

# APPLICATION FOR COVER OF PRE-EXISTING CONDITIONS



Please read this before you fill in the below application form.

The form can be completed electronically, but must be signed by hand.

If you choose to fill in the whole form by hand please use capital letters.

It is important that your information is as precise as possible, since inadequate or wrong information may affect your cover.

Please answer all questions and/or parts of questions precisely and with care, as missing information might delay the application process.

If you need any help filling in the application form with details of diagnosis and dates of treatments, you can contact your GP. Please note that any GP's fee for obtaining this medical information must be paid by the applicant.

A) INFORMATION ABOUT THE INSURED											
Policy number					-	Departure date				Return date	
Travel destination											
First name(s)							D.O.B	/			
Last name(s)							For Danish customers CPR <small>(Danish Civil Registration System) no.</small>			-	
Residency address											
Postal code											
City							Telephone no.				
Country							Fax				
Email											

B) INFORMATION REGARDING PRE-EXISTING CONDITIONS:	
1. Do you have any current illnesses, diseases or injuries? <small>(Please inform of any present or former illnesses, diseases or injuries that have shown symptoms or required treatment within the past 5 years)</small>	<input type="radio"/> Yes <input type="radio"/> No
2. If you have answered yes to question 1 please complete the sections below. Please state each diagnosis separately. There is room for 4 diagnoses in the form. If you need more space than is available in the form you are welcome to enclose an extra sheet of paper when submitting the form.	
Diagnosis:	Date of diagnosis: <input type="text"/>
Which treatment have you received?	Date of latest treatment: <input type="text"/>
Have you been referred for further treatment?	<input type="radio"/> Yes <input type="radio"/> No
If yes, which type of treatment?	Expected date of treatment: <input type="text"/>

Diagnosis:	Date of diagnosis: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Which treatment have you received?	Date of latest treatment: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Have you been referred for further treatment?	<input type="radio"/> Yes <input style="margin-left: 100px;" type="radio"/> No
If yes, which type of treatment?	Expected date of treatment: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Diagnosis:	Date of diagnosis: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Which treatment have you received?	Date of latest treatment: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Have you been referred for further treatment?	<input type="radio"/> Yes <input style="margin-left: 100px;" type="radio"/> No
If yes, which type of treatment?	Expected date of treatment: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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Have you been referred for further treatment?	<input type="radio"/> Yes <input style="margin-left: 100px;" type="radio"/> No
If yes, which type of treatment?	Expected date of treatment: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>



## C) PRIVACY NOTICE

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. Fuller details can be found in our Full Privacy Notice available at: [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy). If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Global Travel service team on +45 70 20 70 48. Alternatively you can email or write to the team via [travel@ihi-bupa.com](mailto:travel@ihi-bupa.com) or Bupa Global Travel, Palægade 8, DK-1261 Copenhagen K, Denmark. If you have any questions about how we handle your information, please contact us at [travel@ihi-bupa.com](mailto:travel@ihi-bupa.com)

### Information about Bupa Global Travel

In this privacy notice, references to "we" or "us" or "our" are to Bupa Global Travel. For company contact details, visit [www.ihl.com/legal-information](http://www.ihl.com/legal-information)

### 1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ("you", "your"), via any channel (e.g. email, website, telephone, app).

### 2 Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (e.g. those acting on your behalf, like brokers, healthcare providers). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

### 3 Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (e.g. information we use to contact you, identify you or manage our relationship with you); and special categories of information (e.g. health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

### 4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer 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 in order to protect the rights, property, or safety of Bupa Global Travel, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third party's legitimate interests or it is required or permitted by applicable law.

### 5 Marketing and preferences

Bupa Global Travel would, on occasion, like to keep you informed of Bupa Global Travel products and services which it considers 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 emailing [travel@ihi-bupa.com](mailto:travel@ihi-bupa.com) or by writing to Bupa Global Travel, Palægade 8, DK-1261 Copenhagen K, Denmark.

### 6 Processing for 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 be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some 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. Further details are available in our Full Privacy Notice.

### 7 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (e.g. brokers and other intermediaries) and with others who help us provide services to you (e.g. healthcare providers) or from whom we need information to handle or verify claims or entitlements (e.g. professional associations). We also share your information in accordance with the law.

All correspondence concerning your policy, including documents containing sensitive information such as medical details, will be sent to the policyholder and may be sent via your intermediary. All insured persons on the policy may have access to correspondence and other information, including documents containing sensitive information such as medical details, sent by Bupa Global Travel or accessed at [www.ihl.com](http://www.ihl.com) via the myPage login.

### 8 Transfers outside of the European Economic Area (EEA)

Bupa Global Travel deals with many international organisations and uses global information systems. As a result, Bupa Global Travel transfers your personal information to countries outside of the European Economic Area ("EEA"), that is the EU member states and Norway, Liechtenstein and Iceland, for the purposes set out in this privacy notice.

### 9 How long we retain your personal information

Bupa Global Travel retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

### 10 Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produces legal effects concerning you or similarly significantly affects you.

### 11 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 [travel@ihi-bupa.com](mailto:travel@ihi-bupa.com)

You also have a right to make a complaint to the relevant supervisory authority. Bupa Global Travel's supervisory authority is:

Datatilsynet,  
Borgergade 28,5,  
DK-1300 Copenhagen K,  
Denmark.  
Telephone: +45 33 19 32 00

You can also make a complaint with another supervisory authority which is based in the country or territory where you live, you work, or the matter you are complaining about took place.

## D) APPLICANT'S SIGNATURE

### Your declaration

I, the undersigned, declare that all information given in this application form is in accordance with the truth and is correct. I have read the Privacy Notice above and give explicit consent to the use of my personal data as set out in it. If I am the parent or guardian of the person to whom the form relates, then I give explicit consent on their behalf to the use of their personal data as set out in the Privacy Notice above.

Claims and other benefits may not be payable, in some cases the insurance may even be void, if you do not fully disclose any material fact which could influence our assessment and acceptance of this application. If you are in any doubt as to whether any facts are material, you should disclose them. You are advised to keep a record of all information you supply to us in connection with this application, including letters.

If your health changes after the application has been signed but before Bupa Global Travel has approved the insurance, you must notify Bupa Global Travel immediately of such change. You may be required to provide Bupa Global Travel with medical reports in relation to this and any other pre-existing conditions.

Date (day/month/year) \_\_\_\_\_

Signature \_\_\_\_\_

(It is possible to complete the form electronically, but it must be signed by hand)

**Bupa Global Travel** • Travel Sales • Palægade 8 • DK-1261 Copenhagen K • Denmark • Tel: +45 70 20 70 48 • Fax: +45 70 20 70 56 • E-mail: [travel@ihi-bupa.com](mailto:travel@ihi-bupa.com) • [www.ihl.com](http://www.ihl.com)

**Bupa Global Assistance** • Tel: +45 70 23 24 61 • E-mail: [emergency@ihi-bupa.com](mailto:emergency@ihi-bupa.com)

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