your (and your dependants') policy as if it had not existed.

Start at section 2 and complete all sections after that. Once completed you can send your application to your sales representative or send it by post to Bupa Global, Bupa (Asia) Limited Customer Service, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please ask your intermediary to complete section 12, if you have one.

FOR EXISTING CUSTOMERS WISHING TO MAKE A CHANGE TO THEIR POLICY

Please use this form to make changes to your policy.

To add dependants: complete sections











To change your address or contact details:

Log into our secure website: https://membersworld.bupaglobal.com

Email us at ultimate.hk@bupaglobal.com

Call us: +852 2531 8571

Remember to quote your membership number when you get in touch with us.

Once completed you can send your application to your sales representative or send it by post to Bupa Global, Bupa (Asia) Limited Customer Service, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please ask your intermediary to complete section 12, if you have one.

HOW TO COMPLETE THIS FORM - ALL NEW AND EXISTING CUSTOMERS

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

If you need more space to answer any of the questions, you can use the notes page at the end.

Remember to sign and date the form and check you've completed all relevant sections fully before you return it to us.

If you have any questions, please call us on +852 2531 8571, and we'll be happy to help.

Main applicant's	mei	nbe	ersh	ip r	numk	oer		BI	_]_					_														
Title				Ī		T							l]	Ma	ale			Fei	male		$\overline{\bigcirc}$		Da	ite o	f bir	th	D	D	М	М	Y	Y	Y
First name				<u></u>		<u> </u>]																		<u></u>	<u> </u>	
Family name				L		<u> </u> 																								<u></u>	<u></u>		
	ر را د د:	حا ء			./																									$\frac{\perp}{\Box}$	<u></u>		
Phone/mobile (inciu	ae (coul	ntry	y/are	a c	ode	?)						<u></u>																<u></u>	<u>_</u>		
Email				<u></u>	<u></u>												L	L							 				L	<u></u>			
When would yo (this cannot be														ve f	rom		D	D	Μ	М	Υ	Υ	Υ	Υ									
YOUR P	ER:	so	NA	٩L	DE	ET.	AIL	_S	- 1	O E	3E (OM	1PL	ETE	D E	BY N	EW	CU	STC	ME	RS	ONL	Y.										
The date you wa	ant y	our	COV	/er	to st	art	(thi	is ca	ann	ot b	e on	or k	oetw	veen	the]								
28th and 31st of	any	mo															D	D	М	М	Υ	Υ	Υ	Υ									
Your personal d	letai	S				Т]									[_	_		_	
Title				<u></u>	<u> </u>	<u> </u>	<u> </u>							Ma	ile ——		$\frac{\mathbb{D}}{\mathbb{D}}$	Fer	male)			Da	ite o	f bir	th	D	D	М	М	Υ	Y	Y
First name					<u> </u>		4							Ļ	Ļ		_	Mic	ddle	nam	ie									Ļ	L	L	
Family name															L															L			
Nationality																		1st	Lan	guag	je												
Occupation																																	
Your contact de	tails																																
Phone/mobile (inclu	de (cou	ntry	y/are	a c	code	()																									
Email																																	
Residency addr	ess (you	ır pe	erm	nanei	nt (or u	sual	ad	dres	s in	the	coui	ntry	whe	ere y	ou ar	re re	side	nt, o	n th	e da	/ yo	u w	ould	like	the	poli	cy to	o sta	rt)		
Flat / Room									Flo	or									Blo	ck													
Bldg. / Mansion	/ Ho	use	9																														
Court / Estate /	Stre	et																															
District						Ì									Ī																		
HK / KLN / NT						T													Со	untr	У												
Correspondenc																																	
(where member	ship	doc	cum	ent	s car	nno	t ea				to y	ou a	at yo	ur re	eside	ency	addı	ress,			upp	y an	alte	ernat	ive a	addr	ess t	to w	hich	they	/ ma	y be	sen
Flat / Room						<u> </u>	<u> </u>		Flo	or				<u></u>	<u>_</u>		<u></u>	L	Blo	ck									<u>_</u>	Ļ	<u></u>	<u></u>	
Bldg. / Mansion	/ Ho	use)			<u> </u>	<u> </u>							<u></u>	<u></u>			L											<u></u>	<u>L</u>	_		
Court / Estate /	Stre	et													L			L												Ļ	L		L
District	T							T																									

