



BUSINESS HEALTH PLANS GROUP APPLICATION FORM

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

Bupa Global is the sole insurer of this plan.

Bupa Global is a trade name of Bupa, the international health and care company. Bupa is an independent licensee of BCBSA. Bupa Global is not licensed by BCBSA to sell Bupa Global/BCBS branded products in Argentina, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, Bupa Global is only licensed to use the Blue Shield marks. Please consult your policy terms and conditions for coverage availability. BCBSA is an association of independent, community-based and locally operated member companies. Blue Shield Global is a brand owned by BCBSA. For more information about Bupa Global, visit bupaglobalaccess.com, and for more information about BCBSA, visit www.BCBS.com.

IMPORTANT INFORMATION

You can type directly into this form, save it and email it to us. Or, please write clearly in block capitals using black ink.

Once completed, you can send your form and any supporting documents by:

- o Email: service.hk@bupaglobal.com
- o Fax: +852 2529 2725
- o Post: Bupa Global, Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please only use one method, for example if you send it by email you do not need to fax or post it.

This form should be returned along with completed member applications or membership census. If you have any questions please contact your sales advisor or intermediary.

Bupa Global Business health plans are for businesses/companies, their employees and employee's dependants. A dependant is the principle member's partner, spouse or dependant children. A minimum number of three employees must be covered. For employees aged 65 and over and companies that consist solely of members of the same family, it must be fully substantiated that such employees are working for the same employer/company. Copies of payslips or employment contracts will need to be provided.

All material facts relating to the questions asked in this application must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence the decision of an insurer when assessing and accepting this application.

As the Sponsor of this company plan you must answer all questions and sign the declaration on behalf of the company and all persons to be insured.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

Guidance Notes have been written next to each section to be completed to help you understand the information we are requesting. If you have any queries relating to any section please contact your sales advisor or intermediary if using one.

Start date

The start date will generally be the date on which your completed group application form is received and accepted by Bupa Global. If you require a different start date, for example to take into account the expiry of your current insurance held elsewhere, please complete the start date box in section 1. Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance. Cover cannot start between the 28th & 31st of any month.

Back dating cover

Bupa Global will only back date cover in exceptional circumstances such as, but not limited to:

- o If you have an existing health insurance, Bupa Global will accept a transfer within 30 days of the cancellation date of this insurance.
- o For new employees that are eligible to join from their first date of employment. A copy of their employment contract will be required with their application form.
- o If any employee application form has been confirmed as received by Bupa Global and since been misplaced in our offices.

Underwriting terms and their requirements

Bupa Global offer three different underwriting terms. You should have agreed the underwriting terms with your sales advisor or intermediary before completing this form. If you have any doubts as to the agreed terms, please contact your sales advisor or intermediary before completing this form.

Intermediaries

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global require your consent to make payment to your intermediary for their part in introducing you to us as a member. Where applicable, we will deduct a fee from each subscription payment received from you and pass this onto your intermediary on your behalf. For the avoidance of doubt, your consent to make payment of intermediary's fees does not affect the amount of any premiums payable by you, which would remain the same whether or not you had approached us directly or not. Upon renewal of your policy, we will continue to pay your intermediary until otherwise notified by you in writing.

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INSURED COMPANY DETAILS

Person applying on behalf of the Sponsor. This is the person who will sign this application form on behalf of the company. The Sponsor is the company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.

Registered Number: If you are a PLC, limited company or a LLP you will have a registered number. For any other business entity, such as a partnership or a sole trader evidence of your status, such as your letterhead should be submitted with this form.

Please provide a company registration document and utility bill with this application.

Type of business, i.e. accountants, manufacturer of car parts.

Start Date: It is important that you read the 'Start Date' section on page 1.

Company name																															
Trading name (if different)																															
Registered number																															
Registered address																															
Town/City																							Postcode/zip code								
Country																															
Telephone																	Fax														
Email address																															
Type of business																															
Start date (cannot be between 28th & 31st of any month)		D	D	M	M	Y	Y	Y	Y																						

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GROUP CONTACT DETAILS

The Group Secretary is the person **who will administer** the policy on behalf of the company. Please provide the details below.

Group secretary name																															
Group secretary position																															
Address details if different from above																															
Town/City																							Postcode/zip code								
Country																															
Telephone																	Fax														
Email																															

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GROUP CONTACT DETAILS (CONTINUED)

In addition, we may deal with any person such as a director, partner, senior manager or decision maker **who is authorised to represent the company**. Please provide these details below if this applies.

Full name	
Company position	
Address details if different from above	
Town/City	Postcode/zip code
Country	
Telephone	Fax
Email	

3

PREVIOUS INSURER

Complete this section if you have previously had private medical insurance for your group members.

Please refer to the policy documents issued by your previous insurer

Insurer	
Plan Name	
Cover expiry date	D D M M Y Y Y Y

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CHOOSE YOUR COVER OPTIONS

Please choose the plan(s) that you wish to purchase. Note that assistance cover: **Evacuation and Repatriation, are included in all plans**. If you have any questions or queries on the cover or benefits under any plan please contact your sales advisor or intermediary.

