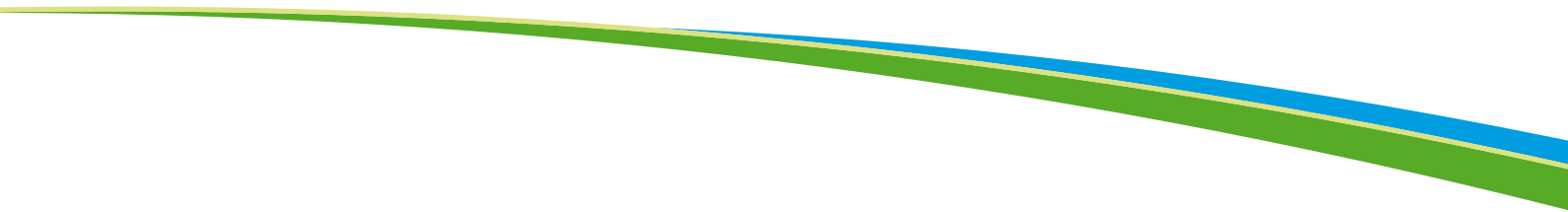


Joining Bupa International
Your application - Company



IMPORTANT INFORMATION

Please write clearly in black ink and BLOCK CAPITALS. Return this form to your company's Bupa International Group Secretary in a sealed envelope.

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

Checklist - please make sure:

- you have read, signed and dated the declaration in section 10
- the information you have given in sections 1-9 is correct and complete

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

Please be sure to check the entire form.



1 To be completed by company

Plan required	Start date
	D D M M Y Y
Group / School name	

To be completed by the school if joining the Bupa International ECIS plan.

Group / School number

2 Main member: your personal details



Title	First name	
Other initials	Family name	
Male / Female	Nationality	1st Language
Occupation	Date of birth	D D M M Y Y
Do you have current medical cover with any other insurer, including Bupa? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details:		
Name of other health insurer		
Name of plan / cover		Membership number

3 Main member: your address details (please let us know straightaway about any change of address)



Residency address <small>(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.)</small>	Correspondence address <small>(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)</small>
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 Do you have a residence in the USA? Yes No

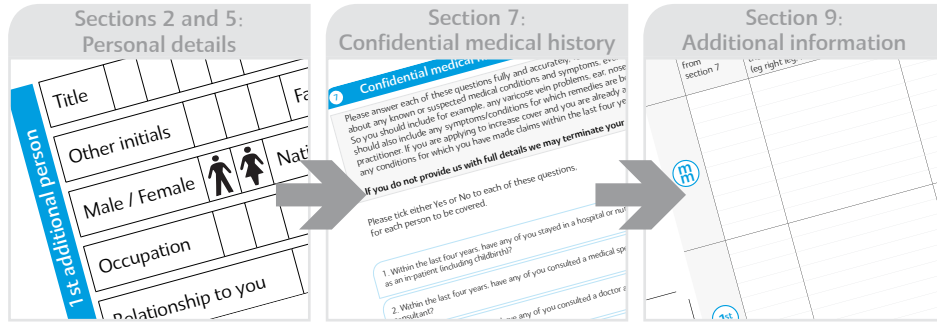
4 Main member: your other contact details



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

IMPORTANT INFORMATION

It is important that the information you give in sections 7 and 9 matches the correct persons from sections 2 and 5.



Follow these icons when referring to yourself and additional persons


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

5 Additional persons to be covered with you

1st additional person	Title		First name													1			
	Other initials		Family name																
	Male / Female		Nationality							1st Language									
	Occupation											Date of birth	D	D	M		M	Y	Y
	Relationship to you																		
2nd additional person	Title		First name													2			
	Other initials		Family name																
	Male / Female		Nationality							1st Language									
	Occupation											Date of birth	D	D	M		M	Y	Y
	Relationship to you																		
3rd additional person	Title		First name													3			
	Other initials		Family name																
	Male / Female		Nationality							1st Language									
	Occupation											Date of birth	D	D	M		M	Y	Y
	Relationship to you																		
4th additional person	Title		First name													4			
	Other initials		Family name																
	Male / Female		Nationality							1st Language									
	Occupation											Date of birth	D	D	M		M	Y	Y
	Relationship to you																		

If any of these additional persons have different home or correspondence addresses to yours, please write their name and addresses on a separate sheet and confirm you have done so by ticking here:

This section applies if you have indicated 'Yes' to any questions in section 7. If you are unsure whether any details are relevant, you must include them.

The relevant question number from section 7	Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected, (eg right leg, left eye).	When did the symptoms start and when was treatment completed?	What treatment did you receive and when (please include dates, names and details of medications)?	What was the outcome of the treatment (eg ongoing, complete recovery, recurrent or likely to recur)?
				
1				
2				
3				
4				

If there is insufficient space, please use a separate sheet and indicate that you have done so by ticking here:

N.B. Please tell us immediately if you or any additional persons to be covered under the membership experience any symptoms before you receive your membership documents. Failure to do so may affect your claims.

10 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 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) 1273 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) 1273 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) 1273 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 a Bupa International.

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 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.

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 Bupa Group Information Protection Manager, 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 declaration date, or with incomplete information, we will be unable to register your details and enrol you on the plan.

Signature

Date