		1																g her				_				 	
Γitle			Ма	ile		0	Fe	male				1st	langu	age										L	L		
First name																Mid	dle na	ame									
amily name																											
Date of birth	D	D	М	М	Υ	Υ	Υ	Υ	Col	untry	of of	nati	onality	/													
Country of resid	lenc	Э													Rela	tion	ship	to yo	ı								
Email																											
Phone/Mobile																											
Have you had a	pre	viou	s po	licy	with	Bup	oa?	Y)(If y	es, ı	memb	ersl	nip n	umk	er										
			.,				F	,																_	_		
Title			Ма	ile		\subseteq	Fei	male		\subseteq		İst	langu	age									<u></u>	L	L	_	
First name																Mid	dle na	ame									
amily name																											
Date of birth	D	D	М	М	Υ	Υ	Υ	Υ	Cou	untry	of of	nati	onality	/													
Country of resid	lenc	Су													Rela	tion	ship	to yo	ı								
Email																											
Phone/Mobile																											
Have you had a	pre	viou	s po	licy	with	Bup	oa?	Y)(If y	es, ı	memb	ersl	nip n	umk	er										
																											_
Title			Ма	ile		0	Fe	male				1st	langu	age										L	L		
First name																Mid	dle na	ame							L		
amily name																											
Date of birth	D	D	М	М	Υ	Υ	Υ	Υ	Cou	untry	of	nati	onality	/													
Country of resid	lenc	у													Rela	tion	ship	to yo	ı								
Email																											
Phone/Mobile																											

