

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

10.2 If you answered Yes to any of the questions in 10.1 please give full and complete details here

For each person with a Yes tick (✓), please be sure to write in every medical condition and symptom, even undiagnosed ones. List the condition/symptom in column 3, give full treatment details (including any surgery) in column 4, and give all additional details in columns 5 and 6.

Please write clearly, in BLOCK CAPITALS.

1. Person's name	2. Relevant box numbers	3. Medical condition or symptom	4. Consultations and treatment received, with dates	5. Any future consultations or treatment needed	6. The condition/symptoms now

If you need extra space, please go on to a separate sheet - and confirm you have done so by ticking (✓) this box.

N.B. Please tell us immediately if you or your dependants experience any symptoms before you receive your membership documents. Failure to do so may affect your future claims.

11 Your doctor

Please give the name and address of your usual doctor / general practitioner.

Doctor's name

Full postal address

Your consent to your doctor to disclose medical information

On behalf of myself and each person named on this form, I authorise this doctor to provide BUPA International with any information it asks for in connection with my membership application and any claims (past, present and future).

If any family members included in your application have a different doctor, please give the name and / or address details on a separate sheet - and confirm you have done so by ticking (✓) here

Please be sure to sign and date the declaration below

12 Your membership declaration

In view of the declaration below, it is essential that complete information is supplied.

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. You are advised to keep a record of all 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.

It is BUPA's intention to provide a first class service to our members at all times. However, if you do have any cause for dissatisfaction, please write to Customer Services at BUPA International's Head Office. The address is, BUPA International, Russell Mews, Brighton BN1 2NR, United Kingdom. If you remain dissatisfied you may appeal to the Head of Customer Relations by writing to him at the same address. If you have not received a response within 8 weeks or you remain unhappy with our final response, you may refer your complaint to the Financial Ombudsman Service. Their address and contact details are: South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone: 0845 080 1800 or +44 (0) 207 964 1000 from outside the UK. Unless otherwise agreed by BUPA in writing, English Law shall apply to the agreement between you and BUPA.

I hereby apply to be enrolled as a Member with the Dependants listed above included in my membership. I declare that to the best of my knowledge and belief the information given in this Application is true and complete. I agree that the Rules of the BUPA International Lifetime scheme will be binding on me and all eligible Dependants included in my membership. I agree that any cover which I may purchase for the USA shall terminate upon informing BUPA that I have become a resident of the USA.

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, on behalf of myself and any family members specified in this form for BUPA to process our personal information with respect to our membership and I confirm that I have brought the Data Protection Notice to the attention of these family members.

BUPA International Data Protection Notice

Purpose: Personal data collected on you, and where appropriate, your family, will be used by BUPA International to process your claims, administer your policy and may be used to detect and prevent fraud or improper claims.

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the BUPA group. To this end, BUPA fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. BUPA sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the EEA, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical Information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Claims information may be discussed with the BUPA International Agent/Adviser where you have requested the Adviser to assist you.

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

Telephone calls: In the interest of continuously improving our service to members, your call will be recorded and may be monitored.

Research: Anonymised or aggregated data may be used by BUPA International, or disclosed to others, for research or statistical purposes.

Regulation: BUPA is a member of the General Insurance Standards Council, which regulates the Insurance Activities of its members. Personal data may be disclosed to GISC as part of this system of regulation. Such data will be subject to a duty of confidentiality on the part of GISC.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Names and Addresses: BUPA does not make the names and addresses of members or patients available to other organisations.

Keeping you informed: BUPA would, on occasion, like to keep you informed of BUPA products and services which it considers may be of interest to you.

Contact Address: If you do not wish to receive information about BUPA's products and services, or have any other Data Protection queries please write to the BUPA Group Information Protection Manager, at BUPA House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@BUPA.com.

Signature X

Date X

Please double-check that:

- the information you have given in sections 1 to 11 is correct and complete
- for subscription payments by direct debit or credit card, you have completed the Direct Debit Instruction or Credit Card Authority
- you have signed and dated the declaration in section 12

Please **mail** or **fax** us your completed application. Our fax number is +44 (0) 1273 866583.

If you fax your application, please do not mail us the original as well.

Our postal address is BUPA International, Russell Mews, Brighton, BN1 2NR, United Kingdom.

Thank you for completing your membership application

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, BUPA International will notify you 7 working days in advance of your account being debited or as otherwise agreed.

- If an error is made by BUPA International or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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.