



GROUP SECRETARY APPLICATION FOR BUSINESS HEALTH PLANS

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 send your form and any supporting documents by email to: service.hk@bupaglobal.com, or fax on +852 2529 2725 or by post to Bupa Global, 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

Please only use one method, for example if you scan and email you do not need to fax or post.

This form should be returned along with completed member applications or membership census. If you have any questions please contact your sales advisor or intermediary.

Bupa Global Business plans are for businesses/companies, their employees and employee's dependants. A dependant is the principle member's partner, spouse or dependant children. A minimum number of three employees must be covered. For employees aged 65 and over and companies that consist solely of members of the same family, it must be fully substantiated that such employees are working for the same employer/company. Copies of payslips or employment contracts will need to be provided.

All material facts relating to the questions asked in this application must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence the decision of an insurer when assessing and accepting this application.

As the Sponsor of this company plan you must answer all questions and sign the declaration on behalf of the company and all persons to be insured.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

Guidance Notes have been written next to each section to be completed to help you understand the information we are requesting. If you have any queries relating to any section please contact your sales advisor or intermediary if using one.

Start date

The start date will generally be the date on which your completed group application form is received and accepted by Bupa Global. If you require a different start date, for example to take into account the expiry of your current insurance held elsewhere, please complete the start date box in section 1. Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance. Cover cannot start between the 28th & 31st of any month

Back dating cover

Bupa Global will only back date cover in exceptional circumstances such as, but not limited to:

- Taking into account the expiry date of your current insurance held. Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance
- If any application has been confirmed as received by Bupa Global and since been misplaced in our offices
- For employees who are new joiners to your company have received an application form, but are eligible to join from their first date of employment. A copy of their employment contract will be required with their application form

Underwriting terms and their requirements

Bupa Global offer three different underwriting terms. You should have agreed the underwriting terms with your sales advisor or intermediary before completing this form. If you have any doubts as to the agreed terms, please contact your sales advisor or intermediary before completing this form.

Intermediaries

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.

3 PREVIOUS INSURER

Complete this section if you have previously had private medical insurance for your group members.

Please refer to the policy documents issued by your previous insurer

Insurer									
Plan Name									
Cover expiry date	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

4 CHOOSE YOUR COVER OPTIONS

Please choose the plan(s) that you wish to purchase. Note that assistance cover: **Evacuation and Repatriation, are included in all plans.**

If you have any questions or queries on the cover or benefits under any plan please contact your sales advisor or intermediary.

Choose Plan	Choose Co-insurance (Applies to out-patient care only)	Choose Dental & Optical	Choose U.S. cover	Choose maternity cover
<input type="radio"/> Business Health Select Plan	Not available	<input type="radio"/> Dental choice 1 <input type="radio"/> Dental & Optical choice 2 <input type="radio"/> Dental & Optical choice 3	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> Business Health Premier Plan	<input type="radio"/> 0% <input type="radio"/> 15% <input type="radio"/> 25%	<input type="radio"/> Dental choice 1 <input type="radio"/> Dental & Optical choice 2 <input type="radio"/> Dental & Optical choice 3	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> Business Health Elite Plan	<input type="radio"/> 0% <input type="radio"/> 15% <input type="radio"/> 25%	<input type="radio"/> Dental choice 1 <input type="radio"/> Dental & Optical choice 2 <input type="radio"/> Dental & Optical choice 3	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> Business Health Ultimate Plan	Not available	✓ Included	✓ Included	✓ Included

5 UNDERWRITING OPTIONS

The three underwriting terms available are:

Full Medical Underwriting (FMU)

All employees must complete individual employee applications. Unless a pre-existing condition or related condition is fully disclosed on our application form and we have not expressly excluded it, benefit will not be payable. Any specific exclusion(s) will be detailed on the insurance certificate issued in our member welcome pack.

Continued Personal Medical Exclusions (CPME)

Please include the employee's 'Company Transfer Application' along with previous insurer's certificates. These must confirm the medical exclusions that are applicable to each person or the commencement date of the previous moratorium.

