

Bupa in Malta  
is brought to you by



## Joining Bupa Malta

**[bupa.com.mt](http://bupa.com.mt)**

GlobalCapital Health Insurance Agency Limited (GCHIA) acts as an insurance agent for Bupa Global Designated Activity Company (Bupa Global DAC), which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings. GCHIA is registered as an insurance agent and is authorised and regulated by the Malta Financial Services Authority and subject to limited regulation by the Central Bank of Ireland. Registered office: GlobalCapital Health Insurance Agency Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. Company Registration No. C6393

## IMPORTANT INFORMATION

Please write clearly in **BLOCK** capitals using black ink. Once completed, you can scan and email your form to:

**bupa@globalcapital.com.mt** or post the original form to: **GlobalCapital Health Insurance Agency Limited, Testaferrata Street, Ta'Xbiex XBX 1403, Malta**

**This application form applies to persons who are habitually residents and actually living in Malta for at least 6 months of each membership year.**

**If you do not provide us with full details, we may terminate your cover, or it may stop us from paying your claims. Please tell us immediately if you or any additional people to be covered under the plan experience any symptoms before you receive your membership documents. Failure to do so may mean we are unable to pay your claims.**

**Completion of this application does not confirm inception of cover. The inception date of membership shall be stipulated on the Membership Certificate which will be sent to you upon approval of your application. When a receipt is issued, this will only attest that money for premium has been received and not that the insurance cover has commenced.**

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

**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 member of Bupa. For full details of terms and conditions, please see a copy of your membership guide available on request, or you may download a copy from our website [www.bupa.com.mt](http://www.bupa.com.mt)**

**If you have any questions when completing this form, please call us on 21342342**





## 5 CONFIDENTIAL MEDICAL HISTORY

This section asks for health and medical details, past and present about yourself and each person named in Section 4. Please tick Yes or No to every question for every person. **If you tick Yes to a question, please give full details in Section 6 on the next page.** Whether you are increasing 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.

**If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.**

Have you or anyone to be covered under the membership:

- seen a doctor or other healthcare professional in the last three years
- been admitted to hospital, had an operation/procedure or had an investigation (e.g. a scan/blood tests) in the last seven years

for any of the medical problems listed in question 1 – 13 below:

	MA	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	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>2. Endocrine (glandular) disorders</b> e.g. diabetes (Type 1 or Type 2), thyroid problems or obesity	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>3. Breathing or respiratory disorders</b> e.g. shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> 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	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>5. Benign tumours, growths or pre cancerous conditions</b> e.g. polyps, benign growths, breast nodules or cysts, lipomas	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>6. Skin problems</b> e.g. eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> 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) or meningitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

## 5 CONFIDENTIAL MEDICAL HISTORY (CONTINUED)

<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	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>9. Urinary or reproductive system problems</b> e.g. kidney or bladder problems (including kidney failure), recurrent urinary infections, incontinence; pregnancy/childbirth problems (including caesarean sections), heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, polycystic ovaries, testicular or prostate disorders	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>10. Blood/infective/immune disorders</b> e.g. abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>11. Eye, ear, nose, throat and dental problems</b> e.g. cataracts, glaucoma, visual impairment, deafness, ear infections, tonsillitis, dental infections, wisdom teeth problems or gingivitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>12. Psychiatric/psychological disorders</b> e.g. schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>13. Cosmetic treatment, surgery</b> e.g. breast enlargements/reductions or rhinoplasty	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Please also answer the following questions:

<b>14. Is anyone to be covered taking any medication, prescribed or otherwise?</b>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>15. Has anyone to be covered ever had a history of:</b>					
• Cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
• Heart condition eg angina, heart attack, heart failure, abnormal heartbeat	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
• Stroke	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
• Prosthetic implants and appliances in his/her body e.g. shunts, pacemakers, joint replacements	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>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 - 15?</b>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>17. In the last 6 months, have you or anyone to be covered experienced any signs or symptoms of any medical problems, illnesses or injuries not already disclosed, regardless of whether a doctor or other healthcare professional has been consulted?</b>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
<b>18. For females only: Are you currently pregnant? Y/N</b>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Further details (for over 16s only):

<b>How tall are you?</b>	feet/inches <input type="radio"/>	metres/centimetres <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>How much do you weigh?</b>	stones/pounds <input type="radio"/>	kilogrammes <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## 7 CHOOSE YOUR COVER OPTIONS

MA

BUPA MALTA PRIVATE CLINIC	<input type="radio"/>
BUPA MALTA PRIVATE HOSPITAL COVER - ESSENTIAL OPTION	<input type="radio"/>
BUPA MALTA PRIVATE HOSPITAL COVER - PREMIER OPTION	<input type="radio"/>
BUPA MALTA INTERNATIONAL - UK OPTION	<input type="radio"/>
BUPA MALTA INTERNATIONAL - STANDARD OPTION	<input type="radio"/>
BUPA MALTA INTERNATIONAL - GOLD OPTION	<input type="radio"/>

### OPTIONAL / ADDITIONAL COVER

	BUPA MALTA PRIVATE CLINIC	BUPA MALTA PRIVATE HOSPITAL COVER PREMIER/ ESSENTIAL OPTION	BUPA MALTA INTERNATIONAL COVER UK OPTION	BUPA MALTA INTERNATIONAL STANDARD/ GOLD OPTION
OPTIONAL EXTRA BENEFITS				
EMERGENCY EVACUATION COVER	N/A	N/A	N/A	

### ANNUAL DEDUCTIBLE

You might choose an annual deductible which enables you to make a saving on your premium rate. This is the amount you would pay towards eligible medical treatment each year, for each member under your policy (please tick one circle only)

None  € 120.00  € 235.00  € 585.00

## 8 YOUR PAYMENT DETAILS (CONTACT YOUR BUPA MALTA REPRESENTATIVE IF PAYMENT IS TO BE MADE BY A THIRD PARTY)

Chose the applicable mode of payment and indicate the frequency of payment.

