# Joining BUPA International Lifeline Your application



International

Identification stamp

Pacific Prime International PPIL NU17968

If you have any queries while completing your application, our sales advisers will be happy to help.

Call us on +44 (0) 1273 208181.

Be sure to read, sign and date the declaration on the back page

FOR OFFICE PURPOSE ONLY

Call us on +44 (0) 1273 208181.
Please write clearly, in BLOCK CAPITALS.

1 Main applicant: your personal details																																							
The date				. +-	ct-	rt	Γ	D	D	M	I N	1	Y	Υ	<u>بر</u> [		. ــــ	w			·+ ~ ·	La	4-	£0	. 4/-	1.	.ta :	· ·	· ·	<i></i>	<b>0</b> 4.5-		· · · · ·	lat	۔ لہ	n=!	ant!	^	
The date you w	/an	t cc	ver	to	Sta	art:	_ L	ᆜ				_	_			our		ver	car	nnc	ot st	art	bei	tore	etne	e aa	te u	ve re	ecen	re yo	our -		mpi	ete	a ap	<i>□</i>	catio	on ro	nn —
Title			Gi	iven	na	me																										$\perp$							L
Other initials					Fa	amil	y na	ame	j																														
Male/Female (pl	ease	tick):	•	Ť	D	ate	of l	birth	1									Na	tion	nalit	У											ļ							L
First language																						Occ	cup	oatio	on														
Have you had he	alth	COV	er w	ith a	ny	othe	er in	sure	er, in	clud	ing	BUP	A?	Ye	S	] [	No			lf	Yes,	plea	ise	give	det	ails													
Name of other h	ealth	n ins	urer	-																																			
Your membership	nur	nbe	r				T																	Nan	ne o	f sch	neme	· / cc	ver										
Please answer i	f yo	ou á	are	join	ing	g th	ie <b>E</b>	CIS	SC	her	ne			Do	уо	u o	r y	/ou	r er	mp	loy	er h	olo	d cı	ırre	nt	ECIS	5 M	emł	ers	hip'	?		Ye	:s			10	
Yes, please se	end	us	pro	of c	of r	mer	nbe	ersh	nip	wit	h tł	nis	for	m																									
2 Main app	olic	ant	t: y	our	a	ddr	ess	s de	eta	ils	(P	lea	se	le	t u	s k	nc	ow	str	aig	jht	awa	ау	ab	ou	t ai	ny c	ha	nge	of	ad	dre	ess	)					
RESIDENCY A	NDD	RE	SS																						CC	RR	ESP	ON	IDE	NCE	Αſ	DD	RE:	SS					
This is 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.													Where membership documents cannot easily be sent to you at your residency address, please nominate an alternative correspondence address to which they may be sent																										
Address Line 1																			Ac	ddre	ess L	ine 1																	
Address Line 2																			Address Line 2																				
Address Line 3																			Ad	ldre	ss Li	ine 3	3																
Address Line 4																			Address Line 4																				
Town / City																			Town / City															<u></u>					
Post / Zipcode																			Post / Zipcode																<u></u>				
Country																			Co	ount	ry																		L
Does this apply t Do you have a re	, side	ence	in i		US		5	_	lo [			Ye	s [																										
3 Main app	olic	ant	t																																				
					H	Hom	e co	ntac	t																			W	ork c	onta	ct						_		
	(	Cour	ntry	code	5	Are	ea co	ode				١	Vun	nbei	r				Co	unt	ry co	ode		Area	a co	de						N	lum	ber					
Telephone																																							
Fax																																							
Mobile				$\top$	ı	T	П	П										П	$\top$		T			П			П				T			П	T	П	$\top$		
Email																			Ī																Ī				
4 Your Life	line	e co	ove	er a	nd	рa	ıvn	nen	it d	eta	ails																												
Your Lifeline cover and payment details Your choice of currency for your cover and subscription payments Please tick one currency only £ Sterling □ US\$ □ € Euro □																																							
# Sterling US\$ We Euro Wonthly Quarterly Annually How you will make your subscription payments Please tick one box only Monthly Quarterly Annually Wonthly Won																																							
By direct debit through a UK bank Reminder: this is only an option for £ sterling payments. Please also complete the attached Direct Debit Instruction  By credit card Please also complete the attached Card Payment Authority  By cheque or bankers draft in the currency you have indicated above																																							
Who will be pa	vin	ıa t	he	sub	SC	ript	ior	ո?							_			Ι	$\top$					Т			_	_			$\neg$	$\neg$		$\top$	$\top$	$\top$	$\top$		$\neg$

A valid direct debit agreement or credit 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.

