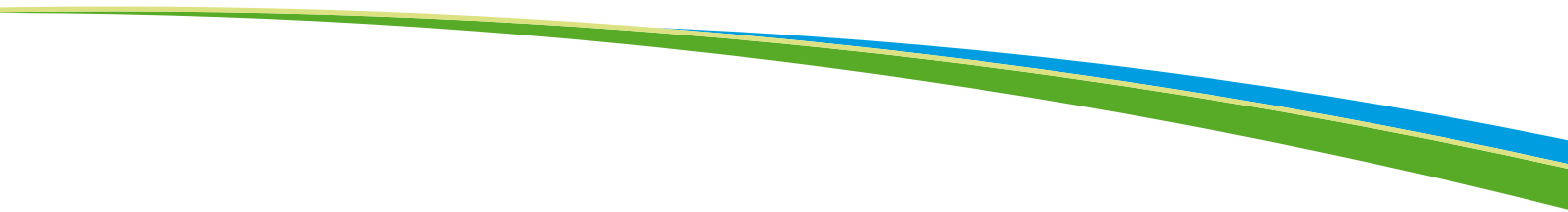


Joining Bupa International
Your application - Lifeline



IMPORTANT INFORMATION

Please write clearly in black ink and BLOCK CAPITALS. Mail or fax us your completed application.
Our fax number is: +44 (0) 1273 866 585. If you fax us your application, please do not mail us the original as well.
Our postal address is Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR. United Kingdom.

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 13
- ➔ the information you have given in sections 1-12 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 your application if this form is incomplete.

Please be sure to check the entire form.



1 Main member: your personal details mm

The date you want your cover to start:

D	D	M	M	Y	Y
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Your cover cannot start before the date we receive your completed application form.

Title		First name															
Other initials		Family name															
Male / Female	<input type="checkbox"/> <input type="checkbox"/>	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="radio"/> No <input type="radio"/>																	
If Yes, please give details:																	

Name of other health insurer																
------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of scheme / cover											Membership number							
------------------------	--	--	--	--	--	--	--	--	--	--	-------------------	--	--	--	--	--	--	--

If you are joining the **ECIS** plan and you or your employer hold current **ECIS** membership, please send us proof of membership with this form.

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

Residency address <i>(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.)</i>										Correspondence address <i>(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)</i>									
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

3 Main member: your other contact details mm

Main contact <i>(home)</i>				Secondary contact <i>(work)</i>			
	Country code	Area code	Number		Country code	Area code	Number
Telephone				Telephone			
Fax				Fax			
Mobile				Mobile			
Email				Email			

8 Your details of cover (Note: the level of cover you choose will apply to all members detailed on this form)

Lifeline Essential:

This level concentrates on covering you for in-patient hospital stays. You have the security that you'll be covered for treatment you may receive as an in-patient or as a daycare patient.

<input checked="" type="radio"/> m	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lifeline Classic:

Our Classic level is designed to cover you and your family for specialist medical treatment or diagnosis. You will be covered for in-patient hospital stays as well as out-patient consultations, treatment such as physiotherapy and a range of preventive health checks.

<input checked="" type="radio"/> m	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lifeline Gold:

Our top level gives you cover for both in-patient and out-patient care. In addition, Gold also covers family doctor treatment and any prescription medication you may need, as well as accident related dental treatment. Maternity cover, home nursing and a range of four preventive health checks are also included in this comprehensive plan.

<input checked="" type="radio"/> m	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

USA cover:

We understand that many people do not need medical insurance for the USA, so you can choose whether you want to include it. Unfortunately, we cannot offer Bupa International Lifeline to anyone who is normally resident in the USA.

- This cover will increase your premium.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Choose your Annual Deductible

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.

GBP:	None	<input type="radio"/>	£100	<input type="radio"/>	£250	<input type="radio"/>	£500	<input type="radio"/>	£1000	<input type="radio"/>	£2000	<input type="radio"/>
USD:	None	<input type="radio"/>	\$160	<input type="radio"/>	\$400	<input type="radio"/>	\$800	<input type="radio"/>	\$1600	<input type="radio"/>	\$3200	<input type="radio"/>
EUR:	None	<input type="radio"/>	€160	<input type="radio"/>	€400	<input type="radio"/>	€800	<input type="radio"/>	€1600	<input type="radio"/>	€3200	<input type="radio"/>

9 Your assistance cover options

Evacuation:

If you are concerned about the quality of local medical care, this is ideal. If the treatment you need is not available locally, we will arrange for you to be evacuated to the nearest centre of medical excellence, no matter where you are in the world.

<input type="radio"/> m	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Repatriation (automatically includes Evacuation cover):

Our highest level of Assistance cover also gives you the choice of returning to your home country, to be treated in familiar surroundings, near your friends and relatives (if treatment is not available locally). If this happens, you can choose to have someone to accompany you for your visit back home.

<input type="radio"/> m	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 Your payment details (Direct debit, credit card or cheque/bankers draft)

Your choice of currency for your cover and subscription payments *(please tick one only)*: GBP(£) USD(\$) EUR(€)

How will you make your subscription payments *(please tick one only)*: Monthly Quarterly Yearly

By Direct Debit through a UK bank. *(This is only an option for GBP(£) payments. Please complete the below Direct Debit Instruction):*

By Credit Card *(please complete the below Card Payment Authority):*

By cheque or bankers draft in the currency you have indicated above:

Who will be paying the subscription?

A valid Direct Debit agreement or Card Authority is required throughout your membership year. Your cover may be suspended or terminated if you do not have such an agreement or authority in place.

11 Direct Debit (for GBP (£) payments only - this must come out of a UK bank account)

If you are paying by Direct Debit you must complete this section.

Instruction to your Bank or Building Society to pay by Direct Debit



Name(s) of account holder(s):

Bank/Building Society account number:

Branch sort code:

 - -

Swift code:

Name and full postal address of your Bank/Building Society:

To: The Manager

Address:

Postcode:

Instruction to your Bank or Building Society

Please pay Bupa International Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Bupa International and, if so, details will be passed electronically to my Bank/Building Society.

Cardholder's signature

Date

Reference number (for Bupa International use only)

BI - - -

Originator's ID number

9 8 0 9 3 9

Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.

As Instruction Form

12 Credit Card authority

CARD PAYMENT AUTHORITY

To Bupa International, I authorise you, until further notice in writing, to charge to my card account, subscriptions and other unspecified amounts, as and when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

(please tick) MasterCard Visa American Express

Please note that we do not accept Maestro payments. You will be given 14 days notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card:

Card number:

 - - -

Valid from date:

M M Y Y

Expires/end date:

M M Y Y

Cardholder's signature

Date

The Direct Debit Guarantee

This guarantee should be detached and retained by the payer



- 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 seven 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.

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.

Identification stamp / broker name and ID number

for office use only

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. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside the European Economic Area, 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 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.

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

Signature

Date

