

Transfer Application Form

(Generic)



Joining Bupa Global

bupaglobal.com

Important information

Joining Bupa Global from another Insurance company or from another Bupa plan.

This application is for anyone who is applying to join Bupa Global on a continuation option from another private medical insurance (PMI) provider.

If 'Yes' is answered to any of the medical questions in section 6 further underwriting may be applied.

If we do not offer cover on a no further underwriting basis we will tell you what additional exclusions we will apply so you can decide if you want to move to Bupa Global from your current insurer.

Important information to include:

- Please enclose a copy of your current membership certificate or provide proof of coverage if MHD terms apply.

Please note the icons represent the person you are describing on the form. When you see  you need to fill in information about the main applicant and this  is referring to the 1st additional person and so on for up to 4 dependants.

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

Once completed, you can email your form to: Newbusiness.UK@bupaglobal.com or post to Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.

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

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.

We will not be able to process your application if this form is incomplete.

Please be sure to check the entire form.

Cover cannot start between the 28th & 31st inclusive.

If you have any questions when completing this form, please call us on +44 (0) 1273 208 181

Checklist - please make sure

The information you have given in sections 1-8 is correct and complete

You have read, signed and dated the declaration in section 9

You return this form with your previous insurers certificate

For payments by direct debit or credit card, you have completed the direct debit Instruction or the credit card authority

1 Main applicant: Previous insurance details



Your cover with Bupa Global will commence on the expiry of your existing plan to ensure continuity of cover. Your application must be received within 30 days of expiry of your existing plan.

Name of your current insurer												
Current underwriting terms:	Full Medical Underwriting <input type="checkbox"/>			Moratorium Underwriting <input type="checkbox"/>			MHD terms <input type="checkbox"/>					
Date medical insurance was first taken with the current insurer	D	D	M	M	Y	Y	Y	Y				
Date existing cover expires/expired	D	D	M	M	Y	Y	Y	Y				
Reason for transfer to Bupa Global												
Have you had a previous policy with Bupa?	<input type="radio"/>	<input type="radio"/>	If yes, membership number									

3 Main applicant: Your address details

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)

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? Do you have a residence in the U.S.?

(Please include country code, area code and number)

Phone/Mobile

Email

5 Additional persons to be covered with you

Middle name _____

Last name _____

Country of nationality							1st language						
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Date of birth	D	D	M	M	Y	Y	Y	Y	Occupation								
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Relationship to you

Have you had a previous policy with Bupa? If yes, membership number

Middle name _____

Last name _____

Relationship to you

Have you read our privacy policy? [View it here.](#)

Title				Male	<input type="radio"/>	Female	<input type="radio"/>	First name								
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Middle name _____

Last name _____

Relationship to you

5 Additional persons to be covered with you (continued)

Title				Male	<input type="radio"/>	Female	<input type="radio"/>	First name															
Middle name																							
Last name																							
Country of nationality									1st language														
Date of birth	D	D	M	M	Y	Y	Y	Y	Occupation														
Relationship to you																							
Have you had a previous policy with Bupa?	<input type="radio"/> (Y) <input type="radio"/> (N)			If yes, membership number																			

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6 Medical questions

MA

These questions relate to individuals covered under their existing policy who are included in the application for Bupa Global cover.

This section asks for health and medical details, past and present. Please tick 'Yes' or 'No' to every question. If you are unsure whether any details are relevant, you must include them.

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

If you tick 'Yes' to a question, please give full details below.

	MA	1	2	3	4
1. Has any applicant suffered from any form of:					
○ cancer, including benign brain tumours	(Y) (N)				
○ heart condition	(Y) (N)				
○ stroke	(Y) (N)				
○ psychiatric condition	(Y) (N)				
2. Has any applicant had a joint replacement or spinal surgery?	(Y) (N)				
3. Has any applicant made a claim under your existing insurance in the last 12 months?	(Y) (N)				
4. Does any applicant have any long-term conditions which require regular treatment and reviews with a doctor?	(Y) (N)				
5. Does any applicant have any ongoing or planned treatment, investigations or tests?	(Y) (N)				

Further details (for over 16s only):

How tall are you?	<input type="radio"/>	feet/inches	<input type="radio"/>	metres/centimetres				
How much do you weigh?	<input type="radio"/>	stones/pounds	<input type="radio"/>	kilogrammes				

6 Medical questions (continued)

MA

This section applies if you have indicated 'Yes' to any questions. If you are unsure whether any details are relevant, you must include them.

Main Applicant or Additional Person	The relevant question number from above	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)?
MA					
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

7 Your cover options

Please confirm your chosen level of cover by providing the following information;

Quote reference number or product name	

Please indicate your requested start date (cover cannot start between the 28th & 31st inclusive) D D M M Y Y Y Y

9 Your application declaration (continued)

Privacy notice

5 Marketing and preferences

We would, on occasion, like to keep you informed of our products and services which we consider may be of interest to you.

Please tick if you would like us and other members of the Bupa group to keep you updated about our products and services by post, telephone email and text.

You will be able to opt out of receiving these communications at any time by contacting us.

6 Profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7 Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8 International transfers

We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

9 How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

10 Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11 Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Our complaints procedure

It is Bupa Global'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 Global customer helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively you can email via bupaglobal.com/membersworld, or write to us at: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK. 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: Exchange Tower, London E14 9SR, UK, and you can call them on 0800 0234 567 (free from most landlines), 0300 123 9 123 or from outside the UK on +44 (0) 20 7964 0500.

9 Your application declaration (continued)

Declaration

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.

I understand that my personal information and that of any other person to be covered by this policy will be processed by Bupa Global for the purposes set out in Bupa Global's privacy notice. I confirm that I have brought Bupa Global's privacy notice to the attention of these covered.

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 English law will apply to the policy.

I agree that any cover for the U.S. shall terminate upon informing Bupa Global that I have become a resident of the U.S. (or in the case of an additional person becoming a resident of the U.S., their cover under the policy shall terminate).

It is essential that you take reasonable care to provide us with full, complete and accurate information when you complete this application form. Please be sure to check the entire form.

If you do not provide complete information, we will not be able to process your application.

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.

We recommend that you keep a record of all the 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.

This form must be received by us within six weeks of the date of this declaration. Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this application form within six weeks of this declaration date, we will require you to submit a new form.

Main applicant's signature

Date

D	D	M	M	Y	Y	Y	Y
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Print full name

FOR OFFICE USE ONLY

IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER

Intermediary only.

Please ensure up to date KYC documents have been provided for the applicant and dependants (aged over 16) where applicable.

If clarity is needed on what documents are required, please contact Broker Services on +44 (0) 1273 718314. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

Intermediary name

Intermediary ID

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 refer to your Bupa Global contact.

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
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Print name

We reserve the right to request further information where appropriate or necessary.

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance Limited that take place outside of the UK. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The Financial Registration numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.

Notes

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