Title																														
First name							T	T]				7	Middle	nam	ne		\exists								\exists	十	$\frac{\perp}{\parallel}$	
				<u> </u>		$\frac{\perp}{1}$	$\frac{\perp}{1}$	<u> </u>	$\frac{\perp}{\parallel}$	 	<u></u>			\exists					$\frac{\perp}{1}$								$\frac{1}{1}$	$\frac{\perp}{1}$	<u> </u>	_
ate of birth	D	D	М	М	V	V		<u> </u>	Countr	TV of	f nati	onal	ity						<u> </u>								<u></u>	<u> </u>	井	<u> </u>
ountry of resi			l'i			<u>'</u>				y 01	Hau	Ullan		Pols	ationshi	n +0			$\frac{\perp}{\exists}$	<u> </u>							<u></u>	$\frac{\perp}{\exists}$	#	井
mail	Jene	.у		<u> </u>	$\frac{\perp}{\parallel}$	<u> </u>	$\frac{\perp}{1}$	<u> </u>	<u> </u>		<u> </u>			Keic	duonam	p to	you		$\frac{\perp}{\parallel}$								<u></u>	$\frac{\perp}{\exists}$	$\frac{\perp}{\perp}$	<u> </u>
hone/Mobile				\exists			$\frac{\perp}{1}$	$\frac{\perp}{\perp}$	 					<u> </u>					1									$\frac{\perp}{1}$	\pm	<u> </u>
ave you had a	nre	viou	s nol	licy I	with	Rupa	a?	(Y)	(N)	lf,	Ves. I	mem	hers	hin r	number				$\frac{\perp}{1}$								$\frac{\perp}{1}$	\pm	$\frac{\perp}{\parallel}$	\pm
HOW YOU'D LIKE TO MANAGE YOUR POLICY - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS 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 Dependant Dependant Dependant A Dependant Dependant Dependant Dependant Dependant																														
						Ma	in ap	plica	ant	Depe		nt	I	Оер		ant		Dep		lant		De	•	ant						
ttps://membe	rswo	orld.	bupa	glol	bal.c	om.	_			viev	N					(\bigcirc			(\bigcirc				0				\bigcirc	
We will email y	https://membersworld.bupaglobal.com. We will email you when new documents are available to view To receive your documents by post																													
nttps://membe We will email y	ou w	orld. when	bupa new	aglob doc	bal.c cume	om. ents a	are a	availa	ble to			STIN	IG A	ND	NEW	(CUS	— том	1ER	S	(
MEDICA This section asl f you are an exdependants') helease tick yes f you do not po	L H cs fo cistin caltr or no	orld. Vhen Cume UIST or hea ng cu h. oo to	OR\ altha every	Y - and runer u	TO I medi	BE Coical control	CON deta	MPLE ils, pa	eTED ast and ver you erson.	BY I pre	EXIS esent ust co	abo ompl	out yo lete t	ourse his s a que	elf and e section estion,	each in ful pleas	depe Il so t se giv	enda that ve fu	nt n we h	iave tails	an i	up to secti	o da on 6	te re						
MEDICA This section asl f you are an exdependants') helease tick yes f you do not pland conditions you must also tomplete this a	L H As foo istin ealth or no rovid of ye ell u pplid	orld. when under head go cube. o to de us our purchases improved in the control of the contro	OR' alth a stom every every median for for	Y - and I quality quantity qua	TO I medial pgradustical details and the state of the sta	BE Cocical cocical confidence on formatile would be confidence on the confiden	CON deta g you r eve we m	MPLE ils, pa ur cov ery pe nay te	erson.	BY I preduce the preduce of the pred	EXIS esentust co ou tic	abo ompl ck ye cover	out yould be to a contract of the coverage of	ourse his s a que may	elf and e section estion, y stop u	each in ful pleas us fro	depe II so t se giv om pa polic	enda that ve fu aying y ex	nt n we h Il de g you	tails ur cl	an of	up to secti s and r syr	o da on 6 d/or npto	te re	se us betv	s to i	revie	ew th	ne ter	ms
MEDICA This section asl f you are an exclependants') h Please tick yes f you do not pound conditions you must also to the property of the section and conditions from must also to the property of the section and conditions for any of the section and conditions.	L H ss fo cistin ealth or no rovid of you dilition	IIST or heading cume this improve the court process in the court proc	bupaa new ents k ents k ents k ents k every every media for	Y - and runner under the state of the state	TO I media in the state of the	BE Coical coical control of the coical contr	CON deta g you r eve mor an ate t	MPLE ills, pa ills, pa ery pr nay te	erson. ermina ditiona olicy st	BY I pre u mu If you the your life you like you	EXIS esentust co ou tic cour c	abo ompl ck ye cover to b lure t	es to a r or it re cov	ourse his s a que may verec o so r	estion estion, y stop u d under may als	each in ful pleas us fro	depe II so t se giv om pa polic	enda that ve fu aying y ex	nt n we h Il de g you	tails ur cl	an of	up to secti s and r syr	o da on 6 d/or npto	te re	se us betv	s to i	revie	ew th	ne ter	ms
