

Worldwide Health Options Membership amendment form

IMPORTANT INFORMATION

Use this form to change your membership information. You can:

- change your address and contact details,
- amend your policy,
- add new members to your policy,
- change your payment details.

Please write clearly in BLOCK capitals using black ink.

Once completed, you can email your form to newbusiness@bupa-intl.com or fax us on +44 (0) 1 273 866 583 or post to:
Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR, United Kingdom.

If you have faxed or emailed us then we do not need the original copy of your form.

If you have any questions when completing this form, please call us on +44 (0) 1273 323 563

Checklist - please make sure:

- you have written your Bupa International membership number and completed section 1
- you have read, signed and dated the declaration in section 17
- if relevant, the information you have given in sections 1-16 is correct and complete
- for payments by Direct Debit or Credit Card, you have completed the Direct Debit Instruction or the Credit Card Authority

We will not be able to process this form if information is missing or incomplete.

Please be sure to check the entire form.



How to use this form



Section 1:
Your personal details

1 Your personal details

Bupa International membership number

| | | | | |
|----------------|--|--|--|-------------|
| Title | | | | First name |
| Other initials | | | | Family name |

Section 17:
Membership declaration

IMPORTANT

Please be aware that this form must be received by Bupa International no more than six weeks after the date of your medical history.

It is advisable that you fill in your form with your medical history before you sign and date this form.

Please use the checklist on page 17.

Signature

You **must** complete Section 1 and sign the declaration in Section 17.

Go directly to the sections listed below to make the required changes to your policy.

These symbols refer to you and additional persons

| | |
|--|--------------------------|
| | Main member |
| | First additional person |
| | Second additional person |
| | Third additional person |
| | Fourth additional person |

Changing your address and contact details

Section 2:
Your new address details

2 Your new address details

Residency address (your permanent or usual address in the country in which you are living on the first day of your membership)

| | | | | |
|--------------------------|--|--|--|--|
| Building name / number | | | | |
| Street | | | | |
| Town/City | | | | |
| Postal / zip / area code | | | | |

Section 3:
Your new contact details

3 Your new contact details

| | | |
|---------------------|--------------|-----------|
| Main contact (home) | Country code | Area code |
| Telephone | | |
| Fax | | |
| Mobile | | |

Amending your policy

Section 4:
Additional persons

4 Additional persons on your policy

| | | | | | |
|--------------------------------------|--|--|--|-------------|--|
| Bupa International membership number | | | | | |
| Title | | | | First name | |
| Other initials | | | | Family name | |
| Bupa International membership number | | | | | |
| Title | | | | First name | |
| | | | | Family name | |

Section 5:
Change your cover options

5 Change your cover options

Worldwide Medical Insurance

For treatment received whilst staying in hospital on a day-case, plus related benefits.

Worldwide Medical Insurance gives you the hospital treatment you may need, whether surgery, cancer treatment and advanced medical treatment in hospital or as a visiting patient.

Section 6:
Confidential medical history

6 Confidential medical history

This section asks for health and medical details, past and present, for every person. If you tick Yes to a question, please give conditions and symptoms even if professional advice has not yet been sought. If you do not provide us with full details we may be unable to provide you with the best cover.

If you do not provide us with full details we may be unable to provide you with the best cover.

Have you or anyone to be covered under the membership:

- seen a doctor or other healthcare professional (eg a scan/blood tests) in the last seven years for any of the medical problems listed in question 1

Heart or circulatory disorders eg high blood pressure, heart failure, abnormal heart beat, any other heart or circulatory disorder

Section 7:
Additional information

7 Additional information

This section applies if you have indicated 'Yes' to any question in section 6.

| | |
|---|--|
| The relevant question number from section 6 | Please specify as accurately as possible the name of the medical problem. Where applicable, please specify the area of the body affected (eg right leg, left eye). |
| | |
| | |
| | |

Adding new members

Section 9:
Additional persons

9 Additional persons to be covered

| | | | | | |
|-----------------------|---------------------|--------------------------|--------------------------|-------------|-------------|
| 1st additional person | Title | | | | First name |
| | Other initials | | | | Family name |
| | Male / Female | <input type="checkbox"/> | <input type="checkbox"/> | Nationality | |
| | Occupation | | | | |
| | Relationship to you | | | | First name |
| | | | | | Family name |

Section 10:
Choose your cover options

10 Choose the cover options

Worldwide Medical Insurance

For treatment received whilst staying in hospital on a day-case, plus related benefits.

