

9 Family members to be covered with you

1st family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation											Date of birth		
	Relationship to you, For instance son, daughter, wife, partner													

2nd family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation											Date of birth		
	Relationship to you, For instance son, daughter, wife, partner													

3rd family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation											Date of birth		
	Relationship to you, For instance son, daughter, wife, partner													

4th family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation											Date of birth		
	Relationship to you, For instance son, daughter, wife, partner													

If any of these family members will have different home or correspondence addresses to yours, please write their addresses on a separate sheet - and confirm you have done so by ticking this box

10 Confidential medical history

Please answer each of these questions fully and accurately, for each person included on your application. It is important to tell us about any known or suspected medical conditions and symptoms, even if the person has not yet consulted a doctor about them. So you should include for example, any varicose vein problems, ear, nose or throat problems and any pains, swellings or lumps. You should also include any symptoms/conditions for which remedies are being taken, whether or not these are prescribed by a medical practitioner. If you are applying to increase cover and you are already a BUPA International member, you should also include details of any conditions for which you have made claims within the last 4 years.

10.1 Please tick (✓) Yes or No to each of these questions, for each person to be covered.	Yourself	1st family member	2nd family member	3rd family member	4th family member
	Name	Name	Name	Name	Name
1. Within the last four years, have any of you stayed in a hospital or nursing home as in-patient (including childbirth)?	Yes No	Yes No	Yes No	Yes No	Yes No
2. Within the last four years, have any of you consulted a medical specialist or consultant?	Yes No	Yes No	Yes No	Yes No	Yes No
3. Within the last two years, have any of you consulted a doctor and/or been prescribed any drugs or medication?	Yes No	Yes No	Yes No	Yes No	Yes No
4. Do any of you suffer from any chronic or long-term medical or dental condition, or have any other disability, abnormality or recurrent illness or injury?	Yes No	Yes No	Yes No	Yes No	Yes No
5. Is there any known or foreseeable reason why any of you need to consult a doctor or other health professional?	Yes No	Yes No	Yes No	Yes No	Yes No
6. Are any of you taking any medication now, or is there any foreseeable need for you to do so?	Yes No	Yes No	Yes No	Yes No	Yes No

Contact Information

In order to help us work with you more effectively we ask you to complete the following contact data sheet. By completing this fully then we will be able to ensure you get the best possible service even though you may change your employer, country or location.

Policyholder

Mr Mrs Ms Miss Other: Family Name:
Given Name: Middle Name(s):
Home Address:
..... Country:

Contact info in the country you now live in

Mobile: Home: Work:
Personal email (1): Personal email (2):
Work email: Employer:
Employers address:
..... Country:

Permanent contact information in your home country

Mobile: Home: Work:
Permanent Address:
..... Country:

Spouse

Mr Mrs Ms Miss Other: Family Name:
Given Name: Middle Name(s):

Contact info in the country you now live in

Mobile: Work:
Personal email (1): Personal email (2):
Work email: Employer:
Employers address:
..... Country:

Emergency Contact Person

In the event of an emergency whereby we are unable to contact you or your spouse or should you be incapacitated then please provide us with the permanent contact details of an immediate family member who we should contact in this situation.

Family Name: Given Name:
Mobile: Home: Work:
email: Relationship to you:
Home address:
..... Country:

Please help us by keeping us fully informed of all changes to your contact details as soon as possible. Please note all information given to us is only used to help us manage your insurance policy and is never used for any other purpose.