



BUSINESS HEALTH PLANS GROUP APPLICATION FORM

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, an association of independent, community-based and locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by Blue Cross and Blue Shield Association. Some limitations apply. For more information about Bupa Global, visit bupaglobalaccess.com, and for more information about Blue Cross and Blue Shield Association, visit www.BCBS.com

IMPORTANT INFORMATION

You can type directly into this form, you can also write clearly in block capitals using black ink. Once completed, you can send your form and supporting documents to:

- ☐ your sales advisor or intermediary, or
- ☐ by email to: brokereuro@bupa-intl.com, or
- ☐ by post to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

The form should be returned along with completed member applications or membership census. If you have any questions when completing this form call us on +44 (0) 1273 208 186.

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.

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:

- ☐ If you 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.
- ☐ 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.

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INSURED COMPANY DETAILS

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.

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

Start Date: It is important that you read the 'Start Date' section on page 2.

Company name																												
Trading name (if different)																												
Registered number																												
Registered address																												
Town/City																			Post code/zip code									
Country																												
Phone/mobile (include country/area code)																												
Email address																												
Type of business																												
Start date (cannot be between 28 and 31 of each month)	D	D	M	M	Y	Y	Y	Y	Number of employees to join now																			

2

GROUP CONTACT DETAILS

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																											
Town/city																			Postcode								
Country																											
Phone/mobile (include country/area code)																											
Email																											

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GROUP CONTACT DETAILS (continued)

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.

Full name	
Company position	
Address details if different from above	
Town/city	Postcode
Country	
Phone/mobile (include country/area code)	
Email	

Contacts as per above will be given access to our dedicated, secure online website **CorporateWorld**, allowing you to manage your group online.

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OTHER MEDICAL INSURANCE PLANS

If you have a current or previous medical insurance policy tick here ☐

If yes, please provide the following information (refer to the policy documents issued by the insurer as required)

Name of Insurer	
Plan name	
Policy number	
Current/ongoing <input type="checkbox"/>	Renewal date of the plan D D M M Y Y Y Y
Expired <input type="checkbox"/>	Cover expiry date D D M M 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 area of cover	Choose Dental & Optical **
<input type="radio"/> Business Select Health Plan	<input type="radio"/> None <input type="radio"/> €325 /£250 / \$390 <input type="radio"/> €650 /£500 / \$780 <input type="radio"/> €1,300 /£1,000 / \$1,550	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> Europe*	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Business Premier Health Plan	<input type="radio"/> None <input type="radio"/> €325 /£250 / \$390 <input type="radio"/> €650 /£500 / \$780 <input type="radio"/> €1,300 /£1,000 / \$1,550	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> Europe*	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Business Elite Health Plan	<input type="radio"/> None <input type="radio"/> €325 /£250 / \$390 <input type="radio"/> €650 /£500 / \$780 <input type="radio"/> €1,300 /£1,000 / \$1,550	<input type="radio"/> Worldwide <input type="radio"/> Worldwide excl U.S. <input type="radio"/> Europe*	<input type="radio"/> Y <input type="radio"/> N

* Includes the United Kingdom.

** The dental and optical benefits can only be purchased together as a single module.

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UNDERWRITING OPTIONS

The three underwriting terms available are:

Full Medical Underwriting (FMU)

All employees must complete individual employee application forms.

If you have a pre-existing condition, which is any symptom or medical condition that you had before the start date, you must tell us on the application form. The treatment for pre-existing conditions will generally not be covered. Any specific exclusion(s) will be included on the insurance certificate issued in the 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)

All employees must join the company health insurance as soon as they are permitted by their company. 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 employee application form for each person to be covered under this plan must be submitted with this application	<input type="radio"/>
CPME – Continued Personal Medical Exclusions A fully completed employee application form for each person to be covered under this plan, along with their previous insurance certificate must be submitted with this application	<input type="radio"/>
MHD – Medical History Disregarded Please complete the section below and provide a membership census	<input type="radio"/>

Need to know: If any of the below questions have been answered yes, MHD terms must be agreed and accepted by our underwriters before the policy starts. This also applies for future persons to be covered under the company health scheme.