	QUARTERLY	ANNUALLY
By Credit Card	<input type="radio"/>	<input type="radio"/>
By cheque	<input type="radio"/>	<input type="radio"/>
By Internet banking	<input type="radio"/>	<input type="radio"/>
By debit card	<input type="radio"/>	<input type="radio"/>

Annual subscriptions are approximately 5% lower than equivalent quarterly subscriptions.

## CARD PAYMENT AUTHORITY

To Bupa Malta, I authorise you, until further notice in writing, to charge to my card account, premium and other unspecified amounts, as and 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



We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. Fuller details can be found in our Full Privacy Notice available at: <http://www.bupa.com.mt/privacy-notice>. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Malta service team on +356 21 342 342. Alternatively you can email or write to the team via [bupa@globalcapital.com.mt](mailto:bupa@globalcapital.com.mt) or Bupa Malta, GlobalCapital Health Insurance Agency Ltd, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. If you have any questions about how we handle your information, please contact us at [gdpr@globalcapital.com.mt](mailto:gdpr@globalcapital.com.mt).

#### Information about Bupa Malta

In this privacy notice, reference to 'Bupa Malta', 'we', 'us' and 'our' are to GlobalCapital Health Insurance Agency Limited which is registered as an insurance agent for Bupa Global Designated Activity Company ('Bupa Global').

#### 1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ('you', 'your'), via any channel (e.g. email, website, telephone, app).

#### 2. Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (e.g. those acting on your behalf, like brokers, healthcare providers). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

#### 3. Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (e.g. information we use to contact you, identify you or manage our relationship with you); and special categories of information (e.g. health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

#### 4. Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa Malta, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third party's legitimate interests or it is required or permitted by applicable law.

#### 5. Marketing and preferences

Bupa Malta would, on occasion, like to keep you informed of Bupa Malta products and services which it considers may be of interest to you.

- Please tick if you would like us to keep you updated about our products and services by post, telephone email and text.

You will be able to opt out of receiving these communications at any time by emailing [bupa@globalcapital.com.mt](mailto:bupa@globalcapital.com.mt) or by writing to Bupa Malta, GlobalCapital Health Insurance Agency Ltd, Testaferrata Street, Ta' Xbiex XBX 1403, Malta.

#### 6. Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

#### 7. Sharing your information

We share your information with Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (e.g. brokers and other intermediaries) and with others who help us provide services to you (e.g. healthcare providers) or from whom we need information to handle or verify claims or entitlements (e.g. professional associations). We also share your information in accordance with the law.

#### 8. Transfers outside of the European Economic Area (EEA)

Bupa Malta deals with many international organisations and uses global information systems. As a result, Bupa Malta transfers your personal information to countries outside of the European Economic Area, that is the EU member states and Norway, Liechtenstein and Iceland, for the purposes set out in this privacy notice

#### 9. How long we retain your personal information

Bupa Global retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

#### 10. Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produces legal effects concerning you or similarly significantly affects you.

#### 11. Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at [gdpr@globalcapital.com.mt](mailto:gdpr@globalcapital.com.mt). You also have the right to make a complaint to your local supervisory authority for data protection. The contact details for the Maltese Information and Data Protection Commissioner are as follows: Information and Data Protection Commissioner, Level 2, Airways House, High Street, Sliema SLM 1549, Malta. Tel: +356 2328 7100, email: [idpc.info@idpc.org.mt](mailto:idpc.info@idpc.org.mt).

## 9 YOUR MEMBERSHIP DECLARATION (CONTINUED)

### DECLARATION

To the best of my knowledge and belief the information given in this application form is true, accurate and complete. I understand that benefits may not be payable in full or at all and my policy may 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 and I have their express agreement to submit this application form on their behalf, or I am their legal representative.

I understand that my personal information and that of any other person to be covered by this policy will be processed by Bupa Malta for the purposes set out in Bupa Malta's privacy notice. I confirm that I have brought Bupa Malta's privacy notice to the attention of these covered.

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 Maltese law will apply to the policy.

**It is essential that you take reasonable care to provide us with full, complete and accurate information when you complete this application form. Please be sure to check the entire form.**

If you do not provide complete information, we will not be able to process your application.

If you do not take reasonable care to provide us with full, complete and accurate information about yourself or any other person covered under the policy, we will have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

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.

This form must be received by us within six weeks of the date of this declaration. 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, we will require you to submit a new form.

MAIN APPLICANT'S SIGNATURE

DATE

D D M M Y Y

Print full name

FOR OFFICE USE ONLY

IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER



General Services:  
21342342

GlobalCapital Health Insurance Agency Limited  
Testaferrata Street,  
Ta' Xbiex XBX 1403, Malta

## 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