Guernsey plan

Joining Bupa Global

bupaglobal.com

Guernsey

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, fax us on +44 (0) 1273 866 583 or post to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

Please note the maximum joining age for this plan is 59.

If you have any questions when completing this form, please call us on +44 (0) 1273 208 181

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.

1 2 3 4 5 6 7 8 9 10 11

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

M 1 2 3 4

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 1-9, and section 10 if applicable
Read, sign and date the declaration in section 11

1 2 3 4 5 6 7 8 9 10 11

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 11**.

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 5-8
- complete section 10, if applicable
- **read, sign and date the declaration in section 11**

1 → 5 6 7 8 → 10 11

Want to change your payment details?

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

1 → 9 → 11

1 Main Applicant: Membership details M

Bupa Global 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 28th & 31st)

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

Government issued personal identification number i.e Passport or Driving License

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 ◯

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.? Yes ◯ No ◯

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 a separate sheet and confirm 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
Government issued personal identification number i.e Passport or Driving License				
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?	Yes ◯	No ◯	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
Government issued personal identification number i.e Passport or Driving License				
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?	Yes ◯	No ◯	If yes, membership number	

6 Additional people to be covered with you (continued)

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
Government issued personal identification number i.e Passport or Driving License			
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?	Yes ◯	No ◯	If yes, membership number

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
Government issued personal identification number i.e Passport or Driving License			
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?	Yes ◯	No ◯	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.

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
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

7 Medical history (continued)

	M	1	2	3	4
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):

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 a separate sheet and indicate that you have done so by ticking here: ☐

9 Your payment details

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

A valid Direct Debit agreement or Credit Card Authority is required throughout your policy year. We may delay paying claims until you have such an agreement or authority in place.

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 ◯

By Direct Debit through a UK bank. (This is only an option for GBP (£) payments. Please complete the below Direct Debit Instruction): ◯

By Credit Card (please complete the below Card Payment Authority): ◯

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

Please note, when choosing to pay via cheque or bankers draft, you cannot pay monthly or have a deductible.
Please fill in the name of the person paying the subscription in the box provided below when choosing to pay via cheque or bankers draft.

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 storing 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	M	M	Y	Y	Expiry date	M	M	Y	Y

Card Holder's Signature	Date

Cardholder address

Address line 1																												

Address line 2																												

Town/City																												

Country																												

Postal/Zip/Area code																												

9 Your payment details

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

Direct Debit

If you are paying by Direct Debit you must complete this section - for GBP (£) payments only

Instruction to your Bank or Building Society to pay by Direct Debit - this must come out of a UK bank account

Name(s) of account holder(s):

Sort code: - -

Bank/Building Society account number:

Swift code:

Instruction to your Bank or Building Society

Please pay Bupa Global Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Bupa Global and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society:

To: The Manager

Address

Postcode

Account Holder's Signature	Date

Reference number (for Bupa Global use only)

BI - - -

Originator's ID number 9 8 0 9 3 9

Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.

As Instruction Form

The Direct Debit Guarantee

This guarantee should be detached and retained by the payer

This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Bupa Global will notify you 7 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Bupa Global or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

10 Other insurance plans

If you have a current medical insurance policy tick here ◯ If yes, please provide the following information:

Name of Insurer	
Policy Number	
Renewal date of plan	D D M M Y Y Y Y

11 Your membership declaration

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.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 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. If you have any questions about how we handle your information, please contact us at info@bupaglobal.com

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.bupaglobal.com/legal-notices

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 (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. 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 emailing info@bupaglobal.com or by writing to Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

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 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, 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 accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Transfers outside of the UK and the 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.

9. How long we keep your personal information
We keep your personal information in line with periods using the criteria shown 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 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.

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.

11 Your membership declaration

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 Ombudsman Service. You can write to them at: The Financial Ombudsman Service, Exchange Tower, London E14 9SR; or call them on:

- 0800 023 4 567 – fixed line number (free from most landlines)
- 0300 123 9 123 - charged at the same rate as 01 or 02 numbers on mobile phone tariffs
- +44 20 7964 0500 – from abroad where UK numbers may not be accessible

and/or find details at their website: www.financial-ombudsman.org.uk

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 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 English 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.

Main Applicant's Signature

M

Print name																														

Date	D	D	M	M	Y	Y	Y	Y

Licensed by the Guernsey Financial Services Commission

11 Your membership declaration

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.

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

Print name	
Date	D D M M Y Y Y Y

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

NOTES

Identification stamp / Broker name and ID number

The world of Bupa

Care homes
Cash plans
Dental insurance
Health analytics
Health assessments
Health at work services
Health centres
Health coaching
Health information
Health insurance
Home healthcare
Hospitals
International health insurance
Personal medical alarms
Retirement villages
Travel insurance

BIN-GUER-APPF-EN-XXXX-2104-0029638