Are you aware if any person to be covered under the policy has a history of the following:		If yes, how many members
Heart conditions or strokes?	<input type="radio"/> Y <input type="radio"/> N	
Any type of cancer, including benign brain tumours?	<input type="radio"/> Y <input type="radio"/> N	
Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment?	<input type="radio"/> Y <input type="radio"/> N	

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ADMINISTRATION & DOCUMENTS

Need to know: Group and Membership documents can ONLY be sent to one recipient.

GROUP DOCUMENTS

These are related to your contract and billing, including invoices, statements and credit notes. They will be addressed to the Group Secretary.

- ☐ Group Secretary ☐ e-docs ☐ post ☐ both
☐ Intermediary not available ☐ post not available

MEMBERSHIP DOCUMENTS

These are related to your employees' Health Plan, for example; welcome letter, insurance certificate, membership card.

- ☐ **Post:** we can post membership documents directly to your employees if we have their full address details.
☐ **Email (e-docs):** For access to e-docs your employees need to register for MembersWorld; our online secure website for members.

- ☐ Group Secretary not available ☐ post not available
☐ Intermediary not available ☐ post not available
☐ Member ☐ e-docs ☐ post ☐ both

ADMINISTRATION & DOCUMENTS (continued)

Please fill in the details below if additional group contacts wish to be given access to our dedicated, secure online website CorporateWorld, allowing them to manage the company health scheme online.

[illegible]

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PAYMENT DETAILS

Copies of invoices can also be downloaded from CorporateWorld

Select your choice of currency	GBP (£) <input type="radio"/>	USD (\$) <input type="radio"/>	EUR (€) <input type="radio"/>
Select your method of payment	Cheque/Bank transfer <input checked="" type="radio"/>		
How will you make your premium payments	Quarterly <input type="radio"/>	Annually <input type="radio"/>	

Invoices will automatically be sent to the Group Secretary address in section 2 unless otherwise stated.

Billing Address (Only needs to be completed if different to the Group Secretary or Company address).

[illegible]

*If different to the Group Secretary address please explain why.

Last updated: September 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, “we” “us” and “our” means the Bupa companies trading as Bupa Global. For details of these companies visit www.bupaglobal.com/legal-notice

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. Profiling and automated decision making

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

6. Sharing your information

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

7. International transfers

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

8. How long we keep your personal information

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

9. 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.

10. 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.

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 consent to your payment of the fees to my intermediary as described in this application.

CHECKLIST - PLEASE MAKE SURE:

- ☐ You have completed section 1 - 7
- ☐ You have signed the declaration in section 9
- ☐ You have attached the documents as per the KYC (Know Your Customer) requirements
- ☐ You have attached employee application forms if applying for FMU (Full Medical Underwriting)
- ☐ You have attached employee application forms along with copies of their previous insurance certificate if applying for CPME terms (Continued Personal Medical Exclusions)
- ☐ You have provided a membership census for MHD terms (Medical History Disregarded)
- ☐ If you are an intermediary, please complete section 10

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

AUTHORISED SIGNATORY* (Please note that the signature is the contact within the company that can legally enter into agreement with Bupa)

DATE _____

[illegible]

D	D	M	M	Y	Y	Y	Y
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Print name

[illegible]

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INTERMEDIARY ONLY

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

Intermediary name

[illegible]

Intermediary ID

[illegible]

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 sales representative.

- ☐ Solicited (promoted) Sale. Tick the box if this is a Solicited Sale
- ☐ 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 _____

[illegible]

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Print name

[illegible]

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

General services

+44 (0) 1273 323 563

Medical related questions

+44 (0) 1273 323 563

We may record or monitor your calls.

Bupa Global
Victory House
Trafalgar Place
Brighton BN1 4FY
United Kingdom