Worldwide Medical Insurance gives you the hospital treatment you may need, whether surgery, cancer treatment and advanced medical treatment in hospital or as a visiting patient.

Section 11:
Confidential medical history

11 Confidential medical history

This section asks for health and medical details, past and present, for every person. If you tick Yes to a question, please give full details of conditions and symptoms even if professional advice has not yet been sought. If you do not provide us with full details we may be unable to provide you with the best cover.

If you do not provide us with full details we may be unable to provide you with the best cover.

Has anyone to be covered under the membership:

- seen a doctor or other healthcare professional (eg a scan/blood tests) in the last seven years for any of the medical problems listed in question 1

Heart or circulatory disorders eg high blood pressure, heart failure, abnormal heart beat, any other heart or circulatory disorder

Section 12:
Additional information

12 Additional information

This section applies if you have indicated 'Yes' to any question in section 11.

| | |
|--|--|
| The relevant question number from section 11 | Please specify as accurately as possible the name of the medical problem. Where applicable, please specify the area of the body affected (eg right leg, left eye). |
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Changing your payment details

Section 14:
Change your payment details

14 Change your payment details

Your choice of currency for your cover and subscription payments. How will you make your subscription payments (please tick one box)

You must choose to pay by direct debit or credit card.

By direct debit through a UK bank. (This is only an option for UK residents.)

By cheque or bankers draft in the currency you have chosen.

Please note, when choosing to pay via cheque or bankers draft, the subscription in the box provided below when you receive your policy will be in the currency you have chosen.

Section 15:
Set up a Direct Debit

15 Set up a Direct Debit (for UK residents only)

If you are paying by Direct Debit, please provide the following details:

Instruction to your Bank or Building Society to debit your account:

Name(s) of account holder(s):

Bank/Building Society account number:

Sort code:

Section 16:
Set up a Credit Card payment

16 Credit Card authority

Card payment authority

To Bupa International, I authorise you, until further notice, to charge to my credit card account, subscriptions and other unscheduled payments, and when payments become due, I will advise you in writing if I wish to close my card account.

Cardholder's name as it appears on the card:

Card number:

1 Your personal details

| | | | | | | | | | | | | | | |
|--------------------------------------|----|---|--|-------------|--|---|--|---------------|---|---|---|---|---|---|
| Bupa International membership number | BI | - | | - | | - | | Date of birth | D | D | M | M | Y | Y |
| Title | | | | First name | | | | | | | | | | |
| Other initials | | | | Family name | | | | | | | | | | |



Changing your address and contact details

2 Your new address details (fill in this section if you have moved home or changed your correspondence address)

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Residency address (your permanent or usual address in the country where you are resident. This should be the country in which you are living on the first day of your current membership year.) | | | | | | | | | | Correspondence address (where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent) | | | | | | | | | |
| Building name / number | | | | | | | | | | Building name / number | | | | | | | | | |
| Street | | | | | | | | | | Street | | | | | | | | | |
| Town/City | | | | | | | | | | Town/City | | | | | | | | | |
| Postal / zip / area code | | | | | | | | | | Postal / zip / area code | | | | | | | | | |
| Region | | | | | | | | | | Region | | | | | | | | | |
| Country | | | | | | | | | | Country | | | | | | | | | |