Medical History Disregarded (MHD)

As the Sponsor of this company plan you must answer the health questions in section 3. All employees must join as soon as they are eligible. This also applies to new employees that are added after the start date of the group contract. Please include a full membership census (first name, surname, date of birth, gender, location, nationality, occupation and level of cover) of all eligible employees and dependants to be covered. Employees or dependants aged 70 and over are not eligible for MHD cover.

Please note that you can only choose one set of underwriting terms

FMU - Full medical underwriting A fully completed application form for each person to be covered under this plan must be submitted with this application	<input type="radio"/>
CPME - Continued personal medical exclusions Please complete the section below and provide a membership census along with their previous insurance certificates	<input type="radio"/>
MHD - Medical history disregarded Please complete the section below and provide a membership census	<input type="radio"/>

5 UNDERWRITING OPTIONS CONTINUED

If applying for CPME or MHD, these terms must be agreed by our underwriters prior to acceptance if any of the questions are answered 'yes'.

Note: This also applies to future additions to your plan if MHD is selected.

Are you aware if any person to be covered under the policy has a history of the following:

Heart conditions or strokes?	<input type="radio"/> YES <input type="radio"/> NO If yes, how many of your employees <input style="width: 50px;" type="text"/>
Any type of cancer, including benign brain tumours?	<input type="radio"/> YES <input type="radio"/> NO If yes, how many of your employees <input style="width: 50px;" type="text"/>
Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment?	<input type="radio"/> YES <input type="radio"/> NO If yes, how many of your employees <input style="width: 50px;" type="text"/>

6 ADMINISTRATION & DOCUMENTS

All group documents will be addressed to the Group Secretary.

GROUP DOCUMENTS: Such as your contract and billing, including invoices, statements and credit notes.

- Group Secretary: e-docs post both
 Intermediary: n/a post n/a

Please note group documents can only be sent to one recipient, either the group secretary or intermediary.

MEMBERSHIP DOCUMENTS: Membership documents can only be posted directly to your employees if we have their full address details. For access to e-docs they must have registered to use MembersWorld; our online secure website which gives your employees access to key membership information like their claims history.

- Group Secretary: n/a post n/a
 Intermediary: n/a post n/a
 Member: e-docs post both

Please note membership documents can only be sent to one recipient, either the group secretary, the intermediary or the member.

Please fill in the details below if additional group contacts wish to be given access to our dedicated, secure online website CorporateWorld, allowing to manage the company health scheme online.

Position in the Company	<input type="text"/>
Name	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

8 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:

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

9 DECLARATION

I hereby apply on behalf of the company named in section 1, for a Company Group plan. I declare that I have the authority to sign this form on behalf of the company named in section 1, and have the authority to enter the same company into this contract.

I agree that the Rules of the Business Global Health Plan will be binding on the company named in section 1. I declare that all main members to be included in this plan are employees of the company, who are eligible to join the plan and that they and any eligible dependants do not contribute to the cost of the plan, which is borne by the employer.

I declare that to the best of my knowledge and belief the information given in this form is true and complete. I understand that providing false or misleading information may invalidate the insurance and prevent claims from being paid for the group member. Bupa (Asia) Limited ("Bupa Global") reserves the right, in such circumstances, to lapse a group member's policy and/or the Company Group plan (where appropriate) and to take all and any such action as may be deemed necessary to recover any losses suffered as a result. If any misrepresentation and/or fraudulent activity is suspected, Bupa Global also reserves the right to take all and any further action as may be deemed necessary and to share such information (where appropriate) with other insurers. I have brought these matters to the individual or group member's attention.

I agree that Hong Kong law will apply to the policy and I understand that 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.

Where applicable, I hereby consent to your payment of the fees to my intermediary as described in this application.

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.

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.

AUTHORISED SIGNATORY* (Please note that the signature is the contact within the company that can legally enter into agreement with Bupa)	DATE																																				
	D	D	M	M	Y	Y																															
Print full name																																					

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