# Application form A

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(Please	use	block	letters?
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For administrative use										
Ref.		Me	embership number	Ві -						
Date D D M M Y	YYY	Broker id								
Start date*										
The date you want your cover to start DDMMMYYYYY (cannot be between 28th & 31st inclusive)										
*We will confirm to you the start	t date of your policy.	. Waiting periods I	may apply as set out i	in your terms and conditions.						
<b>Main applicant</b> (Policy	yholder)				MA					
First name(s)					Male Female					
Middle name(s)										
Family name(s)										
Nationality										
Date of birth D D M	I M Y Y Y	/	Fax							
Email										
Telephone			Mobile phone							
Residential address										
Postal/Zip/Area code	Ci	City								
Country										
Correspondence address										
Postal/Zip/Area code	Ci	City								
Country										
Are you a U.S. resident?	Ý N									
Dependants										
First name(s)					1					
Middle name(s)				Date of birth						
Family name(s)					Male Female					

Dependants (continued)									
First name(s)	2								
Middle name(s)	Date of birth D D M M Y Y Y Y								
Family name(s)	Male Female								
Nationality									
Fixet name(s)	7								
First name(s)	3								
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Nationality									
First name(s)									
Middle name(s)	Date of birth D D M M Y Y Y Y								
Family name(s)	Male Female								
Nationality									
Paperless customer sign up									
I hereby sign up as a paperless customer with Bupa Global. As a paperless customer, I will receive all documents and correspondence from Bupa Global via my MembersWorld account on www.bupaglobal.com/membersworld. I understand that I will not receive any hard copies of documents to my postal address and that it will be my responsibility to check all documents and correspondence online and to inform Bupa Global 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.									
Payment details (Contact your Bupa Global representative if payment is to be r	nade by a third party)								
Please choose currency and premium payment by ticking the relevant boxes.									
Annual Semi-annual USD EUR									
By credit card (please complete the card payment authority below)  By cheque or bankers draft in the currency you have indicated above									
Please fill in the name of the person paying the premium in the box provided below when choosing to pay	v via cheque or bankers draft								
Name Name									

### 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.; premiums, deductibles and/or co-insurances. Please refer to your insurance 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. MasterCard ( Visa (please tick) American Express

Please note that we do not accept Maestro payments. You will be given 14 days' notice	or other un	specified	a dillodii	is to be	conected	1.		
Cardholder's name as it appears on the card								
Card number								
Valid from date M M / Y Y Expiry/end date M M / Y Y								
Cardholder's signature	Date							
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#### **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
$\bigcirc$	Bupa group to keep you updated about our products and services
	by post, telephone email and text.

#### **Privacy notice** (continued)

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.

#### Signature

By submitting this application form for health insurance coverage with Bupa Global, I acknowledge and confirm my awareness that any health insurance policy issued by Bupa Global is not a substitute for any form of compulsory national health insurance in any country in which I or my dependants may reside.

Applicant's signature		Date							
		D	D	М	М	Y	Y	Y	Υ
Intermediary only									
Intermediary name									
Intermediary ID									
In case of unsolicited sales, applications will only be accepted for countries that allow u cross-border basis, where this is the case. For more information please refer to your Bu				nealth in	surance	contract	:s – inclu	ding on a	a
<ul> <li>Solicited (promoted) sale. Tick the box if this is a Solicited sale</li> <li>Unsolicited Sale - I hereby confirm that we neither promoted, sought, approache</li> </ul>	d the	e custo	mer and	I the cust	omer ne	ither sou	ught or re	equire ac	dvice
Intermediary's signature		Date							
		D	D	М	М	Y	Y	Y	Υ

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

Bupa Global Customer Service, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom Tel: +44 (0) 1273 323563 Fax: +44 (0) 1273 820517 Email: info@bupaglobal.com www.bupaglobal.com

Print name