Lifeline

Joining Bupa Global

bupaglobal.com

Lifeline

This form can be completed by **new customers** or **existing Bupa Global customers**.

Important Information

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

Once completed, you can email your form to Newbusiness.UK@bupaglobal.com, or post to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

Please note that we cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending us confidential information.

If you have faxed or emailed us then we do not need the original copy of your form.

Please note that the plan you are joining is a fully medical underwritten plan. This means that any symptoms or conditions that have been present prior to the start date of the plan may not be covered.

If you do not take reasonable care to provide full, complete and accurate information for each of the persons to be covered under the policy, it may affect the cover for those people.

Please 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 mean we are unable to pay your claims.

How to use this form

We have split this form into sections to make it easier for you to complete. Each section is numbered with an icon below.

These icons represent the person you are describing on the form.

When you see M you need to fill in information about the **main applicant**

and this 1 is referring to the **1st additional person**.

For new customers

Please complete sections 1-10, and section 11 if applicable.

Read, sign and date the declaration in section 12.

For existing customers

There are a number of things you can change on your plan using this form. Make sure you **read, sign and date the declaration in section 12**.

Changing your address and contact details?

You must notify us of any change of contact details so that we can ensure that correspondence reaches you

The easiest way to change your address and contact details is simply to contact us. You can email us on info@bupaglobal.com, call us on +44 (0) 1273 323563, or contact us via our secure website at https://membersworld.bupaglobal.com

Adding additional people to your plan?

- complete sections 1 and 5-9
- complete section 11, if applicable
- **read, sign and date the declaration in section 12**

Want to change your cover?

- complete sections 1 and 7-9
- **read, sign and date the declaration in section 12**

Want to change your payment details?

- complete sections 1 and 10
- **read, sign and date the declaration in section 12**

1 Main applicant: Membership details M

Membership number	

Alternatively, if you have previously had a policy with Bupa, please tick here and provide the membership number above. ◯

2 Main applicant: Your personal details M

Your cover will start on the date we receive your completed application form unless you specify a date in the future.

The date you want your cover to start	D D M M Y Y Y Y	(cannot be between the 28th and 31st inclusive)

Title		Male ◯	Female ◯	1st language	
First name				Middle name	
Family name					
Date of birth	D D M M Y Y Y Y			Country of nationality	
Occupation					

3 Main applicant: Your address details M

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

Address line 1	
Address line 2	
Town/City	
State	
Country	
Postal/Zip/Area code	

Correspondence address. If your correspondence and residency address are the same please tick here ◯
(Where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)

Address line 1	
Address line 2	
Town/City	
State	
Country	
Postal/Zip/Area code	

Please check your local rules as to where you are resident. In the UK there are a number of factors which determine whether or not you are a resident. For example, if you have been living in the UK for 183 days or more in the current tax year (since 6 April) you will be deemed a UK resident.

Do you have a residence in the U.S.?	Ⓨ	Ⓝ

4 Main applicant: Your other contact details M

(Please include country code, area code and number)

Phone/Mobile	
Email	

5 Your consent to be a paperless customer

M

At Bupa we are doing everything we can to reduce our impact on the environment. To help us do this we encourage our customers to be paperless.

◯ **Paperless customer –** view and manage your plan online by registering on MembersWorld. You will receive emails when new documents are available to view (please make sure you have provided us with a valid email address).

◯ **Hard copy –** receive your documents by post.

You can change your mind at any time on MembersWorld (https://membersworld.bupaglobal.com) or by contacting us.

You can find out more about the benefits of using MembersWorld in your Membership Guide.

