



## BUSINESS HEALTH PLANS EMPLOYEE APPLICATION FORM

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

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## BUPA GLOBAL BUSINESS HEALTH PLANS

This application form is for employees and eligible dependants who are applying to join Bupa Global Business health plans on a **Full Medical Underwriting (FMU) or Continued Personal Medical Exclusions (CPME)** basis or to amend their existing membership.

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

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.

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. Failure to do so may mean we are unable to pay your claims.

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.**

**IF YOU HAVE ANY QUESTIONS WHEN COMPLETING THIS FORM, PLEASE CALL US ON +852 2531 8503**

### HOW TO USE THIS FORM

You can type directly into this form, or write clearly in block capitals using black ink. Once completed, return this form to your company's Group Administrator.

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

#### For new customers, please make sure:

- Your Group Secretary has completed section 1
- The information you have given in sections 3-8 is correct and complete
- You have read, signed and dated the declaration in section 10

#### For existing customers, please make sure:

- Your Group Secretary has completed section 1
- You have completed section 2 and all the relevant sections to reflect the amendments required (for U.S. upgrades this is section 8)
- You have read, signed and dated the declaration in section 10



## 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.

### AUTHORISED SIGNATORY

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### DATE

D	D	M	M	Y	Y	Y	Y
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Print name

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**2**

## MAIN APPLICANT: MEMBERSHIP DETAILS

Membership number

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

**3**

## MAIN APPLICANT DETAILS

If you have previously had a policy with Bupa, please provide the membership number

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### Your personal details

Title 

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 Male  Female  Date of birth 

D	D	M	M	Y	Y	Y	Y
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First name 

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 Middle name 

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Family name 

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Nationality 

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 Language 

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### Your contact details

Email 

--

Phone/mobile (include country/area code) 

--

**Residency address** (your permanent or usual address in the country where you are a resident, on the day you would like the policy to start)

Address 

--

--

Town/city 

--

County/region 

--

Postal/zip/area code 

--

 Country 

--

**Correspondence address** (if your correspondence and residency address are the same please tick here )

Address 

--

--

Town/city 

--

County/region 

--

Postal/zip/area code 

--

 Country 

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Complete this section if **Full Medical Underwriting** has been selected in section 1 of this form, under Underwriting Terms.

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 7.

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
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Please tick either Yes or No to each of these questions

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)

<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
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any abnormal tests or results?

<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
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2. In the last 5 years, has any applicant been admitted to hospital, had an operation, procedure or investigation (e.g. a scan/blood tests).

<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
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3. Is any applicant taking any medication, prescribed or otherwise?

<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
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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?

<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
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5. Has any applicant (at any time in the past) had a history of:

cancer, including benign brain tumours

<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
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heart condition

<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
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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
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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
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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.

<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
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7. Do you have any planned or pending treatment, investigations or tests?

<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
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Further details (for over 16s only):

How tall are you?  feet/inches  metres/centimetres

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How much do you weigh?  stones/pounds  kilograms

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Complete this section if **Continued Personal Medical Exclusions** has been selected in section 1 of this form under Underwriting Terms.

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 7.

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
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Please tick either Yes or No to each of these questions

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

# 7 MEDICAL QUESTIONS AND HISTORY: ADDITIONAL INFORMATION

This section applies if you have answered 'Yes' to any of the medical questions in sections 5 or 6. If you are unsure whether any details are relevant, you must include them

Please attach medical reports or test results relating to the medical conditions you have declared if these are available.

Is additional medical information included?  Y  N

Main Applicant or dependant	The relevant question number from section 5 or 6	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



## 8

## UPGRADE COVER TO INCLUDE U.S. COVER FOLLOWING COMMENCEMENT OF THE POLICY

If you are filling out this form to upgrade to U.S. cover following the commencement of the policy, you should complete this section in place of section 5 or 6, Medical Questions and History. Medical underwriting will be undertaken at the point of application to upgrade cover to include U.S. Exclusions may be applied to U.S. cover.

