

# Application form A



## International Swiss Medical Hong Kong

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

**PAPERLESS CUSTOMER SIGN UP**

I hereby sign up as a paperless customer with Bupa (Asia) Limited. As a paperless customer, I will receive all documents and correspondence from Bupa (Asia) Limited via my MembersWorld account on [www.bupaglobal.com/membersworld](http://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 (Asia) Limited 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](http://www.bupaglobal.com).

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

<b>Main insurance</b> <input type="radio"/> Complete Plan, deductible:  <b>USD</b> <input type="radio"/> Nil <input type="radio"/> 200 <input type="radio"/> 400 <input type="radio"/> 1,350 <input type="radio"/> 2,700 <input type="radio"/> 3,350	<input type="radio"/> Hospital Plan, deductible:  <b>USD</b> <input type="radio"/> Nil <input type="radio"/> 400 <input type="radio"/> 1,350 <input type="radio"/> 2,700 <input type="radio"/> 3,350	<b>Optional Insurance</b> <input type="radio"/> Dental & Optical <input type="radio"/> Medical Evacuation & Repatriation
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**PAYMENT DETAILS** (Contact your Bupa Global representative if payment is to be made by a third party)

Annual     Semi-annual

**You must choose to pay by Credit Card if you have chosen a deductible**

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

**CARD PAYMENT AUTHORITY**

In order to take payments from your credit card, Bupa (Asia) Limited needs to store your card details on file.

I give my consent to Bupa (Asia) Limited storing card details on file and using them to process payments.

Visa & Mastercard's terms and conditions require Bupa (Asia) Limited 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 (Asia) Limited 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 (Asia) Limited, 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 date:  /       Expiry/end date:  /

<b>CARD HOLDER'S SIGNATURE</b>	<b>DATE</b>
<input type="text"/>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y

**Bupa (Asia) Limited (the “Company”)**

**Personal Information Collection Statement (“Statement”) relating to the Personal Data (Privacy) Ordinance (the “Ordinance”)**

In compliance with the Ordinance, the Company would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a “Member”), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.

**2. Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**

3. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

**4. The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**

- a. processing, assessing and determining any Applications for insurance products and services;
- b. offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
- c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
- d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
- e. provision and design of products and services of the Company;
- f. exercising the Company’s rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
- g. communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
- h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company’s rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.

**5. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**

- a. the Company’s group companies (“Group Company”);
- b. any insurance adjusters, agents and brokers;
- c. any re-insurance companies authorised by the Company;
- d. employers (for members of corporate policy only);
- e. healthcare professionals and hospitals;

f. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

g. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company’s rights or business; and

h. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

- a. Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
- b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
- c. donations and contributions for charitable and/or non-profit making purposes.

The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

- a. to check whether the Company holds personal information relating to you or the Member and to access such personal information;
- b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;
- c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
- d. to request the Company to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the Company’s Data Protection Officer at the following address:

Data Protection Officer  
18/F, Berkshire House  
25 Westlands Road, Quarry Bay, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact our Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

**SIGNATURE**

By submitting this application form for health insurance coverage with Bupa (Asia) Limited, I acknowledge and confirm my awareness that any health insurance policy issued by Bupa (Asia) Limited is not a substitute for any form of compulsory national health insurance in any country in which I or my dependants may reside.

I confirm that this application is made in Hong Kong and understand that this application must only be acted upon by persons in Hong Kong. Bupa (Asia) Limited does not offer or sell any insurance product in jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

I understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Bupa (Asia) Limited, Bupa (Asia) Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

I hereby declare that I am the legal representative of the insured(s) named in this application form and I have obtained their prior and express consent to submit this application form on their behalf.

I, on behalf of the insured, agree to be bound by the policy terms of the health plan and understand that benefits may not be payable in full or at all and the policy made be treated as if it had not existed, if I, or the insured(s), do not take reasonable care when providing any information requested in this application.

I confirm that I have read and understood the content of the Full Privacy Notice. I confirm that I have brought the Full Privacy Notice to the attention of any additional people specified in this application.

I further confirm that I have checked with the insured(s) that the information is correct before completing this application.

Marketing and preferences: I confirm that I want to receive marketing materials and communications from Bupa (Asia) Limited and Bupa Global keeping me updated about Bupa's products and services.

Date

Applicant's signature \_\_\_\_\_

**INTERMEDIARY ONLY**

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 we neither promoted, sought, approached the customer and the customer neither sought or required advice.

**INTERMEDIARY'S SIGNATURE**

Print name 

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 Date 

D	D	M	M	Y	Y	Y	Y
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**We reserve the right to request further information where appropriate or necessary.**