

Insured by

Administered by

sunday



Business Health Plans

Employee
Application form

From 1 April 2025
www.sundayinsurance.co.id

bupaglobal.com

PT Sunday Insurance Indonesia (Company Registration Number: 9120215252276) is the insurer and Bupa Global, the trading name of Bupa Insurance Services Limited, is the administrator of PT Sunday Insurance Indonesia health insurance plans in Indonesia. PT Sunday Insurance Indonesia is authorised and regulated by the Indonesia Financial Services Authority OJK (Otoritas Jasa Keuangan).

Important information


This form can be completed by the company administrator and/or the employee. Please note, the company administrator needs to complete section 1.

This application form is for employees and their eligible dependants who are applying to join a PT Sunday Insurance Indonesia and Bupa Global Business Health Plan or to amend their existing membership.

The start date will generally be the date on which your completed application form is received and accepted by a PT Sunday Insurance Indonesia and Bupa Global. If you require a different start date in the future please complete the start date box in section 1.

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 give this information you (and your dependants') cover may be affected.

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

Please note that  is for the employee and 1,2,3,4 is for dependants.

How to use this form

You can type directly into this form, or write clearly in block capitals using black ink. Once completed, return this form to your company's Group Administrator.

This form can be used for new customers wanting to join their company Business Health Plan and existing customers wanting to make changes to their policy. If you have any questions when completing this form, please contact your group administrator.

For new customers, please make sure:

- | | |
|---|-----------------------|
| Your Group Secretary has completed section 1 | <input type="radio"/> |
| The information in sections 3-7 is current and complete | <input type="radio"/> |
| You have read, signed and dated the declaration in section 10 | <input type="radio"/> |

For existing customers, please make sure:

- | | |
|--|-----------------------|
| Your Group Secretary has completed section 1 | <input type="radio"/> |
| The information you have given in section 2 is correct | <input type="radio"/> |
| You have completed the relevant section to reflect the amendment(s) required | <input type="radio"/> |
| You have read, signed and dated the declaration in section 10 | <input type="radio"/> |

To be completed by the Group Secretary

Plan information

* ASEAN (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand, Vietnam). Excluding Singapore and Hong Kong.
 ** Dental & Optical benefits must be purchased together

[illegible]

2

Main applicant: Membership details

M

Bupa Global membership number BI - - -

(to be completed if you are an existing member)

3

Main applicant details

M

If you have previously had a policy with Bupa, please provide the membership number

Your personal details

Title	<input type="text"/>	Male	<input type="radio"/>	Female	<input type="radio"/>	Date of birth	D	D	M	M	Y	Y	Y	Y
First name	<input type="text"/>	Middle name	<input type="text"/>											
Family name	<input type="text"/>													
Nationality	<input type="text"/>	Language	<input type="text"/>											

Your contact details

Email	<input type="text"/>
Phone/mobile (include country/area code)	<input type="text"/>

Residency address (your permanent or usual address in the country where you are a resident, on the day you would like the policy to start)

Address	<input type="text"/>																							
	<input type="text"/>																							
Town/city	<input type="text"/>																							
County/region	<input type="text"/>																							
Postal/zip/area code	<input type="text"/>	Country	<input type="text"/>																					

Correspondence address (if your correspondence and residency address are the same please tick here ☐)

Address	<input type="text"/>																							
	<input type="text"/>																							
Town/city	<input type="text"/>																							
County/region	<input type="text"/>																							
Postal/zip/area code	<input type="text"/>	Country	<input type="text"/>																					

Complete this section if **Full Medical Underwriting** has been selected in section 1 of this form.

If you are upgrading to U.S. cover following the commencement of your policy, you do not need to complete the below, please go to section 8.

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

Please tick Yes or No to every question for every person. If you tick Yes to a question, please give full details in section 7.

If you do not provide us with full details we may lapse your cover or it may stop us from paying your claims, and/or cause us to review the terms and conditions of your policy.

You must also tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts. Failure to do so may also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.



Please tick either Yes or No to each of these questions

1. Within the last 3 years, has any applicant seen a doctor or other healthcare professional for:

☐ any recurrent or persistent medical condition or symptoms?
(Persistent meaning for 2 weeks or more)



☐ any abnormal tests or results?



2. In the last 7 years, has any applicant been admitted to hospital, had an operation, procedure or investigation (e.g. a scan/blood tests).



3. Is any applicant taking any medication, prescribed or otherwise?



4. Does any applicant have any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for broken bones) currently in their body?



5. Has any applicant (at any time in the past) had a history of:

☐ cancer, including benign brain tumours



☐ heart condition



☐ stroke



☐ joint replacements



6. Has any applicant experienced any signs or symptoms of any medical problems, illnesses, or injuries not already disclosed, regardless of whether a doctor or other healthcare professional has been consulted.



7. Does any applicant have any ongoing or planned treatment, investigations or tests?



Further details (for over 16s only):

How tall are you?



feet/inches



metres/centimetres

How much do you weigh?



stones/pounds



kilograms

Complete this section if **Continued Personal Medical Exclusions** has been selected in section 1 of this form.

If you are upgrading to U.S. cover following the commencement of your policy, you do not need to complete the below, please go to section 8.

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

Please tick Yes or No to every question for every person. If you tick Yes to a question, please give full details in section 7.

If you do not provide us with full details we may lapse your cover or it may stop us from paying your claims, and/or cause us to review the terms and conditions of your policy.

