Business Health Plans

Employee application form

bupaglobal.com

Bupa Global Business Health Plans

You can type directly into this form. Alternatively, please write clearly in block capitals using black ink.

This application form is for employees and their eligible dependants who are applying to join a Bupa Global Business Health Plan or to amend an existing membership.

The start date will generally be the date on which your completed application form is received and accepted by Bupa Global. If you require a different start date in the future please complete the start date box in section 1.

Please return this form to your company's Bupa Global Group Administrator in a sealed envelope. Alternatively you may wish to email the completed form to them. If you have any concerns regarding the confidentiality of your medical information in this process, please contact your company's Bupa Global Group Administrator to discuss.

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.

You must 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 MA. Please note that MA is for the employee and 1, 2, 3, 4 is for dependants.

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 Bupa Global customer.

If you have any questions when completing this form, please call us on +44 (0) 1273 208 181

Checklist - please make sure:

Your Group Secretary has completed section 1	☐
The information you have given in the applicable sections is correct and complete	☐
You have read, signed and dated the declaration in section 10	☐

1 To be completed by the Group Secretary

Group name																														

Group number																								Cover start date*	D	D	M	M	Y	Y	Y	Y

***Cover cannot start between 28th and 31st inclusive**

Plan information

Please tick the plan and any co-insurance, optional modules or U.S. cover which will apply to this application.

Choose Plan		Choose Co-insurance			Choose Optical & Dental	Choose U.S. Cover
◯	Business Select Health Plan	Not available			Y N	Y N
◯	Business Premier Health Plan	◯ 0%	◯ 15%	◯ 25%	Y N	Y N
◯	Business Elite Health Plan	◯ 0%	◯ 15%	◯ 25%	Y N	Y N

Underwriting terms

Please tick the underwriting terms to be applied to this application.

Full Medical Underwriting: 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: This is where underwriting terms from your previous insurer are carried over to your Bupa Global Plan.	◯

Group Secretary declaration

I confirm that I am authorised to sign on behalf of the company and that all applicants named in this application are eligible to join the plan and do not contribute to the cost, which is borne by the employer.

Group Secretary Signature	Date
	D D M M Y Y Y Y

Print full name																														

2 Main applicant: Membership details

MA

Bupa Global membership number																

Alternatively, if you have previously had a policy with Bupa, please tick here and provide the membership number above ◯

3 Main applicant: Your personal details

MA

Title					Male ◯	Female ◯	1st language																								

First name																Middle name																

Last name																																

Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality																							

Occupation																																

4 Main applicant: Your address details

MA

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/Emirate	
Country	

Are you or any additional persons to be covered with you a U.S. resident?	Y	N
If yes, will you be resident outside of the U.S for six month or more in any one year	Y	N

Correspondence address

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

Address line 1	
Address line 2	
Town/City	
State/Emirate	
Country	

5 Main applicant: Your other contact details

MA

(Please include country code, area code and number)

Phone/Mobile	
Email	

6 Additional persons to be covered with you

If any of these additional persons have different home or correspondence addresses to yours, please write their name and addresses on a separate sheet and confirm you have done so by ticking here ◯

1

Title | Male ◯ | Female ◯ | 1st language

First name | Middle name

Last name

Date of birth (D D M M Y Y Y Y) | Country of nationality

Country of residency | Relationship to you

Email

2

Title | Male ◯ | Female ◯ | 1st language

First name | Middle name

Last name

Date of birth (D D M M Y Y Y Y) | Country of nationality

Country of residency | Relationship to you

Email

3

Title | Male ◯ | Female ◯ | 1st language

First name | Middle name

Last name

Date of birth (D D M M Y Y Y Y) | Country of nationality

Country of residency | Relationship to you

Email

4

Title | Male ◯ | Female ◯ | 1st language

First name | Middle name

Last name

Date of birth (D D M M Y Y Y Y) | Country of nationality

Country of residency | Relationship to you

Email

7 Medical questions and history – Full Medical Underwriting (FMU) MA

Complete this section if Full Medical Underwriting has been selected in section 1 of this form.

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 9.

Please answer each of these questions fully and accurately for the person named above.

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.

You must also 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 also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.