Please note each dependant over 16 years can select their documents' preference in section 6

6 Additional people to be covered with you

If any of these additional persons have different residency or correspondence addresses to yours, please write their name and addresses on the "Notes" section at the end of this form and indicate you have done so by ticking here ◯

1

Title		Male ◯	Female ◯	1st language	
First name				Middle name	
Family name					
Date of birth	D D M M Y Y Y Y			Country of nationality	
Country of residency				Relationship to you	
Email					

For over 16s only ◯ **Paperless customer (manage plan online, register on MembersWorld)** ◯ **Hard copy (receive documents by post)**

Have you had a previous policy with Bupa?	Y	N	If yes, membership number	

2

Title		Male ◯	Female ◯	1st language	
First name				Middle name	
Family name					
Date of birth	D D M M Y Y Y Y			Country of nationality	
Country of residency				Relationship to you	
Email					

For over 16s only ◯ **Paperless customer (manage plan online, register on MembersWorld)** ◯ **Hard copy (receive documents by post)**

Have you had a previous policy with Bupa?	Y	N	If yes, membership number	

3

Title		Male ◯	Female ◯	1st language	
First name				Middle name	
Family name					
Date of birth	D D M M Y Y Y Y			Country of nationality	
Country of residency				Relationship to you	
Email					

For over 16s only ◯ **Paperless customer (manage plan online, register on MembersWorld)** ◯ **Hard copy (receive documents by post)**

Have you had a previous policy with Bupa?	Y	N	If yes, membership number	

6 Additional people to be covered with you (continued)

4

Title		Male ◯	Female ◯	1st language	
First name				Middle name	
Family name					
Date of birth	D D M M Y Y Y Y	Country of nationality			
Country of residency		Relationship to you			
Email					

For over 16s only ◯ Paperless customer (manage plan online, register on MembersWorld) ◯ Hard copy (receive documents by post)

Have you had a previous policy with Bupa?	Y	N	If yes, membership number	

7 Medical history

This section asks for health and medical details, past and present about yourself and each person named in section 6.

Please tick Yes or No to every question for every person. If you tick Yes to a question, please give full details in section 8.

If you do not provide us with full details we may terminate 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.

Whether you are changing your benefits, or a returning Bupa customer, you must complete the medical history section in full so that we have an up to date record of your health.

For any of the medical conditions listed below (questions 1-13), please answer yes if you or anyone to be covered by this plan has:

- Seen a doctor or other healthcare professional in the last three years
- Been admitted to hospital, had an operation or procedure, or had an investigation (e.g. a scan/blood tests) in the last seven years

	M	1	2	3	4
1. Circulatory disorders e.g. high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	Y N	Y N	Y N	Y N	Y N
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	Y N	Y N	Y N	Y N	Y N
3. Breathing or respiratory disorders e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis, emphysema, sleep apnoea or allergies (including hayfever and anaphylaxis)	Y N	Y N	Y N	Y N	Y N
4. Stomach, intestines, liver or gall bladder problems e.g. stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	Y N	Y N	Y N	Y N	Y N
5. Benign tumours, growths or pre-cancerous conditions e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease or lipomas	Y N	Y N	Y N	Y N	Y N
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	Y N	Y N	Y N	Y N	Y N
7. Brain or nervous system disorders e.g. dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles), Parkinson's disease, motor neurone disease, cerebral palsy, encephalitis or meningitis	Y N	Y N	Y N	Y N	Y N

7 Medical history (continued)

	M	1	2	3	4
8. Muscle or skeletal problems e.g. arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	Y N	Y N	Y N	Y N	Y N
9a. Female urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, incontinence, ovarian cysts, polycystic ovaries, pelvic inflammation, cervical disease, endometriosis, dysmenorrhoea, irregular menstruation, fibroids, breast disease or infertility	Y N	Y N	Y N	Y N	Y N
9b. Male urinary or reproductive system problems e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy, enlarged prostate or infertility	Y N	Y N	Y N	Y N	Y N
10. Blood/infective/immune disorders e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	Y N	Y N	Y N	Y N	Y N
11. Eye, ear, nose and throat problems e.g. cataracts, glaucoma, visual impairment, detached retina, macular degeneration, deafness, ear infections, glue ear, deviated nasal septum, tonsillitis or gingivitis	Y N	Y N	Y N	Y N	Y N
12. Mental health disorders e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia or ADHD	Y N	Y N	Y N	Y N	Y N
13. Congenital/Hereditary conditions e.g. Downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Huntington's disease, thalassemias or hemochromatosis	Y N	Y N	Y N	Y N	Y N
Please also answer the following questions:					
14. Is anyone to be covered taking any medication, prescribed or otherwise?	Y N	Y N	Y N	Y N	Y N
15. Has anyone to be covered ever had a history of the following:					
○ Cancer	Y N	Y N	Y N	Y N	Y N
○ Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	Y N	Y N	Y N	Y N	Y N
○ Stroke	Y N	Y N	Y N	Y N	Y N
○ Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements	Y N	Y N	Y N	Y N	Y N
16. Is anyone to be covered receiving any treatment of any kind or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in questions 1 - 13?	Y N	Y N	Y N	Y N	Y N
17. In the last 3 months has anyone to be covered experienced any signs or symptoms of any medical problem, illness, or injury not yet diagnosed or treated?	Y N	Y N	Y N	Y N	Y N