MEDICA This section ask f you are an ex dependants') h Please tick yes f you do not pr and conditions You must also t complete this a erms and cond For any of the l you or anyone o Seen a doc	L H As foo istin or no rovid of year cell u pplication medito be ttor, t ttted	vhen IIST r head go cu h. oo to de us our possis im catic de cov thera to he	bupaa new ents k ents k ents k ents k every s with coolicy medi on four condivered apist ospitt	Y - and rung que in full to the full to th	TO I mediapgradustic I detail this is consumed and and and and and and and and and an	BE Coical coical control on formalis wou on the date of the plan all tant in opposite on the control of the plan of the control of the plan of the pla	CON deta gyour every market to be low has tin the rest	APLE ils, pa ur cov ery pe nay te the pe w (qu : the la tion o	erson. ermina ditiona olicy st estion	BY I preduce multiple transfer so 1-1:	EXIS esent ou tid our cour cour cours. Fai 3), p ears re,	: abo ompl ck ye cover to b lure t	uut yo lete t es to a r or it ee cov tto do	ourse his s a que may verec o so r	estion estion, y stop u d under may als	each in ful pleas us fro	depe II so t se giv om pa polic	enda that ve fu aying y ex	nt n we h Il de g you	tails ur cl	an of	up to secti s and r syr	o da on 6 d/or npto	te re	se us betv	s to i	revie	ew th	ne ter	ms
MEDICA This section asl f you are an ex dependants') h Please tick yes f you do not pr and conditions You must also t complete this a derms and cond For any of the l you or anyone Seen a doc b Been admi or had an i	L H As fo cistin ci	vhen IIST or head go cut h. o to de us our passim catical calcal to hattigat ders	ents be a late a	Y - agloby doco y doco y po y qu n full y, iatel; rr pol ition d by or c cal, h (e.g.	TO I media portion in the consumer of the cons	BE Codical coding on formalis worked by plan ultrant nopan/b	CON deta g you r eve we m pr an ate t pelov has t in t pelov ressi	MPLE ils, pa ur cov ery pr nay te my add the po w (qu : the la tion o d test ure, h	erson. ermina ditiona olicy st estion st thre r proc s) in th	BY I pre- u mu If you te you tarts s 1-1: see yee edui ne la	esent ust co ou tid our c erson s. Fai (3), p ears re, ast fiv	: aboomplick ye cover to blure	uut yo lete t es to a r or it ee cov tto do	ourse his s a que may verec o so r	estion estion, y stop u d under may als	each in ful pleas us fro	depe II so t se giv om pa polic	enda that ve fu aying y ex	nt n we h Il de g you	tails ur cl	an of	up to secti s and r syr	o da on 6 d/or npto	te re	se us betv	s to i	revie	ew th	ne ter	ms
MEDICA This section asl f you are an ex- dependants') h Please tick yes f you do not pr and conditions You must also the complete this are the you or anyone so Seen a door Been admits'	L H Ass fo Cistin C	ume cume cume cume cume cume cume cume c	bupaa new ents k alth a stom every gwith oolicy medi on for your condi vered apist ospittion (e.g. l , varia) dis	Y - and I an	TO I media upgradustic la detail licy. In solution and a a scale eveir ers eers eers eers eers eers eers ee	BE Codical conditions on formalis worked by plan formalistant of the plan formal code of the plan form	condeta gyour every more and a tent to be low has the in the rate to be low ressured by the condetation of t	MPLE ils, pa ur cov ery po nay te the po w (qu : the la tion o d test ure, he p vei	erson. ermina ditionablicy st estion st three r proces s) in th igh ch n thro	BY I preduce the produce of the prod	esent ust co ou tic rour c erson s. Fai 33), p ears re, east fiv sterolosis	aboomple to be lure to	uut yo lete t es to a r or it ee cov tto do	ourse his s a que may verec o so r	estion estion, y stop u d under may als	each in ful pleas us fro	depe II so t se giv om pa polic	enda that ve fu aying y ex	nt n we h Il de g you	tails ur cl	an of	up to secti s and r syr	o da on 6 d/or npto	te re	se us betv	s to i	revie	ew th	ne ter	ms



