

Lifeline



Joining Bupa Global

bupaglobal.com

Lifeline

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 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.



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**.

For new customers

Please complete sections 1-10, 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 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 5-9
- 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
- read, sign and date the declaration in section 12



Want to change your payment details?

- complete sections 1 and 10
- read, sign and date the declaration in section 12



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

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.? Y N

4 Main applicant: Your other contact details

M

(Please include country code, area code and number)

Phone/Mobile

Email

6 Additional people to be covered with you (continued)

4

Title				Male	<input type="radio"/>	Female	<input type="radio"/>	1st language											
First name								Middle name											
Family name																			
Date of birth	D	D	M	M	Y	Y	Y	Country of nationality											
Country of residency								Relationship to you											
Email																			
For over 16s only <input type="radio"/> Paperless customer (manage plan online, register on MembersWorld) <input type="radio"/> Hard copy (receive documents by post)																			
Have you had a previous policy with Bupa?	<input type="radio"/>	<input type="radio"/>						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	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. Endocrine (glandular) disorders e.g. diabetes (Type 1 or Type 2), thyroid problems, Addison's disease or obesity	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
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)	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
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	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
5. Benign tumours, growths or pre-cancerous conditions e.g. polyps, benign growths, non-cystic breast lump, fibrocystic breast disease or lipomas	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
6. Skin problems e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
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	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

	M	1	2	3	4
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
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:					
<input type="radio"/> Cancer	Y N	Y N	Y N	Y N	Y N
<input type="radio"/> Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	Y N	Y N	Y N	Y N	Y N
<input type="radio"/> Stroke	Y N	Y N	Y N	Y N	Y N
<input type="radio"/> 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?	<input type="radio"/> feet/inches	<input type="radio"/> metres/centimetres							
How much do you weigh?	<input type="radio"/> stones/pounds	<input type="radio"/> 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 the Notes section at the end of this form 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 direct debit or 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"/>	£5,000	<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"/>	\$8,000	<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"/>	€8,000	<input type="radio"/>

Your assistance cover options



Evacuation:

This option covers you when the treatment you need is not available locally. Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment where the treatment that you need is available.



Repatriation (automatically includes Evacuation cover):

This cover also gives you the option of returning to your specified country of nationality or your specified country of residence when the treatment is not available locally.



Please refer to the membership guide for full details.

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

You must choose to pay by direct debit or credit card if you have chosen a deductible and/or to pay monthly. If you choose an annual deductible or co-insurance you must ensure that we always have a valid direct debit agreement or credit card authority throughout the year. Not having this in place may cause a delay in the payment of claims.

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	
------	--

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

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 to store my below 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 date	Expiry/end date

Card holder's signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Cardholder address

Address line 1	
Address line 2	
Town/City	
Country	
Postal/Zip/Area code	

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):

Grid for account holder name

Sort code:

Bank/Building Society account number:

Sort code grid

Account number grid

Swift code:

Swift code grid

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 grid

Address grid

Postcode grid

Card holder's signature

Signature box

Date

Date grid (D, D, M, M, Y, Y, Y, Y)

Reference number (for Bupa Global use only)

Reference number grid

Originator's ID number

Originator's ID number grid (9, 8, 0, 9, 3, 9)

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

As Instruction Form



Notes

Identification stamp / Broker name and ID number