Joining Bupa Malta

bupa.com.mt

Important information

This application form is for persons who reside and live Malta for at least 6 months of each membership year.

As the policy you are applying for is fully medical underwritten, any symptoms or medical conditions that you or any of your dependants had before the start date may not be covered.

You must tell us if you or any dependant to be covered under the policy experience any symptoms between the time you complete this application form and when the policy is issued. This may be different from the requested policy start date on this form. If you do not provide this information your (and your dependants') cover may be affected.

Completion of this application does not confirm the start date of the health cover. This will be included in the Membership Certificate, which will be sent to you when your application has been approved. When a payment receipt is issued, this is to only to confirm that money for premium has been received, and not that the health cover has started.

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

How to use this form

You can type directly into this form, save it and email it to us. You can also complete it writing clearly in block capitals using black ink. Once completed, you can send the form by:

- Email: bupa@lifestarinsurance.com
- Post: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta.

This form can be used for new customers wanting to join Bupa Global Malta and existing customers wanting to make changes to their policy.

Please provide complete and accurate information. Without it, we may be unable to pay all or part of a claim or need to treat your (and your dependants') policy as if it had not existed.

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

If you have any questions when completing this form, please call us on +356 21342342.

1 Main applicant: your personal details

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

Title | Male ◯ | Female ◯ | ID card/Passport no

First name

Middle name

Family name

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

Occupation

Do you have or had health cover with any other insurer, including Bupa? Y N

If yes, please give details of your cover;

Name of insurer

Name of plan/cover and membership number

Residency address

(your permanent or usual address in Malta)

Address line 1

Address line 2

Town/City

Country

Postal code

Invoicing address (if different)

Address line 1

Address line 2

Town/City

Country

Postal code

Your contact details

Phone/Mobile

Email

2 Additional persons to be covered with you

1

Title | First name

Family name

Male ◯ Female ◯ Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Y N

If yes, provide the name of plan/cover and membership number

2

Title | First name

Family name

Male ◯ Female ◯ Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Y N

If yes, provide the name of plan/cover and membership number

3

Title | First name

Family name

Male ◯ Female ◯ Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Y N

If yes, provide the name of plan/cover and membership number

4

Title | First name

Family name

Male ◯ Female ◯ Nationality | ID card/Passport no

Occupation | Date of birth D D M M Y Y Y Y

Relationship to you

Do you have or had health cover with any other insurer, including Bupa? Y N

If yes, provide the name of plan/cover and membership number

3 Medical history

Please tell us about your and your dependants' health and medical details, past and present.

If you are an existing customer upgrading your cover you must complete this section in full, so that we have an up to date record of your (and your dependants') health.

Please tick yes or no to every question for every person. If you tick yes to a question, please give full details in section 4.

If you do not provide us with full details we may lapse 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 dependants experience any symptoms between the time you complete this application form and the date the policy is issued. Failure to do so may also result in cancellation, rejection of claims and/or changes to the terms and conditions of your policy.

	MA	1	2	3	4
1. In the last 3 years, has any applicant seen a doctor or other healthcare professional for any recurrent or persistent medical condition or symptoms? (persistent means has continued for 2 weeks or more)	Y N	Y N	Y N	Y N	Y N
2. In the last 3 years, has any applicant been advised by a doctor to take any medications (such as to be taken daily, once per week, as needed as directed by doctor) for a continuous period of more than 1 month?	Y N	Y N	Y N	Y N	Y N
3. In the last 3 years, has any applicant to be covered ever had or been advised to have any regular or ongoing follow-up consultations or medical care with a healthcare professional (such as a doctor, physiotherapist, psychiatrist) for any disease or other medical condition?	Y N	Y N	Y N	Y N	Y N
4. In the last 7 years, has any applicant ever had or been advised to undergo investigations (such as blood or urine test, colonoscopy, mammogram, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B or Hepatitis C test)?	Y N	Y N	Y N	Y N	Y N
5. In the last 7 years, has any applicant been admitted to hospital?	Y N	Y N	Y N	Y N	Y N
6. In the last 3 months, has any applicant experienced any signs or symptoms of a medical problem, illness or injury not yet diagnosed or treated?	Y N	Y N	Y N	Y N	Y N
7. Does any applicant have any chronic conditions e.g. a disease, illness or injury that has one or more of the below characteristics?					
○ Continues indefinitely, symptoms or condition may recur or likely to recur?	Y N	Y N	Y N	Y N	Y N
○ Needs ongoing or long-term monitoring through consultation, examination, check-ups, and tests	Y N	Y N	Y N	Y N	Y N
○ Needs ongoing or long-term relief of symptoms	Y N	Y N	Y N	Y N	Y N
○ Needs rehabilitation	Y N	Y N	Y N	Y N	Y N
8. Has any applicant ever had a history of the following?					
○ Cancer, including benign brain tumours	Y N	Y N	Y N	Y N	Y N
○ Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	Y N	Y N	Y N	Y N	Y N
○ Stroke	Y N	Y N	Y N	Y N	Y N
○ Prosthetic implants and appliances in their body e.g. shunts, pacemakers, joint replacements	Y N	Y N	Y N	Y N	Y N
○ Congenital/hereditary conditions	Y N	Y N	Y N	Y N	Y N
9. Does any applicant have any ongoing or planned 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				