Further details (for over 16s only):

	M	1	2	3	4
How tall are you? ○ feet/inches ○ metres/centimetres					
How much do you weigh? ○ stones/pounds ○ kilograms					

8 Medical questions and history: Additional information

This section applies if you, or anyone to be covered under this plan, have indicated yes to any medical questions in section 7. If you are unsure whether any details are relevant, you must include them.

Main applicant or additional person	The relevant question number from section 7	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					

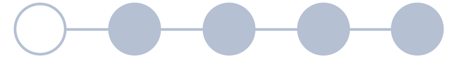
If there is insufficient space, please use the Notes section at the end of this form and indicate that you have done so by ticking here ◯

9 Choose your cover

Please tick the options you wish to add for you and any additional people.
(Note: the level of cover you choose will apply to all members detailed on this form)

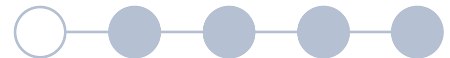
Lifeline Essential:

This level concentrates on covering you for in-patient hospital stays. You have the security that you'll be covered for treatment you may receive as an in-patient or as a daycare patient.



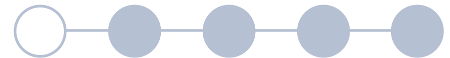
Lifeline Classic:

Our Classic level is designed to cover you and your family for specialist medical treatment or diagnosis. You will be covered for in-patient hospital stays as well as out-patient consultations, treatment such as physiotherapy and a range of preventive health checks.



Lifeline Gold:

Our top level gives you cover for both in-patient and out-patient care. In addition, Gold also covers family doctor treatment and any prescription medication you may need, as well as accident related dental treatment. Maternity cover, home nursing and a range of four preventive health checks are also included in this comprehensive plan.



U.S. Cover:

We understand that many people do not need medical insurance for the U.S., so you can choose whether you want to include it. Unfortunately, we cannot offer Bupa Global Lifeline to anyone who is normally resident in the U.S. This cover will increase your premium.

Choose your Annual Deductible:

If you are paying by credit card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year.

GBP:	None	○	£100	○	£250	○	£500	○	£1000	○	£2000	○	£5,000	○
USD:	None	○	$160	○	$400	○	$800	○	$1600	○	$3200	○	$8,000	○
EUR:	None	○	€160	○	€400	○	€800	○	€1600	○	€3200	○	€8,000	○

Your assistance cover options

Evacuation:

This option covers you when the treatment you need is not available locally. Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment where the treatment that you need is available.

Repatriation (automatically includes Evacuation cover):

This cover also gives you the option of returning to your specified country of nationality or your specified country of residence when the treatment is not available locally.

Please refer to the membership guide for full details.

10 Your payment details (Contact your Bupa Global representative if payment is to be made by a third party)

You must choose to pay by credit card if you have chosen a deductible and/or to pay monthly. If you choose an annual deductible or co-insurance you must ensure that we always have a valid credit card authority throughout the year. Not having this in place may cause a delay in the payment of claims.