5 Credit Card Authority	
CARD PAYMENT AUTHO	R I T Y
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 Switch payments.  You will be given 14 days notice of other unspecified amounts to be collected.	Please insert your card number  Valid from  Expires/end
Cardholder's name: as it appears on the credit card.	Cardholder's signature Date
Instructional Building Society  Name(s) of account holder(s)  Bank/Building Society account number  Branch Sort Code  Swift code  Name and full postal address of your Bank or Building Society  To: The Manager  Bank/Building Society  Address  Postcode	T DEBIT YOU MUST COMPLETE THIS SECTION on to your Bank or ty to pay by Direct Debit  Originator's identification number  9 8 0 9 3 9  Reference number (For BUPA International use only)  BI
7 Your choice of medical cover	
Please tick one only: Lifeline Essential ☐ Lifeline €	Classic  Lifeline Gold
Do you want to add cover for the USA? Yes $\ \square$	No 🗆
If you are paying by direct debit or credit card you may choose an armedical treatment each year. ( <i>Please tick one box only</i> )	nual deductible. This is the amount you would pay towards eligible
<b>Sterling:</b> None ☐ 100.00 ☐ 250.00 ☐ 500.00 ☐ 1000.00 ☐ <b>D</b>	Pollar or Euro: None         ☐ 160.00         ☐ 400.00         ☐ 800.00         ☐ 1600.00         ☐
Your Assistance cover options	
For an addition to your subscription, you can include any one of these named in your application. <i>Please tick the option of your choice</i> :	e Assistance cover options for yourself and/or any family members
Evacuation  Repatriation (automatically includes Evacuation co	ver)
Please tick the people you want to cover with this option	
Yourself  Family members 1st  2nd  For the numbers identifying your family numbers, please see Section	3rd □ 4th □ 9:

	Family member	s to be covere	ed with you							
	Title	First name								
mber	Other initials	Family	name							
1st family member	Male/Female (please tick):	Nationa	ality				1st language			
lst fan	Occupation							Date of birth		
	Relationship to you, F	or instance son,	daughter, wife,	partner						
	Title	First name								
mber	Other initials	tials Family name								
2nd family member	Male/Female (please tick):   †     Nationality   1st language									
nd fam	Occupation							Date of birth		
21	Relationship to you, For instance son, daughter, wife, partner									
	T::	F: .	1 1 1 1	1 1 1	1 1 1	1 1 1		1 1 1 1 1		
<u>_</u>	Title	First name								
empe	Other initials	Family	name							
nily m	Male/Female (please tick)::	<b>† †</b> Nationa	ality				1st language			
3rd family member	Occupation							Date of birth		
	Relationship to you, F	or instance son,	daughter, wife,	partner						
	Title	First name								
mber	Other initials	Family	name							
4th family member	Male/Female (please tick):	🛉 🛊 Nationa	ality				1st language			
Occupation Date of birth										
4	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									

## Confidential medical history

sheet - and confirm you have done so by ticking this box

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 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.

	Yourself		1st family	member	2ND family	member	3RD family	/ member	4тн family	/ member
<b>10.1</b> Please tick (✓) Yes or No to each of these questions, for each person to be covered.	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 forseeable 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 forseeable 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  $\langle \mathcal{C} \rangle$ , 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.

(A) Very design																					
1 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																					
J																					

### 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 Lifeline 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 ÚSA 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

# Signature X

Date X

### **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 daims, 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 a Protection Act. 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

neguration: 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.

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

#### Thank you for completing your membership application 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.

This guarantee should be detached and retained by the payer



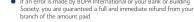
- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, BUPA International will notify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

>

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.

The Direct Debit Guarantee





IN/253/2005 58639 - ASTRON

# **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:
	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 h	•
-	
	Country:
Spouse	,
	Family Name:
	Middle Name(s):
Contact info in the country you now live	
Mobile: Work:	
	Personal email (2):
	Employer:
	Country:
Emergency Contact Person	Country:
-	are unable to contact you or your spouse or should you be
• , ,	ne permanent contact details of an immediate family
member who we should contact in this situa	•
	Given Name:
	Work:
	Relationship to you:
	Country:
	I or all changes to your contact details as soon as possible.  Ily used to help us manage your insurance policy and is

never used for any other purpose.