

# Lifeline



Joining Bupa Global Hong Kong

[bupaglobal.com](http://bupaglobal.com)

# Lifeline

This form can be completed by **new customers** or **Bupa Global customers**.



## How to use this form

To help you easily complete this form, we have split it into sections. Each section is numbered with an icon below.



To avoid rewriting the same name, these icons represent the person you are describing on the form.



When you see  you need to fill in information about the **Main Applicant** and this  is referring to the **1st Additional Person**.

## 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.

Please complete this form in English. Please tick as appropriate. Once completed, you can contact your sales representative.

The plans are insured by Bupa (Asia) Limited and administered by Bupa Global Insurance Services. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority. The registered office of Bupa (Asia) Limited is 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong, telephone number: + 852 2531 8503.

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 us with full, complete and accurate information in completing this application form, then we may have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

If you do not take reasonable care to provide full, complete and accurate information in respect of any of the other additional 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.

All sections which need to be completed by the main applicant are labelled .

We will not be able to process your application if this form is incomplete.

Please be sure to check the entire form. We look forward to welcoming you as a customer.

## For new customers

Please complete sections 2-10, and section 11 if applicable  
Read, sign and date the declaration in section 12



## 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 12.

### 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 [Service.HK@bupaglobal.com](mailto:Service.HK@bupaglobal.com), call us on +852 2531 8503 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 11, if applicable
- **read, sign and date the declaration in section 12**



### Want to change your cover?

- complete sections 1 and 7-9
- complete section 11, if applicable
- **read, sign and date the declaration in section 12**



### Want to change your payment details?

- complete sections 1 and 10
- complete section 11, if applicable
- **read, sign and date the declaration in section 12**



## 1 Main applicant: existing membership details

M

Bupa Global membership number

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## 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 

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First name 

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Middle name 

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Family name 

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Date of birth 

D	D	M	M	Y	Y	Y	Y
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Country of nationality 

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Occupation 

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## 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)

Flat / Room 

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

Floor 

--	--	--	--

Block 

--	--	--	--

Bldg. / Mansion / House 

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

Court / Estate / Street 

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

District 

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

HK / KLN / NT 

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Country 

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**Correspondence address - if your correspondence and residency address are the same please tick here**

(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)

Flat / Room 

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Floor 

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Block 

--	--	--	--

Bldg. / Mansion / House 

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Court / Estate / Street 

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District 

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HK / KLN / NT 

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Country 

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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 Being a paperless customer

M

- 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).



## 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 do not provide us with full details we may cancel your cover or it may stop us from paying your claims and/or cause us to review the terms and conditions of your policy.

**If you tick Yes to a question, please give full details in section 8.**

Please ensure you tell us about any known or suspected conditions and symptoms even if professional advice has not yet been sought.

If you are already a Bupa Global customer and wish to change your plan, you should also include details of any conditions for which you have made claims within the last seven years. This information will be passed to our underwriting team who will assess the terms of your plan.

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, therapist or consultant 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
<b>1. Circulatory disorders</b> 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
<b>2. Endocrine (glandular) disorders</b> 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
<b>3. Breathing or respiratory disorders</b> 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
<b>4. Stomach, intestines, liver or gall bladder problems</b> 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
<b>5. Benign tumours, growths or pre-cancerous conditions</b> e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease, lipomas	Y N	Y N	Y N	Y N	Y N
<b>6. Skin problems</b> 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
<b>7. Brain or nervous system disorders</b> 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
<b>8. Muscle or skeletal problems</b> 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
<b>9a. Female urinary or reproductive system problems</b> 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
<b>9b. Male urinary or reproductive system problems</b> e.g. kidney or bladder problem (including kidney failure), recurrent urinary infection, benign prostate hypertrophy or enlarged prostate or infertility	Y N	Y N	Y N	Y N	Y N
<b>10. Blood/infective/immune disorders</b> e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	Y N	Y N	Y N	Y N	Y N
<b>11. Eye, ear, nose and throat problems</b> e.g. cataracts, glaucoma, visual impairment, detached retina, macular degeneration, deafness, ear infections, glue ear, deviated nasal septum, tonsillitis, gingivitis.	Y N	Y N	Y N	Y N	Y N
<b>12. Mental health disorders</b> e.g. schizophrenia, bipolar, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency, panic attacks, paranoia, ADHD	Y N	Y N	Y N	Y N	Y N
<b>13. Congenital/Hereditary conditions</b> e.g. Downs syndrome, spina bifida, cystic fibrosis, cerebral palsy, cleft lip or cleft palate, sickle cell anemia, Huntington's disease, thalassemia, hemochromatosis	Y N	Y N	Y N	Y N	Y N

# 7 Medical history (continued)

Please also answer the following questions:

M	1	2	3	4
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Y N	Y N	Y N	Y N	Y N
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14. Is anyone to be covered taking any medication, prescribed or otherwise?