If you have been living in the UK for 90 days or more out of the last 120 days at the start of your current membership year, then you are deemed resident in the UK. Does this apply to you? Yes No Are you a resident of the USA? Yes No

3 Your new contact details (fill in this section if you have changed any of your contact details)

| | | | | | | | |
|---------------------|--------------|-----------|--------|--------------------------|--------------|-----------|--------|
| Main contact (home) | | | | Secondary contact (work) | | | |
| | Country code | Area code | Number | | Country code | Area code | Number |
| Telephone | | | | Telephone | | | |
| Fax | | | | Fax | | | |
| Mobile | | | | Mobile | | | |
| Email | | | | Email | | | |

Amending your policy

4 Additional persons on your current policy to be included in your policy amendment

| | | | | | | | | | | | | | | |
|--------------------------------------|----|---|--|-------------|--|---|--|---------------|---|---|---|---|---|---|
| Bupa International membership number | BI | - | | - | | - | | Date of birth | D | D | M | M | Y | Y |
| Title | | | | First name | | | | | | | | | | |
| Other initials | | | | Family name | | | | | | | | | | |

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|--------------------------------------|----|---|--|-------------|--|---|--|---------------|---|---|---|---|---|---|
| Bupa International membership number | BI | - | | - | | - | | Date of birth | D | D | M | M | Y | Y |
| Title | | | | First name | | | | | | | | | | |
| Other initials | | | | Family name | | | | | | | | | | |

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|--------------------------------------|----|---|--|-------------|--|---|--|---------------|---|---|---|---|---|---|
| Bupa International membership number | BI | - | | - | | - | | Date of birth | D | D | M | M | Y | Y |
| Title | | | | First name | | | | | | | | | | |
| Other initials | | | | Family name | | | | | | | | | | |

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|--------------------------------------|----|---|--|-------------|--|---|--|---------------|---|---|---|---|---|---|
| Bupa International membership number | BI | - | | - | | - | | Date of birth | D | D | M | M | Y | Y |
| Title | | | | First name | | | | | | | | | | |
| Other initials | | | | Family name | | | | | | | | | | |

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- Use this section to choose your new options by ticking the circles below.
- You do not need to tick the options you already have.
- You can not use this form to remove options.
- If you do want to remove options, please call us on +44 (0) 1273 323 563

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Worldwide Medical Insurance

For treatment received whilst staying in hospital, either overnight or as a day-case, plus related benefits.

Worldwide Medical Insurance gives you the reassurance of covering essential hospital treatment you may need, whether in an emergency or a planned visit. Surgery, cancer treatment and advanced imaging, whether received whilst staying in hospital or as a visiting patient, are also included.

Each member included on this plan will already have Worldwide Medical Insurance, our core cover. Please tick the options you wish to add for you and any additional people.

Worldwide Medical Plus:

For specialist treatment where you do not need to stay in hospital.

Worldwide Medical Plus covers you for consultations with a doctor or specialist and medical treatments that do not require a hospital stay. These may include osteopathy or complementary therapies, for example. Some of these treatments or consultations may take place before or after a hospital stay, but many will be totally independent.



Worldwide Medicines and Equipment:

For prescribed medicines and medical equipment.

Often, treatment does not end when you leave the hospital or clinic or after you have seen a specialist. This option covers you for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. Our unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.



Worldwide Wellbeing:

For a range of health screenings, vaccinations, dental and optical treatment.

Our Wellbeing option is designed to help you protect and maintain your health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical treatments, which can play an important role in keeping you healthy by identifying underlying problems such as mouth cancer or diabetes.



Worldwide Evacuation:

For when you can't get the treatment you need in a local hospital.

The Worldwide Evacuation option covers you for reasonable transport costs to the nearest suitable medical centre, when the treatment you need is not available nearby. Repatriation, which is also included, gives you the added option of returning to your home country or specified country of nationality, to be treated in familiar surroundings.



