







## 5 Privacy Notice (continued)

### 7 International transfers

We work with companies that we partner with, or that provide services to us (such as health-care 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 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 available on our website.

### 9 Your rights

The GDPR bestows upon the Data Subject the below rights. Please contact us if you would like to exercise any of your rights.

- o Right to access Personal Data.
- o Right of rectification.
- o Right to be forgotten.
- o Right to restriction of processing.
- o Right of portability.
- o Right to object.
- o Right to not be subjected to automated decisions.
- o Right to Judicial review.

### 10 Data protection contacts

If you have any questions, comments, complaints, or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at [gdpr@lifestarinsurance.com](mailto:gdpr@lifestarinsurance.com).

You also have the right to make a complaint to your local supervisory authority for data protection. The contact details for the Maltese Information and Data Protection Commissioner are as follows: Information and Data Protection Commissioner, Level 2, Airways House, High Street, Sliema SLM 1549, Malta. Tel: +356 2328 7100, email: [idpc.info@idpc.org.mt](mailto:idpc.info@idpc.org.mt)

## 6 Declaration

### Important information - to be completed by the patient

I confirm that I have checked the information I have given on this form and that it is accurate, correct and complete, to the best of my knowledge. I understand that if any of the information provided turns out to be incomplete and/or inaccurate, the claim may be rejected. I give explicit consent on behalf of myself or the patient (if acting on the patient's behalf) for the doctors and any other medical providers responsible for my treatment, care or other services provided to me, to provide Bupa Malta or its service partners with any information requested in connection with this claim or any past claim, for the purpose of considering, processing, auditing or otherwise handling this claim.

#### Patient's signature

(Parent or guardian if patient is under 16)

#### Date

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