MEDICAL HISTORY - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS (CONTINUED)

4. Stomach, intestines, liver or gall bladder problems e.g. stomaculcers, irritable bowel, Crohn's disease, colitis, change in bowel hapain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis or hernias	bits, abdominal	(V)	(V)		(V) (N)	(V) (N)
5. Benign tumours, growths or pre-cancerous conditions e.g. polygrowths, non-cystic breast lump, fibrocystic breast disease, lipoma		\bigcirc	(V) (N)		\bigcirc	\bigcirc
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, o itch or bleed or allergic conditions	cysts, moles that	\bigcirc \bigcirc	(V) (N)	\bigcirc	V N	\bigcirc \bigcirc
7. Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (i sciatica and shingles), Parkinson's disease, motor neurone disease encephalitis or meningitis	~	(Y) (N)	(Y) (N)			(1) (N)
8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shou cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	lder problems,	YN	YN	YN	(Y) (N)	VN
9a. Female urinary or reproductive system problems e.g. kidney of problem (including kidney failure), recurrent urinary infection, incocysts, polycystic ovaries, pelvic inflammation, cervical disease, end dysmenorrhoea, irregular menstruation, fibroids, breast disease or	ontinence, ovarian dometriosis,		(V)		(V) (N)	(1)
9b. Male urinary or reproductive system problems e.g. kidney or (including kidney failure), recurrent urinary infection, benign prost or enlarged prostate or infertility		VN	YN	VN	(V) (N)	(V) (N)
10. Blood/infective/immune disorders e.g. abnormal blood tests, HIV, malaria or any autoimmune disorder	anaemia, hepatitis,	(Y) (N)	(Y) (N)	(Y) (N)	YN	YN
11. Eye, ear, nose and throat problems e.g. cataracts, glaucoma, vi detached retina, macular degeneration, deafness, ear infections, gnasal septum, tonsillitis, gingivitis.		YN	YN	YN	$\bigcirc \bigcirc$	V N
12. Mental health disorders e.g. schizophrenia, bipolar, compulsive disorders, depression, stress, anxiety or drug/alcohol dependency paranoia, ADHD		YN	YN	YN	(V) (N)	VN
13. Congenital/Hereditary conditions e.g. Downs syndrome, spina fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Hdisease, thalassemia, hemochromatosis		YN	YN	YN	(V) (N)	YN
Please also answer the following questions:						
14. Is anyone to be covered taking any medication, prescribed or	otherwise?	(V) (N)	(V) (N)	(Y) (N)	(Y) (N)	(Y) (N)
15. Does anyone to be covered currently have, or ever had:						
o Cancer		(V) (N)	(V)(V)	(V) (N)	$\bigcirc \bigcirc$	$\bigcirc \bigcirc$
 Heart condition e.g. angina, heart attack, heart failure, abnorn 	nal heartbeat	(V) (N)	(V) (N)	(Y) (N)	$\bigcirc \bigcirc$	(Y) (N)
o Stroke		(Y) (N)	(Y) (N)	(Y) (N)	YN	YN
 Prosthetic implants and appliances in their body e.g. shunts, p joint replacements 	oacemakers,	\bigcirc	\bigcirc	\bigcirc	YN	\bigcirc
16. Is anyone to be covered receiving any treatment of any kind or require or expect to require any review, investigations or treat current or past medical problem not already mentioned in quest	~	YN	YN	♡ N	$\bigcirc \bigcirc$	(V) (N)
17. In the last 3 months has anyone to be covered experienced ar symptoms of any medical problem, illness, or injury not yet diag		Y N	Y N	(Y) (N)	(Y) (N)	(Y) (N)
Further details (for over 16s only):						
How tall are you? feet/inches metres	s/centimetres					
How much do you weigh? stones/pounds kilogra	ammes					



MEDICAL HISTORY: ADDITIONAL INFORMATION - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

This section applies if you, or anyone to be covered under this plan, have indicated Yes to any medical questions in section 5. If you are unsure whether any details are relevant, you must include them.

Please attach medical reports or test results relating to the medical conditions you have declared if these are available.

Is additional med	ical information included?	♡ N			
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)?
M					
1					
2					
3					
4					

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



ULTIMATE HEALTH PLAN

For more details of what is and is not covered please refer to the Membership Guide.

The Bupa Global Ultimate Health plan protects you and your family with a wealth of services. These include evacuation during non-medical emergencies such as natural disasters, suites at top hospitals, extensive maternity cover (after a period of 10 months) and unlimited access to scans, doctors, specialists and therapists.

We also care for your all-round health with complementary treatments and genetic cancer screening.

Children covered at no additional cost

With your Bupa Global Ultimate Health Plan up to two children, per paying parent, who are under 16 years of age, can be insured at no additional cost*. The child being added must reside at the same address as the parent who is insured and who has legal custody of the child.

