

Application form A



International health and hospital plan

(Please use block letters)

FOR ADMINISTRATION USE	
Ref.	Membership number BI - - -
Date	Broker id

START DATE*
The date you want your cover to start: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (cannot be between 28th & 31st)
*We will confirm to you the start date of your policy. Waiting periods may apply as set out in your terms and conditions.

MAIN APPLICANT (POLICYHOLDER)	
First name(s)	Sex (M/F)
Middle name(s)	
Family name(s)	
Nationality	
Date of birth <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Fax <input type="text"/>
Email	
Telephone <input type="text"/>	Mobile phone <input type="text"/>
Residential Address	
Postal/Zip/Area code <input type="text"/>	City <input type="text"/>
Country	
Correspondence Address	
Postal/Zip/Area code <input type="text"/>	City <input type="text"/>
Country	
Are you a U.S. resident? <input type="radio"/> Yes <input type="radio"/> No	

DEPENDANTS	
First name(s)	Date of birth <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	
First name(s)	Date of birth <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	
First name(s)	Date of birth <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	
First name(s)	Date of birth <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Middle name(s)	
Family name(s)	Sex (M/F)
Nationality	

PAPERLESS CUSTOMER SIGN UP

I hereby sign up as a paperless customer with Bupa Global. As a paperless customer, I will receive all documents and correspondence from Bupa Global via my MembersWorld account on www.bupaglobal.com/membersworld. I understand that I will not receive any hardcopies of documents to my postal address and that it will be my responsibility to check all documents and correspondence online and to inform Bupa Global of any changes to my email address. However, I'm eligible to receive a hard copy of my documents on request. I can get more information on www.bupaglobal.com.

COVER - please choose modules, currency and deductible by ticking the relevant boxes

Choice of modules

- Hospital Plan
- Module 1 - Non-Hospitalisation Benefits
- Module 2 - Medicine & Appliances
- Module 3 - Medical Evacuation & Repatriation
- Module 4A - Dental & Optical
- Module 4B - Dental & Optical

Choice of deductible / currency

If you are paying by direct debit (applicable to GBP payments only) or Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year.

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Nil | <input type="checkbox"/> Nil | <input type="checkbox"/> Nil |
| <input type="checkbox"/> EUR 350 | <input type="checkbox"/> GBP 250 | <input type="checkbox"/> USD 400 |
| <input type="checkbox"/> EUR 1,050 | <input type="checkbox"/> GBP 750 | <input type="checkbox"/> USD 1,600 |
| <input type="checkbox"/> EUR 4,000 | <input type="checkbox"/> GBP 2,750 | <input type="checkbox"/> USD 5,000 |
| <input type="checkbox"/> EUR 8,000 | <input type="checkbox"/> GBP 5,500 | <input type="checkbox"/> USD 10,000 |
| <input type="checkbox"/> EUR 16,000 | <input type="checkbox"/> GBP 11,000 | <input type="checkbox"/> USD 20,000 |

Please note that the chosen currency is binding

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

- Annual Semi-annual Quarterly

You must choose to pay by Direct Debit or Credit Card if you have chosen a deductible.

- 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 premium in the box provided below when choosing to pay via cheque or bankers draft.

Name

A valid Direct Debit agreement or Card Authority is required throughout your policy year.
Your cover may be suspended or terminated if you do not have such an agreement or authority in place.

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 1 7 8 0 1 7

Banks and Building Societies may not accept Direct Debit Instructions for some types 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.

