

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	<input type="text"/>	-	<input type="text"/>	Departure date	<input type="text"/>	Return date	<input type="text"/>				
Travel destination	<input type="text"/>										
First name(s)	<input type="text"/>					D.O.B	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Last name(s)	<input type="text"/>					<small>For Danish customers CPR (Danish Civil Registration System) no.</small>	<input type="text"/>	-	<input type="text"/>		
Residency address	<input type="text"/>										
Postal code	<input type="text"/>										
City	<input type="text"/>					Telephone no.	<input type="text"/>				
Country	<input type="text"/>					Fax	<input type="text"/>				
Email	<input type="text"/>										

B) INFORMATION REGARDING PRE-EXISTING CONDITIONS:

1. Do you have any current illnesses, diseases or injuries?
(Please inform of any present or former illnesses, diseases or injuries that have shown symptoms or required treatment within the past 5 years)

Yes 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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Which treatment have you received? Date of latest treatment:

Have you been referred for further treatment? Yes No

If yes, which type of treatment? Expected date of treatment:

Diagnosis: _____ Date of diagnosis:

--	--	--	--	--	--	--	--

Which treatment have you received? _____ Date of latest treatment:

--	--	--	--	--	--	--	--

Have you been referred for further treatment? Yes No

If yes, which type of treatment? _____ Expected date of treatment:

--	--	--	--	--	--	--	--

Diagnosis: _____ Date of diagnosis:

--	--	--	--	--	--	--	--

Which treatment have you received? _____ Date of latest treatment:

--	--	--	--	--	--	--	--

Have you been referred for further treatment? Yes No

If yes, which type of treatment? _____ Expected date of treatment:

--	--	--	--	--	--	--	--

Diagnosis: _____ Date of diagnosis:

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Which treatment have you received? _____ Date of latest treatment:

--	--	--	--	--	--	--	--

Have you been referred for further treatment? Yes No

If yes, which type of treatment? _____ Expected date of treatment:

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3. Have you had any symptoms that you have not sought medical help for? Yes No

3.a If yes, which type of symptoms? Yes No

4. Are you taking any kind of prescribed medication (permanent or temporary)?
(If yes please make sure you also fill in question 2 with diagnosis etc.) Yes No

4.a If yes, please list all the types of medicine here

Name of medicine	Dosage	Medical condition

5. Have there been any changes in your medication within the last 6 months? Yes No

5.a If yes, please note the date, name of medication and reason for the changes:

6: Height	Weight

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. 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.global.ihl.com/Service/Privacy+Notice.aspx. 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 service team on +45 70 20 70 48. Alternatively, you can email or write to the team via travel@ihl-bupa.com or Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark.

Information about Bupa Global

In this privacy notice, references to "we" or "us" or "our" are to Bupa Global. For company contact details, visit 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"), in any way channel (for example email, website, telephone, app).

2 Ways in which we obtain personal information

We collect personal information from you and from certain third parties (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 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 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 applicable 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 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 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, 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 (e.g. professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7 Transfers outside of the UK and European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the UK and the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

8 How long we retain your personal information

We keep your personal information in accordance with retention periods using the criteria shown in the full privacy notice available on our website.

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 travel@ihl-bupa.com. You can also use this address to contact our Data Protection Officer.

We are regulated by 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). You have a right to make a complaint to them or to your local privacy supervisory authority.

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. 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 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 ◊ Palægade 8 ◊ DK-1261 Copenhagen K ◊ Denmark ◊ Tel: +45 70 20 70 48 ◊ Fax: +45 70 20 70 56 ◊ E-mail: travel@ihl-bupa.com ◊ www.ihl.com

Bupa Global Assistance ◊ Tel: +45 70 23 24 61 ◊ E-mail: emergency@ihl-bupa.com

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