Choose Health plan and optional benefits	<input type="radio"/> Select	<input type="radio"/> Premier	<input type="radio"/> Elite	<input type="radio"/> Ultimate
Co-insurance (For out-patient treatment only)	Not available	<input type="radio"/> 0% <input type="radio"/> 15% <input type="radio"/> 25%	<input type="radio"/> 0% <input type="radio"/> 15% <input type="radio"/> 25%	Not available
Accommodation (For inpatient and day-case treatment in Hong Kong)	<input type="radio"/> Private room <input type="radio"/> Semi-private room	<input type="radio"/> Private room <input type="radio"/> Semi-private room	<input type="radio"/> Private room <input type="radio"/> Semi-private room	<input type="radio"/> Standard suite <input type="radio"/> Semi-private room
Hospital network (For Hong Kong treatment only)	<input type="radio"/> Standard <input type="radio"/> Comprehensive	<input type="radio"/> Standard <input type="radio"/> Comprehensive	<input type="radio"/> Standard <input type="radio"/> Comprehensive	<input type="radio"/> Standard <input type="radio"/> Comprehensive
Maternity cover	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes - with benefit limit <input type="radio"/> Yes - paid in full <input type="radio"/> No	✓ Included
U.S. area of cover	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	✓ Included

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CHOOSE YOUR COVER OPTIONS (CONTINUED)

Dental	<input type="radio"/> Choice 1 <input type="radio"/> Choice 2 <input type="radio"/> Choice 3 <input type="radio"/> No	<input type="radio"/> Choice 1 <input type="radio"/> Choice 2 <input type="radio"/> Choice 3 <input type="radio"/> No	<input type="radio"/> Choice 1 <input type="radio"/> Choice 2 <input type="radio"/> Choice 3 <input type="radio"/> No	✓ Included
Optical	<input type="radio"/> Choice 1 <input type="radio"/> Choice 2 <input type="radio"/> No	<input type="radio"/> Choice 1 <input type="radio"/> Choice 2 <input type="radio"/> No	<input type="radio"/> Choice 1 <input type="radio"/> Choice 2 <input type="radio"/> No	✓ Included

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UNDERWRITING OPTIONS

The three underwriting terms available are:

Full Medical Underwriting (FMU)

All employees must complete individual employee applications. If you have a pre-existing condition, which is any symptom or medical condition that you had before the start date, you must tell us on the application form. The treatment for pre-existing conditions will generally not be covered. Any specific exclusion(s) will be included on the insurance certificate issued in the member welcome pack.

Continued Personal Medical Exclusions (CPME)

Please include the employee's application along with previous insurer's certificates. These must confirm the medical exclusions that are applicable to each person or the commencement date of the previous moratorium.

Medical History Disregarded (MHD)

As the Sponsor of this company plan you must answer the health questions in section 3. All employees must join as soon as they are eligible. This also applies to new employees that are added after the start date of the group contract. Please include a full membership census (first name, surname, date of birth, gender, location, nationality, occupation and level of cover) of all eligible employees and dependants to be covered. Employees or dependants aged 70 and over are not eligible for MHD cover.

Please note that you can only choose one set of underwriting terms

FMU – Full Medical Underwriting A fully completed application form for each person to be covered under this plan must be submitted with this application	<input type="radio"/>
CPME – Continued Personal Medical Exclusions A fully completed application for each person to be covered under this plan, along with their previous insurance certificate must be submitted with this application.	<input type="radio"/>
MHD – Medical History Disregarded Please complete the section below and provide a membership census	<input type="radio"/>

If applying for Medical History Disregarded (MHD) underwriting terms, please answer the following questions.

Need to know: If any of the below questions have been answered yes, MHD terms must be agreed and accepted by our underwriters before the policy starts. This also applies for future persons to be covered under the company health scheme.

		If yes, how many of your employees
Heart conditions or strokes?	(Y) (N)	
Any type of cancer, including benign brain tumours?	(Y) (N)	
Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment?	(Y) (N)	

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ADMINISTRATION & DOCUMENTS

All group documents will be addressed to the Group Secretary.

GROUP DOCUMENTS: Such as your contract and billing, including invoices, statements and credit notes.

- | | | | |
|--|------------------------------|----------------------------|----------------------------|
| <input type="radio"/> Group Secretary: | <input type="radio"/> e-docs | <input type="radio"/> post | <input type="radio"/> both |
| <input type="radio"/> Intermediary: | n/a | <input type="radio"/> post | n/a |

Please note group documents can only be sent to one recipient, either the group secretary or intermediary.

MEMBERSHIP DOCUMENTS: Membership documents can only be posted directly to your employees if we have their full address details. For access to e-docs they must have registered to use MembersWorld; our online secure website which gives your employees access to key membership information like their claims history.