Please tick either Yes or No to each of these questions	M	1	2	3	4
1. Within the last 3 years, has any applicant seen a doctor or other healthcare professional for:					
○ any recurrent or persistent medical condition or symptoms? (Persistent meaning for 2 weeks or more)	Y N	Y N	Y N	Y N	Y N
○ any abnormal tests or results?	Y N	Y N	Y N	Y N	Y N
2. In the last 7 years, has any applicant been admitted to hospital, had an operation, procedure or investigation (e.g. a scan/blood tests).	Y N	Y N	Y N	Y N	Y N
3. Is any applicant taking any medication, prescribed or otherwise?	Y N	Y N	Y N	Y N	Y N
4. Does any applicant have any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for broken bones) currently in their body?	Y N	Y N	Y N	Y N	Y N
5. Has any applicant (at any time in the past) had a history of:	Y N	Y N	Y N	Y N	Y N
○ **cancer, including benign brain tumours**	Y N	Y N	Y N	Y N	Y N
○ **heart condition**	Y N	Y N	Y N	Y N	Y N
○ **stroke**	Y N	Y N	Y N	Y N	Y N
○ **joint replacements**	Y N	Y N	Y N	Y N	Y N
6. Has any applicant 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.	Y N	Y N	Y N	Y N	Y N
7. Do you have any planned or pending treatment, investigations or tests?	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	○	kilograms	○					

8 Medical questions and history – Continued Personal Medical Exclusions (CPME)

Complete this if Continued Personal Medical Exclusions has been selected in section 1 of this form.

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 9. Please answer each of these questions fully and accurately for the person named above.

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.

You must also 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 also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.

	M	1	2	3	4
1. Have you ever suffered from any form of:					
○ **cancer, including benign brain tumours**	Y N	Y N	Y N	Y N	Y N
○ **heart condition**	Y N	Y N	Y N	Y N	Y N
○ **stroke**	Y N	Y N	Y N	Y N	Y N
○ **psychiatric condition**	Y N	Y N	Y N	Y N	Y N
2. Have you had a joint replacement or spinal surgery?	Y N	Y N	Y N	Y N	Y N
3. Have you made a claim under your existing insurance in the last 12 months?	Y N	Y N	Y N	Y N	Y N
4. Do you have any long-term conditions which require regular treatment and reviews with a doctor?	Y N	Y N	Y N	Y N	Y N
5. Do you have any planned or pending treatment, investigations or tests?	Y N	Y N	Y N	Y N	Y N

9 Medical questions and history: Additional information

This section applies if you have answered 'Yes' to any of the medical questions in sections 7 or 8.
If you are unsure whether any details are relevant, you must include them.

Main applicant or dependant	The relevant question number from section 7 or 8	What was the condition (or symptom if not yet diagnosed)? If applicable, state the area affected eg right leg.	When were symptoms first experienced and when was treatment completed (if applicable)?	What was the treatment/ medication (including dates and names)?	What was the outcome of the treatment (eg full recovery, ongoing treatment required, likely to recur or awaiting test results)?
M					
1					
2					
3					
4					

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.
If there is insufficient space, please use the "Notes" page at the end of the form and indicate that you have done so by ticking here: ◯

10 Your application declaration

Privacy notice

Last updated: March 2022

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. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "we" "us" and "our" mean the Bupa companies trading as Bupa Global. For details of these companies, visit www.bupaglobal.com/legal-notices

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the 'Sharing your information section'. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1 What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services ("you", "your"), in any way (for example email, website, phone, app and so on).

2 How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3 Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

4 What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with 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 to protect our rights, property, or safety , or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5 Marketing and preferences

We would, on occasion, like to keep you informed of our products and services which we consider may be of interest to you.

Please tick if you would like us and other members of the Bupa group 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 contacting us.

6 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 interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited 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.

7 Sharing your information

We share your information within the Bupa group of companies , with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8 International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

9 How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

10 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11 Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. We are regulated by the Data Protection Commissioner (www.dataprotection.ie) who can be contacted at, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Tel +353 (0)761 104 800 or +353 (0)57 868 4800.

10 Your application declaration (continued)

Our complaints procedure

It is Bupa Global's intention to provide a first class service to our members at all times. However, if you have any comments or complaints, you can call the Bupa Global customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively, you can contact us via https://membersworld.bupaglobal.com, or write to us at: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.

If you have not received a response within 8 weeks or you remain unhappy with our final response, you may refer your complaint to the Financial Ombudsman Service. Their address and contact details are; Financial Services and Pensions Ombudsman. You can write to them at: Lincoln House, Lincoln Place, Dublin 2; or call them on +353 1 567 7000. Alternatively, you can find further details at their website: www.fspo.ie

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 Global for the purposes set out in Bupa Global's privacy notice. I confirm that I have brought Bupa Global'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 Irish law will apply to the policy.

I agree that any cover 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).

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.

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.

Authorised signatory	Date
	D D M M Y Y Y Y

Print full name

For office use only	Identification stamp / Broker name and id number

Notes

General services:

+44 (0) 1273 323 563

Medical related enquiries:

+44 (0) 1273 333 911

Your calls may be recorded or monitored.

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom

Bupa Global offers you:

Global medical plans for
individuals and groups
Assistance, repatriation
and evacuation cover
24-hour multi-lingual helpline

bupaglobal.com