4 Medical history: additional information

This section applies if you, or anyone to be covered under this membership, have indicated Yes to any medical questions in section 3. If you are unsure whether any details are relevant, you must include them.

Name of main applicant or additional person	The relevant question number from section 3	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)?

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: ◯

5 Choose your cover options

	MA
Bupa Malta Private Clinic	◯
Bupa Malta Private Hospital – Essential option	◯
Bupa Malta Private Hospital – Premier option	◯
Bupa Malta International – UK option	◯
Bupa Malta International – Standard option	◯
Bupa Malta International – Gold option	◯

Optional / Additional cover

	Bupa Malta Private Clinic	Bupa Malta Private Hospital Premier/ Essential option	Bupa Malta International UK option	Bupa Malta International Standard/ Gold option
Extended Care option	◯	◯	◯	◯
Emergency Evacuation cover	N/A	N/A	N/A	◯
Dental option	Level 1 ◯ Level 2 ◯ Level 3 ◯	Level 1 ◯ Level 2 ◯ Level 3 ◯	Level 1 ◯ Level 2 ◯ Level 3 ◯	Level 1 ◯ Level 2 ◯ Level 3 ◯

Annual Deductible

You can choose an annual deductible. This is the amount you would pay towards covered medical treatment each year, for each member under your policy (please select one only).

◯ None ◯ € 120 ◯ € 235 ◯ € 585 ◯ € 1,000

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

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

	Quarterly	Annually
By credit card / debit card	◯	◯
By cheque	◯	◯
By bank transfer	◯	◯

Annual premiums are approximately 5% lower than quarterly premiums.

Card payment authority

In order to take payments from your credit card, Bupa Malta 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 payment.

Visa & Mastercard's terms and conditions require Bupa Malta 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. Please refer to your membership documents for details of when payments will be taken and the amounts.

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 Malta 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 Malta, 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

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

7 Privacy notice

Last updated: May 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. Fuller details can be found in our Full Privacy Notice available at: https://www.bupaglobal.com/en/legal/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@lifestarinsurance.com or Bupa Malta, LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. If you have any questions about how we handle your information, please contact us at gdpr@lifestarinsurance.com

Information about Bupa Malta

In this privacy notice, reference to 'Bupa Malta', 'we', 'us' and 'our' are to LifeStar Health 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 about our products and services in any way (for example email, website, phone, applications and any other alternatives).

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 data about you and, if applicable, from your dependants.

- Standard Personal Data: for example, information we use to contact you, identify you or manage our relationship with you.
- Special Categories of Personal Data: for example health information, information about race, ethnic origin and religion that allows us to tailor your case.
- Data in relation to criminal convictions and offences: we may get this information when carrying out anti-fraud or anti-money-laundering checks.

4. Purpose of Processing Personal Data and lawful grounds of processing personal data

We process your personal data and special categories of personal data on the basis set out in our full privacy notice, including but not limited 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)
- 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 applicable 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. 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.

6. 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 accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as health-care 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 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.

8. 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 available on our website.

9. Your rights

The GDPR bestows upon the Data Subject the below rights.
Please contact us if you would like to exercise any of your rights.

- Right to access Personal Data.
- Right of rectification.
- Right to be forgotten.
- Right to restriction of processing.
- Right of portability.
- Right to object.
- Right to not be subjected to automated decisions.
- Right to Judicial review.

10. 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@lifestarinsurance.com.

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

8 Your membership 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 understand and accept that all policy documentation and other written communications associated with this application including any claims information will be provided in English.

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.

Fill in your form with complete up-to-date medical history before you sign and date it. We may ask you for a declaration of continued good health or to submit a new application form if:

- we do not receive this application form within six weeks of this declaration date, or,
- the declaration date is more than six weeks before your cover start date

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.

I sign this application form confirming that its contents are accurate and true.

Main applicant's signature	Date
	D D M M Y Y Y Y

Print name	

Notes

General Services:
+356 21342342

LifeStar Health Limited
Testaferrata Street,
Ta' Xbiex XBX 1403, Malta

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