- | | | | |
|--|------------------------------|----------------------------|----------------------------|
| <input type="radio"/> Group Secretary: | n/a | <input type="radio"/> post | n/a |
| <input type="radio"/> Intermediary: | n/a | <input type="radio"/> post | n/a |
| <input type="radio"/> Member: | <input type="radio"/> e-docs | <input type="radio"/> post | <input type="radio"/> both |

Please note membership documents can only be sent to one recipient, either the group secretary, the intermediary or the member.

Please fill in the details below if additional group contacts wish to be given access to our dedicated, secure online website CorporateWorld, allowing to manage the company health scheme online.

Position in the company																				
Name																				
Telephone										Fax										
Email																				

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PAYMENT DETAILS

Select the currency to pay for the policy?	HKD \$ <input type="radio"/>	USD \$ <input type="radio"/>		
Select how often you want to make premium payments	Annually <input type="radio"/>	Semi-annually <input type="radio"/>	Quarterly <input type="radio"/>	Monthly <input type="radio"/>
Select the method to make premium payments	Credit card <input type="radio"/>	Bank transfer / Cheque <input type="radio"/>		

Copies of invoices can also be downloaded from CorporateWorld

Billing address (Only needs to be completed if different to the Group Secretary or Company address).

Name																					
Position at company																					
Address																					
Town/City																		Postcode			
Country																					

If different to the Group Secretary address please explain why

CARD PAYMENT AUTHORITY

In order to take payments from your credit card, Bupa (Asia) Limited needs to store your card details on file.

I give my consent to Bupa (Asia) Limited to store my below card details on file and using them to process payments.

Visa & Mastercard's terms and conditions require Bupa (Asia) Limited 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.; subscriptions, deductibles and/or co-insurances. Please refer to your membership 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 (Asia) Limited 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 (Asia) Limited, 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 American Express

Please note that we do not accept Maestro payments. You will be given 14 days' notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card

Card number

Valid from date / Expiry/end date

CARDHOLDER'S SIGNATURE

DATE

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, futures 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 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:

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

I hereby apply on behalf of the company named in section 1, for a Company Group plan. I declare that I have the authority to sign this form on behalf of the company named in section 1, and have the authority to enter the same company into this contract.

I agree that the Rules of the Business Global Health Plan will be binding on the company named in section 1. I declare that all main members to be included in this plan are employees of the company, who are eligible to join the plan and that they and any eligible dependants do not contribute to the cost of the plan, which is borne by the employer.

I declare that to the best of my knowledge and belief the information given in this form is true and complete. I understand that providing false or misleading information may invalidate the insurance and prevent claims from being paid for the group member. Bupa (Asia) Limited ("Bupa Global") reserves the right, in such circumstances, to lapse a group member's policy and/or the Company Group plan (where appropriate) and to take all and any such action as may be deemed necessary to recover any losses suffered as a result. If any misrepresentation and/or fraudulent activity is suspected, Bupa Global also reserves the right to take all and any further action as may be deemed necessary and to share such information (where appropriate) with other insurers. I have brought these matters to the individual or group member's attention.

I agree that Hong Kong law will apply to the policy and I understand that Bupa (Asia) Limited does not offer or sell any insurance product in jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

Where applicable, I hereby consent to your payment of the fees to my intermediary as described in this application.

I understand that any personal information provided under this Company Group plan will be processed by Bupa (Asia) Limited for the purposes and to the types of transferees (within or outside of Hong Kong) as set out in Bupa (Asia) Limited Personal Information Collection Statement. I confirm that I have brought Bupa (Asia) Limited Personal Information Collection Statement to the attention of those covered under the Company Group plan.

AUTHORISED SIGNATORY*

(Please note that the signature is the contact within the company that can legally enter into agreement with Bupa)

DATE

D	D	M	M	Y	Y	Y	Y

Print full name

CHECKLIST - PLEASE MAKE SURE:

You have completed all sections	<input type="radio"/>
You have signed the declaration in section 9	<input type="radio"/>
You have attached the documents as per the KYC (Know Your Customer) requirements	<input type="radio"/>
You have attached employee application forms if applying for FMU terms (Full Medical Underwriting)	<input type="radio"/>
You have attached employee application forms if applying for FMU terms (Full Medical Underwriting) or CPME (Continued Personal Medical Exclusions)	<input type="radio"/>
You have provided a membership census for MHD terms (Medical History Disregarded)	<input type="radio"/>
If you are an intermediary, please complete section 10	<input type="radio"/>

Please ensure up-to-date Know Your Customer (KYC) documents have been provided for the main applicant and dependants (aged over 16) where applicable. If you need information about which documents are required, please contact your sales representative. If we don't receive accurate documents, the application could be delayed or cancelled.

Intermediary name																									
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Intermediary ID																									
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In case of unsolicited sales, applications will only be accepted for countries that allow unsolicited sales of health insurance contracts - including on a cross-border basis, where this is the case. For more information please contact your sales representative.

- Solicited (promoted) Sale. Tick the box if this is a Solicited Sale.
- Unsolicited Sale - I hereby confirm that we neither promoted, sought, approached the customer and the customer neither sought nor required advice.

INTERMEDIARY'S SIGNATURE

DATE							
D	D	M	M	Y	Y	Y	Y

Print full name																									
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