*Any medical loadings following underwriting will be charged

YOUR PAYMENT DETAILS - TO BE COMPLETED BY METAILS - TO BE MADE BY A THIRD	
Your choice of currency for the policy and premium payments (please tick	one only):
How will you make your premium payments (please tick one only):	Quarterly Semi-Annually Annually
CARD PAYME	NT AUTHORITY
In order to take payments from your credit card, Bupa (Asia) Limited need	s to store your card details on file.
I give my consent to Bupa (Asia) Limited to store my below card deta	alls on file and using them to process payments.
Visa & Mastercard's terms and conditions require Bupa (Asia) Limited to ol is to enable us to take payments from you as agreed in your insurance con	tract, i.e.; subscriptions, deductibles and/or co-insurances. Please refer to
your membership documents for details of when payments will be taken a We will also request your consent to store your credit card information if y	
Your card will remain stored against your plan for transactional purposes ustore records of your transactions in accordance with our Privacy Notice.	ntil the card expires. For legal and regulatory purposes, we will continue to
If you do not want Bupa (Asia) Limited 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 (Asia) Limited , I authorise you until further notice in writing, to chimmediately if the card becomes lost, stolen or if I wish to close my card a	· · ·
(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.
Cardholder's name as it appears on the card	
Card number	
Valid from date M M M Y Y Y Expiry/end date M M	/ Y Y
CARDHOLDER'S SIGNATURE	DATE
	D D M M Y Y Y

OTHER M	EDIC	AL I	INS	UR <i>A</i>	ANC	CE I	PLA	NS	- 1	ГОЕ	BE C	:OM	PLE	TEI	O BY	' NE	W	CUS	STO	MEI	RS									
If you have a curred documents issued						ance	e poli	cy ti	ck he	ere ().	If ye	s, ple	ease	prov	/ide	the	follo	win	g inf	orm	atio	n. (F	Refer	r to t	he p	olic	У		
Name of Insurer																														
Plan name																														
Policy number																														
Current/ongoi	ng: Rer	newal	date	of th	e pla	ın	D	D N	1 1	1 Y	Υ	Υ	Υ		\bigcirc	Expi	red:	Cov	er e	xpir	y da	te	D	D	М	М	Υ	Υ	Υ	Υ

10

PRIVACY NOTICE

Bupa (Asia) Limited

Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

- 1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.
- 1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.
- 1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").
- 1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

- 2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- 2.2 During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- 2.3 Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.
- 2.4 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

- 2.5 We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.
- 2.6 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.7 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

3. Purposes of Collection

- 3.1 Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
- (a) processing, assessing and determining any applications for insurance products and services;
- (b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
- (c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
- (d) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
- (e) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
- (f) performing any functions and activities related to the products and/ or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;
- (g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
- (h) providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
- (i) communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
- (j) operating, maintaining, evaluating, improving, troubleshooting

- problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
- (k) provision and design of products and services of the Company;
- (I) exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
- (m) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;
- (n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
- (o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
- (p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
- (q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
- (r) fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

- 4.1 Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:
- (a) any member and/or brand of the Group Companies;
- (b) any insurance adjusters, agents and brokers;
- (c) any re-insurance companies authorised by the Company;
- (d) employers (for members of corporate policy only);
- (e) healthcare professionals and hospitals;
- (f) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products:
- (g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
- (h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);
- (i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
- (j) financial institutions engaged by the Company or you for billing and payment purposes;
- (k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
- (I) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

- 4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.
- 4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

- 5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
- (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment. financial, and related services and products;
- (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
- (c) services and products offered by the Company's co-branding partners; and
- (d) donations and contributions for charitable and/or non-profit making purposes.
- 5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
- (a) any member and/or brand of the Group Companies;
- (b) third party service providers;
- (c) third party reward, loyalty, co-branding or privileges programme
- (d) co-branding partners of a member of the Group Companies; and
- (e) charitable or non-profit making organisations.
- 5.3 We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time
- 5.4 If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

6. Security and Retention

- 6.1 The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2 Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3 We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4 When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies").