You must also tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts. Failure to do so may also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.

M

1

2

3

4

Please tick either Yes or No to each of these questions

1. Has any applicant suffered from any form of:

☐ cancer, including benign brain tumours

Y N

Y N

Y N

Y N

Y N

☐ heart condition

Y N

Y N

Y N

Y N

Y N

☐ stroke

Y N

Y N

Y N

Y N

Y N

☐ psychiatric condition

Y N

Y N

Y N

Y N

Y N

2. Has any applicant had a joint replacement or spinal surgery?

Y N

Y N

Y N

Y N

Y N

3. Has any applicant made a claim under existing insurance in the last 12 months?

Y N

Y N

Y N

Y N

Y N

4. Does any applicant have any long-term conditions which require regular treatment and reviews with a doctor?

Y N

Y N

Y N

Y N

Y N

5. Does any applicant have any planned or pending treatment, investigations or tests?

Y N

Y N

Y N

Y N

Y N

This section applies if you, or anyone to be covered under this plan, has indicated Yes to any medical questions in section 5 or 6. 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 medical information included?



Main Applicant or dependant	The relevant question number from section 5 or 6	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 ☐

Need to know: Cover can only be provided if you or your dependants are not permanent residents of the U.S. You can find more information in your Membership Guide.

If you are completing this form to upgrade to U.S. cover after your policy has started, you should complete this section instead of section 5 Medical history – Full Medical Underwriting or section 6 Medical history – Continued Persons Medical Exclusions and section 7 additional information. Medical underwriting will be undertaken at the point of application to upgrade cover to include U.S. Exclusions may be applied to U.S. cover.

Please tick either Yes or No to each of these questions

Your anticipated length of stay in the U.S.

Do you have any ongoing or planned treatment? If yes, please provide details below

FEMALES ONLY: Are you currently pregnant?

M	1	2	3	4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Privacy Notice of PT Sunday Insurance Indonesia, as your Insurer

PT Sunday Insurance Indonesia is subject to Data Protection requirements as applicable to PT Sunday Insurance Indonesia within Indonesia, and with any relevant local data provision requirements. For further details of how PT Sunday Insurance Indonesia uses your information please visit www.sundayinsurance.co.id/en/privacy/ or contact PT Sunday Insurance Indonesia by telephone on +62 (21) 2295 8080, or by email at bupa@sundayinsurance.co.id.

Privacy Notice of Bupa Global

Last updated: September 2023

For the avoidance of doubt, it is clarified that this privacy notice is for Bupa Global and is only applicable to / governs your relationship with Bupa Global. This privacy notice does not apply to or govern your relationship with PT Sunday Insurance Indonesia, as your insurer.

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

Information about Bupa Global

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

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the ‘Sharing your information section’. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services (“you”, “your”), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain 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 your personal information for and our legal reasons for doing so

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

5. Marketing and preferences

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

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

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

6. Profiling and automated decision making

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

7. Sharing your information

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

8. International Transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

9. How long we keep your personal information

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

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. 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).

To the best of my knowledge and belief the information given in this application form is true, accurate and complete. I understand that benefits may not be payable in full or at all and my policy may be treated as if it had not existed, if I do not take reasonable care when providing any information requested in this application form.

Where I have provided information on behalf of any other person to be covered by the policy, I confirm that I have checked with them that the information is correct before completing this application form and I have their express agreement to submit this application form on their behalf, or I am their legal representative.

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

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 Indonesian law will apply to the policy.

By submitting this application form for health insurance coverage with PT Sunday Insurance Indonesia, I acknowledge and confirm my awareness that any health insurance policy issued by PT Sunday Insurance Indonesia is not a substitute for any form of compulsory national health insurance in any country in which I or my dependants may reside.

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).

* Permanent resident shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis in the U.S.

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,
- ☐ the declaration date is more than six weeks before your cover start date

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.

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

[illegible]

Intermediary's access to documents

<input type="radio"/>	In the event that I am represented by an intermediary, I hereby accept that my intermediary will get access to my documents online on his/her personal and secure Bupa Global website.
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For office use only	Identification stamp / broker name and ID number

Notes

PT Sunday Insurance Indonesia

Centennial Tower, 38th Floor Unit E-G,
Jl. Jend. Gatot Subroto, Kav. 24 & 25,
Jakarta 12930, Indonesia
Tel.: +6221 2295 8080

Email: bupa@sundayinsurance.co.id

**Call Bupa Global Customer Service for
questions on your policy, payment and
coverage**

Open 24 hours a day, 365 days a year

Tel: +44 (0) 1273 323563
Fax: +44 (0) 1273 820517

Email: info@bupaglobal.com

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

**Call Bupa Global Assistance for 24-hour
emergency service and medical help**

Tel: +44 (0) 1273 323563

Calls are recorded for training and quality
purposes and may be shared when legally
required to.

PT Sunday Insurance Indonesia (Company
Registration Number: 9120215252276) is
the insurer and **Bupa Global**, the trading
name of Bupa Insurance Services Limited,
is the administrator of PT Sunday Insurance
Indonesia health insurance plans in
Indonesia.

PT Sunday Insurance Indonesia is
authorised and regulated by the Indonesia
Financial Services Authority OJK (Otoritas
Jasa Keuangan).

www.sundayinsurance.co.id
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