USA cover:

If you spend most of your time in the USA, then you will need to buy USA cover on an annual basis. If you spend most of your time outside the USA, you can choose to add USA cover to your plan by ticking in this section. Please note, we do not cover permanent USA residents.



Please refer to the membership guide for full details.

Change your Annual Deductible (this will come into effect on your renewal date)

If you are paying by Direct Debit or Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year. If you choose any of the deductible amounts on Worldwide Medical Insurance then a fixed deductible amount of £100 (\$170 / €125) is applied to Worldwide Medical Plus and £50 (\$80 / €60) fixed deductible amount is applied to Worldwide Medicines and Equipment (if you choose these options). The deductible you choose will apply to each member on this form.

| | | | | | | | | | | | | |
|------|------|--------------------------|-------|--------------------------|-------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|
| GBP: | None | <input type="checkbox"/> | £250 | <input type="checkbox"/> | £500 | <input type="checkbox"/> | £1000 | <input type="checkbox"/> | £2000 | <input type="checkbox"/> | £5000 | <input type="checkbox"/> |
| USD: | None | <input type="checkbox"/> | \$425 | <input type="checkbox"/> | \$850 | <input type="checkbox"/> | \$1700 | <input type="checkbox"/> | \$3400 | <input type="checkbox"/> | \$8500 | <input type="checkbox"/> |
| EUR: | None | <input type="checkbox"/> | €300 | <input type="checkbox"/> | €625 | <input type="checkbox"/> | €1250 | <input type="checkbox"/> | €2500 | <input type="checkbox"/> | €6250 | <input type="checkbox"/> |











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 on the next page. Please ensure you tell us about any known or suspected conditions and symptoms even if professional advice has not yet been sought. 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 four years.

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.

Have you or anyone to be covered under the membership:

- seen a doctor or other healthcare professional in the last three years
- been admitted to hospital, had an operation/procedure or had an investigation (eg a scan/blood tests) in the last seven years

for any of the medical problems listed in question 1 - 12 below:

| |  |  |  |  |  |
|--|---|---|---|---|---|
| |  |  |  |  |  |
| 1. Heart or circulatory disorders eg high blood pressure, angina/chest pains, heart attack, heart failure, abnormal heart beat, aneurysms, or varicose veins. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Endocrine (glandular) disorders eg diabetes (Type 1 or Type 2), thyroid problems, or obesity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Breathing or respiratory disorders eg shortness of breath, asthma, COPD, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Stomach, intestines, liver or gall bladder problems eg stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Cancer, tumours or growths eg polyps, benign growths, any cancers or pre-cancerous condition. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Skin problems eg eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed, or allergic conditions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Brain or nervous system disorders eg stroke, dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Muscle or skeletal problems eg arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, joint replacements, fractures, osteoporosis, gout or inflammatory conditions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Urinary or reproductive system problems eg kidney or bladder problems (including kidney failure), recurrent urinary infections, incontinence; pregnancy/childbirth problems (including caesarean sections), heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, polycystic ovaries, testicular or prostate disorders. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Blood/infective/immune disorders eg abnormal blood tests, high cholesterol, anaemia; hepatitis, HIV, malaria; or any autoimmune disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Eye, ear, nose, throat and dental problems eg cataracts, glaucoma, visual impairment; deafness, ear infections, tonsillitis; dental infections, wisdom teeth problems or gingivitis. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Psychiatric/psychological disorders eg schizophrenia, compulsive or eating disorders; depression, stress, anxiety or drug/alcohol dependency. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Please also answer the following questions: | | | | | |
| 13. Is anyone to be covered taking any medication, prescribed or otherwise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Is anyone to be covered receiving any treatment of any kind, or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in this application? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Has anyone to be covered experienced any signs or symptoms of any medical problem in the last six months, regardless of whether a health care professional has been consulted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Further details (for over 16s only): | | | | | |
| How tall are you? feet/inches <input type="radio"/> metres/centimetres <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much do you weigh? stones/pounds <input type="radio"/> kilogrammes <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Have you used tobacco products within the last seven years? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | 1 | 2 | 3 | 4 | 5 |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>Worldwide Medical Insurance For treatment received whilst staying in hospital, either overnight or as a day-case, plus related benefits.</p> <p>Worldwide Medical Insurance gives you the reassurance of covering essential hospital treatment you may need, whether in an emergency or a planned visit. Surgery, cancer treatment and advanced imaging, whether received whilst staying in hospital or as a visiting patient, are also included.</p> | <p>Each member to be included on this plan automatically receives cover for Worldwide Medical Insurance, our core cover.</p> <p>Please tick the options you wish to add for any additional people.</p> | | | | |
| <p>Worldwide Medical Plus: For specialist treatment where you do not need to stay in hospital.</p> <p>Worldwide Medical Plus covers you for consultations with a doctor or specialist and medical treatments that do not require a hospital stay. These may include osteopathy or complementary therapies, for example. Some of these treatments or consultations may take place before or after a hospital stay, but many will be totally independent.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Worldwide Medicines and Equipment: For prescribed medicines and medical equipment.</p> <p>Often, treatment does not end when you leave the hospital or clinic or after you have seen a specialist. This option covers you for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. Our unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Worldwide Wellbeing: For a range of health screenings, vaccinations, dental and optical treatment.</p> <p>Our Wellbeing option is designed to help you protect and maintain your health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical treatments, which can play an important role in keeping you healthy by identifying underlying problems such as mouth cancer or diabetes.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Worldwide Evacuation: For when you can't get the treatment you need in a local hospital.</p> <p>The Worldwide Evacuation option covers you for reasonable transport costs to the nearest suitable medical centre, when the treatment you need is not available nearby. Repatriation, which is also included, gives you the added option of returning to your home country or specified country of nationality, to be treated in familiar surroundings.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>USA cover: If you spend most of your time in the USA, then you will need to buy USA cover on an annual basis. If you spend most of your time outside the USA, you can choose to add USA cover to your plan by ticking in this section. Please note, we do not cover permanent USA residents.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please refer to the membership guide for full details.

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 membership amendment form, please ask us.

It is Bupa International's intention to provide a first class service to our members at all times. However, if you have any comments or complaints, you can call the Bupa International customer helpline on +44 (0) 1 273 323 563, 24 hours a day, 365 days a year. Alternatively you can email via www.bupa-intl.com/membersworld, or write to us at: Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR, UK. If we have not been able to resolve the problem and you wish to take your complaint further, please call Bupa International customer helpline on +44 (0) 1 273 323 563, or write to our head of Customer Relations at the above address. For hearing or speech impaired members with a textphone, please call +44 (0) 1 273 866 557. We also offer a choice of Braille, large print audio for our letters and literature. Please let us know which you would prefer. English Law shall apply to the agreement between you and Bupa International.

I hereby apply to amend the details of my membership and those of my Dependants as detailed on this membership amendment form. I declare that to the best of my knowledge and belief the information given in this membership amendment form is true and complete. I agree that the Rules of the Bupa International 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 International 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 International 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.

for office use only

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Identification stamp / broker name and ID number

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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 Bupa International. To this end, Bupa International fully comply with UK Data Protection Legislation and Medical Confidentiality Guidelines.

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 also be shared with appointed third parties involved in the management and handling of your claim. 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.

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

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

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

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

IMPORTANT INFORMATION - YOUR MEMBERSHIP DECLARATION

Please be aware that this form must be received by Bupa International no more than six weeks after the declaration date.

It is advisable that you fill in your form with complete up-to-date medical history before you sign and date this form.

If we receive this form after six weeks from this signed declaration date, or with incomplete information, we will be unable to register your details and make the amends requested.

Please use the checklist on the front of the form to ensure you have filled everything in completely.

Signature

| |
|--|
| |
|--|

Date

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|--|
| |
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