Your choice of currency for the policy and premium payments (please tick one only): GBP £ ◯ USD $ ◯ EUR € ◯

How will you make your premium payments (please tick one only): Monthly ◯ Quarterly ◯ Annually ◯

How will you make your premium payments (please tick one only):

By credit card (please complete the card payment authority below) ◯

By bank transfer ◯

By cheque or bankers draft in the currency you have indicated above ◯

Please note when choosing to pay via cheque, bankers draft or bank transfer, you cannot pay monthly or have a deductible.

Please fill in the name of the person paying the subscriptions below.

Name	

Card payment authority

In order to take payments from your credit card, Bupa Global needs to store your card details on file.

◯ I give my consent to Bupa Global to store my below card details on file and using them to process payments

Visa & Mastercard's terms and conditions require Bupa Global to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; subscriptions, deductibles and/or co-insurances. Please refer to your membership documents for details of when payments will be taken and the amounts.

We will also request your consent to store your credit card information if you are using an American Express card.

Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice.

If you do not want Bupa Global 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 Global, I authorise you until further notice in writing, to charge to my card account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

(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 / Y Y
Expiry/end date	M M / Y Y

Cardholder's signature	Date
	D D M M Y Y Y Y

Cardholder address

Address line 1	
Address line 2	
Town/City	
Country	
Postal/Zip/Area code	

11 Other 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: Renewal date of the plan D D M M Y Y Y Y ◯ Expired: Cover expiry date D D M M Y Y Y Y

12 Your membership declaration

Privacy Notice

Last updated: March 2022

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

Information about Bupa Global

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

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

1. What this privacy notice covers

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

2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

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

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

5. Marketing and preferences

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

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

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

6. Profiling and automated decision making

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

7. Sharing your information

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

8. International transfers

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

12 Your membership declaration

Privacy Notice

9. How long we keep your personal information

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

10. Your rights

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

11. Data protection contacts

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

You also have the right to make a complaint to your local privacy supervisory authority. We are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

Our complaints procedure

If you have a concern or complaint you can call the Bupa Global service team on +44 (0) 1273 718 379. Alternatively, you can email or write to the team via: Service.UK@bupaglobal.com; or Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom. You can also use these contact details to request a full copy of our complaints procedure. If we can't settle your complaint you may be able to refer your complaint to the Financial Services and Pensions Ombudsman. You can write to them at: Lincoln House, Lincoln Place, Dublin 2; or call them on +353 1 567 7000. Alternatively you can find further details at their website www.fspo.ie

If you have been introduced by an intermediary

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.

Declaration

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 Bupa Global's privacy notice. I confirm that I have brought Bupa Global's privacy notice to the attention of these covered.

I understand and accept that all policy documentation and other written communications associated with this application including any claims information will be provided in English. I acknowledge that Bupa will endeavour to facilitate verbal communication in an alternative language insofar as is possible however I understand and accept that some verbal communications may also be in English.

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 Irish law will apply to the policy.

I agree that any cover for the U.S. shall terminate upon informing Bupa Global that I have become a resident of the U.S. (or in the case of an additional person becoming a resident of the U.S., their cover under the policy shall terminate).

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 provide complete information, we will not be able to process your application.

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.

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.

Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this application form within six weeks of this declaration date, or the date of signature expires six weeks before your cover start date we will ask for a declaration of continued good health. Or we may ask you to submit a new form.

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

Main applicant's signature	Date
	D D M M Y Y Y Y

Print name

12 Intermediaries only

Please ensure up to date KYC documents have been provided for the applicant and dependants (aged over 16) where applicable.
If clarity is needed on what documents are required; please contact Broker Services on +44 1273 718314. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

Intermediary name	
Intermediary ID	

In case of unsolicited sales, applications will only be accepted for countries that allow unsolicited sales of health insurance contracts – including on a cross-border basis, where this is the case. For more information please refer to your Bupa Global contact.

○ Solicited (promoted) sale. Tick the box if this is a Solicited Sale

○ Unsolicited sale - I hereby confirm that I neither promoted, sought, approached the customer and the customer neither sought nor required advice

Intermediary's signature	Date
	D D M M Y Y Y Y

Print name	

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

Bupa Global Designated Activity Company (Bupa Global DAC), trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 V1W6.
Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland.

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Identification stamp / Broker name and ID number