Y N	Y N	Y N	Y N	Y N
-----	-----	-----	-----	-----

15. Does anyone to be covered currently have, or ever had:

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  kilogrammes

--	--	--	--	--

NB If you experience any additional symptoms other than the above described before you receive your insurance documents, please notify us immediately. Failure to do so may affect your cover

## 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:



Please tick the options you wish to add for you and any additional people.  
(Note: the level of cover you choose will apply to all members detailed on this form)



### Lifeline Essential:

This level concentrates on covering you for in-patient hospital stays. You have the security that you'll be covered for treatment you may receive as an in-patient or as a daycare patient.



### Lifeline Classic:

Our Classic level is designed to cover you and your family for specialist medical treatment or diagnosis. You will be covered for in-patient hospital stays as well as out-patient consultations, treatment such as physiotherapy and a range of preventive health checks.



### Lifeline Gold:

Our top level gives you cover for both in-patient and out-patient care. In addition, Gold also covers family doctor treatment and any prescription medication you may need, as well as accident related dental treatment. Maternity cover, home nursing and a range of four preventive health checks are also included in this comprehensive plan.



### U.S. Cover:

We understand that many people do not need medical insurance for the U.S., so you can choose whether you want to include it. Unfortunately, we cannot offer Bupa Global Lifeline to anyone who is normally resident in the U.S. This cover will increase your premium.



### Choose your Annual Deductible:

If you are paying by Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year.

GBP:	None <input type="radio"/>	£100 <input type="radio"/>	£250 <input type="radio"/>	£500 <input type="radio"/>	£1000 <input type="radio"/>	£2000 <input type="radio"/>	£5000 <input type="radio"/>
USD:	None <input type="radio"/>	\$160 <input type="radio"/>	\$400 <input type="radio"/>	\$800 <input type="radio"/>	\$1600 <input type="radio"/>	\$3200 <input type="radio"/>	\$8000 <input type="radio"/>
EUR:	None <input type="radio"/>	€160 <input type="radio"/>	€400 <input type="radio"/>	€800 <input type="radio"/>	€1600 <input type="radio"/>	€3200 <input type="radio"/>	€8000 <input type="radio"/>

## Your assistance cover options



### Evacuation:

If you are concerned about the quality of local medical care, this is ideal. If the treatment you need is not available locally, we will arrange for you to be evacuated to the nearest centre of medical excellence, no matter where you are in the world.



### Repatriation *(automatically includes Evacuation cover):*

Our highest level of Assistance cover also gives you the choice of returning to your home country, to be treated in familiar surroundings, near your friends and relatives (if treatment is not available locally). If this happens, you can choose to have someone to accompany you for your visit back home.



## 10 Your payment details (Contact your Bupa Global representative for more information if necessary)

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

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

Your choice of currency for the policy and premium payments (please tick one only):	EUR €	<input type="radio"/>	USD \$	<input type="radio"/>	GBP £	<input type="radio"/>
How will you make your premium payments (please tick one only):	Monthly	<input type="radio"/>	Quarterly	<input type="radio"/>	Annual	<input type="radio"/>

### 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

M

M

Y

Y

Expiry date

M

M

Y

Y

CARD HOLDER'S SIGNATURE

DATE

## 11 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

## Privacy notice

**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.

### Our complaints procedure

If you have a concern or complaint you can call the Bupa Global service team on +852 2531 8503. Alternatively, you can email or write to the team via:

- Bupa (Asia) Limited, 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
- Email: [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)

### 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 this 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

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

### Declaration

To the best of my knowledge and belief the information given in this application form is true and complete.

I am either the legal representative of the additional persons named in this application form, or I have obtained their prior and express consent to submit this application form, give consent and make declarations on their behalf.

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 any cover which I may purchase 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)

I understand that benefits may not be payable in full or at all and my policy made 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. I agree that Hong Kong law will apply to the policy.

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.

**In view of the declaration above it is essential that complete information is supplied. We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.**

If you do not take reasonable care to provide us with full, complete and accurate information in completing this application form, then we may have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

If you do not take reasonable care to provide full, complete and accurate information in respect of any of the other people to be covered under the policy, it may affect the cover for those people.

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.

If any dispute arises as to the interpretation of this form as between language versions, then the English version shall be deemed to be conclusive and take precedence over any other version.

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 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.

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.

Main applicant's signature

M

Signature line

Print name

Date: DD MM YY YY

# Notes

# 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