PRIVACY NOTICE (CONTINUED)

The updated version of the Cookies Policy is available for download from our website: www.bupa.com.hk and is available upon request.

6.5 Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Data Access and Correction

- 7.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:
- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
- (b) require the Company to correct any personal information relating to you or the Member which is inaccurate:
- (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
- (d) request the Company to cease using your personal information for direct marketing purposes; and
- (e) change your preference in respect of our use of your personal information
- 7.2 Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Privacy Officer/ Customer Service Manager

- 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
- 8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- 9. For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at +852 2531 8571.
- 10. Nothing in this Notice shall limit the rights of customers under the Ordinance.
- 11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

Issued by Bupa (Asia) Limited

Our complaints procedure

If you have a concern or complaint you can call the Bupa Global service team on +852 2531 8571. Alternatively, you can email or write to the team via:

- Post: Bupa Global, Bupa (Asia) Limited, 6/F, Tower 2,
 The Quayside 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
- Email: ultimate.hk@bupaglobal.com



YOUR DECLARATION - TO BE COMPLETED BY EXISTING AND NEW CUSTOMERS

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 / We confirm that I / we have selected this insurance plan of my / our own free will. I / We further confirm that the product features of the [include name of health plan] Insurance Scheme ("this Scheme") were able to fulfil my / our medical protection needs, financial situation and premium affordability.

By signing this application form, I confirm that I have read and understood Bupa (Asia) Limited Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of any other person to be covered by this policy (or their guardians if applicable) and confirmed the understanding and agreement to it.

I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from www.bupa.com.hk.

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 Hong Kong law will apply to the policy.

I confirm that this application is made in Hong Kong and understand that this application must only be acted upon by persons in Hong Kong. Bupa (Asia) Limited does not offer or sell any insurance product in jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

I acknowledge that the Bupa (Asia) Limited Medical Insurance Contract should be governed by and construed in accordance with the laws of Hong Kong. Any disputes or differences arising out of or in connection with the Contract shall be referred to and determined by arbitration at the Hong Kong International Arbitration Centre and in accordance with its Domestic Arbitration Rules.

I also declare that I am in Hong Kong at the time of signing this application and have, at such time, presented to Bupa (Asia) Limited my current, complete and accurate immigration record and personal identification.

I agree that my policy shall terminate upon informing Bupa Global that I have become a permanent resident of the U.S. (or in the case of a dependant becoming a resident of the U.S., their cover under the policy shall terminate).

I understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Bupa (Asia) Limited, Bupa (Asia) Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said 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 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.

Fill in your form with complete up-to-date medical history before you sign and date it. We may ask you for a declaration of continued good health or to submit a new application form if:

- we do not receive this application form within six weeks of this declaration date, or,
- o the declaration date is more than six weeks before your cover start date

If any dispute arises as to the interpretation of this form as between language versions, then the English version shall be deemed to be conclusive and take precedence over any other version.

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.

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies (such as Bupa Global) and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled "Use of Personal Information in Direct Marketing" in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I/we understand that I/we have the right to request Bupa to cease using my/our personal data for direct marketing purposes by emailing service.hk@bupaglobal.com or calling the Bupa Global Customer Care helpdesk on 2531 8503. Tick the box below if I/we wish to receive such direct marketing communications.

By checking this box, I/we wish my/our personal information to be used and disclosed by Bupa related to direct marketing purposes as set out above and in accordance with the Statement.

I sign this application form confirming that its contents are accurate and true.

MAIN APPLICANT'S SIGNATURE	DATE								M
	D	D	М	М	Y	Y	Y	Υ	
Print name									

Please ensure up-to- applicable. If you nee accurate documents,	d inform	ation a	bout wh	nich do	cumen	ts are i	equi									_		•
Intermediary name																		
Intermediary ID																		
In case of unsolicited cross-border basis, w		•		•								lth in	sura	nce c	contra	acts -	- incl	ud

INTERMEDIARY	Y'S	SIC	GN.	ΑT	URI	Ε					D	ATE							
												D	D	М	М	Υ	Υ	Υ	Y
Print name																			

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

NOTES