Please tick either Yes or No to each of these questions

	M	1	2	3	4
1. Your anticipated length of stay in the U.S.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Do you have any ongoing or planned treatment? If yes, please provide details below	<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
3. FEMALES ONLY: Are you currently pregnant?	<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

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## PRIVACY NOTICE

Bupa (Asia) Limited

Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

### 1. Introduction

1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.

1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.

1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").

1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

### 2. Personal Information We Collect

2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.

2.2 During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

### 2.3 Failure to supply personal information requested by the Company

may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.

2.4 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

2.5 We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.

2.6 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.

2.7 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

### 3. Purposes of Collection

3.1 Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:

- (a) processing, assessing and determining any applications for insurance products and services;
- (b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
- (c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
- (d) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
- (e) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or

services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;

(f) performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;

(g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;

(h) providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s) managed and/or operated by us) or products;

(i) communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;

(j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);

(k) provision and design of products and services of the Company;

(l) exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

(m) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;

(n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in **paragraph 5** below);

(o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, future changes to this Notice);

(p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;

(q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and

(r) fulfilling any other purposes directly related to (a) to (q) above.

#### 4. Transfer of Personal Information

4.1 Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in **paragraph 3** to the following classes of transferees:

(a) any member and/or brand of the Group Companies;

(b) any insurance adjusters, agents and brokers;

(c) any re-insurance companies authorised by the Company;

(d) employers (for members of corporate policy only);

(e) healthcare professionals and hospitals;

(f) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;

(g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims

investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

(h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in **paragraph 5** below);

(i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;

(j) financial institutions engaged by the Company or you for billing and payment purposes;

(k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and

(l) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in **paragraph 3** above.

4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

#### 5. Use of Personal Information in Direct Marketing

5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:

(a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;

(b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;

(c) services and products offered by the Company's co-branding partners; and

(d) donations and contributions for charitable and/or non-profit making purposes.

5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:

(a) any member and/or brand of the Group Companies;

(b) third party service providers;

(c) third party reward, loyalty, co-branding or privileges programme providers;

(d) co-branding partners of a member of the Group Companies; and

(e) charitable or non-profit making organisations.

5.3 We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.

**5.4** If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.

**5.5** For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this **paragraph 5**, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

## 6. Security and Retention

**6.1** The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.

**6.2** Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

**6.3** We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.

**6.4** When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: [www.bupa.com.hk](http://www.bupa.com.hk) and is available upon request.

**6.5** Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

## 7. Data Access and Correction

**7.1** Under and in accordance with the terms of the Ordinance, you have the following rights to:

- (a)** check whether the Company holds personal information relating to you or the Member and to access such personal information;
- (b)** require the Company to correct any personal information relating to you or the Member which is inaccurate;
- (c)** ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
- (d)** request the Company to cease using your personal information for direct marketing purposes; and
- (e)** change your preference in respect of our use of your personal information.

**7.2** Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Privacy Officer/ Customer Service Manager  
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

**8.** In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

**9.** For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at 2531 8503.

**10.** Nothing in this Notice shall limit the rights of customers under the Ordinance.

**11.** In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

Issued by Bupa (Asia) Limited

## OUR COMPLAINTS PROCEDURE

If you have a concern or complaint you can call the Bupa Global service team on +852 2531 8503. Alternatively, you can email or write to the team via:

- Email: [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)
- Post: Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

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.

By signing this declaration, I confirm that I have read and understood Bupa (Asia) Limited Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of any other person to be covered by this policy (or their guardians if applicable) and confirmed the understanding and agreement to it.

I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from [www.bupa.com.hk](http://www.bupa.com.hk).

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 Hong Kong law will apply to the policy.

I agree that my policy shall terminate upon informing Bupa Global that I have become a permanent resident of the U.S. (or in the case of a dependant becoming a resident of the U.S., their cover under the policy shall terminate).

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies (such as Bupa Global) and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled "Use of Personal Information in Direct Marketing" in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services.



# Notes

