

# Your application for Bupa membership

**This form should be completed if you are applying to join Bupa EmployeeChoice or Bupa EmployeeChoice Essential.**

- Please complete all sections of the application form using **BLOCK CAPITALS** and **BLACK INK**.
- You must provide full details about yourself and any family members you wish to be covered. If you don't provide full details (to the best of your knowledge and belief) we may terminate your cover or it may stop us from paying your claims
- You must ensure the details of your family members are correct and should check the information with them before sending it to us
- If you have any queries while you're completing the questions, please call your Bupa adviser or healthcare intermediary
- Please remember to sign and date the application form
- Once you have completed the application form, please return to:  
**Bupa, Staines, TW18 4XF**

## For office use only

MIS number: \_\_\_\_\_

Broker stamp

Date application received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cheque enclosed: YES/NO

Name of applicant \_\_\_\_\_



## 1 Your personal details

Please complete the following details for yourself as the main applicant.

Title: <i>(Mr, Mrs, Miss, Ms, other title)</i>	
Surname:	
First name(s):	
Address:	
Postcode:	Daytime telephone no:
Evening telephone no:	Mobile telephone no:
Email address:	
Date of birth: <i>(day/month/year)</i>	
Occupation:	
Are you an existing Bupa member or have you been a member of Bupa in the past? <b>Yes/No</b> <i>(Please delete)</i>	
If <b>Yes</b> please give your Bupa membership number:	

## 2 Your choice of excess

Please complete the table below to tell us your choice of excess level.

Scheme required	Excess options <i>(Please tick box required)</i>	
	No excess	£250
EmployeeChoice		
EmployeeChoice Essential		

Please state the name of your employer.

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You must include with your application form, proof of your employment.

This may be a photocopy of a recent pay slip, letter from your employer, business card, etc.

### 3 Your family's details

Please give details of other family members you wish to be covered.

	Title, surname, first name(s) of prospective members	*Occupation (if retired, please state previous occupation)	Relationship to you (eg. Partner, son, daughter)	Date of birth		
				day	month	year
2						
3						
4						
5						

Need to add someone else? Please give us their name(s) and the full details for this section and sections 4, 5 and 6 on a separate sheet. So that we know you have included additional family members, please tick the circle:

### 4 Further details

Please answer each question as it applies for yourself and each person named in section 3.

\*These questions to be completed by over 16's only

	Main applicant Name:	Prospective member 2 Name:	Prospective member 3 Name:	Prospective member 4 Name:	Prospective member 5 Name:
Are you registered with a GP in the UK? <i>(Please delete accordingly)</i> If yes, how long have you been registered with that GP?	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>
Have you been a UK resident for more than six months?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
*How tall are you? In feet/inches or in metres/centimetres	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
*How much do you weigh? In stones/pounds or in kilogrammes	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
*Have you smoked tobacco products within the last two years? <i>(Please delete accordingly)</i>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
*How many units of alcohol do you drink in a week? <i>1 unit of alcohol = 1 measure of spirits, 1/2 pint beer or 1 glass wine</i>					
Do you play a sport on a professional or semi-professional basis? If yes, which sport(s)?	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>

## 5 Your medical history

This section asks for health and medical details, past and present, about yourself and for each person named in section 3. Please tick **Yes** or **No** to every question for each person. If you tick **Yes** to a question, please give full details in section 6 on the next page. If you are unsure whether any details are relevant, you must include them.

For any of the medical conditions or symptoms listed 1 - 16 have you: <ul style="list-style-type: none"> <li>consulted any doctor or healthcare professional in the last two years</li> <li>been admitted to hospital, had an operation or investigation (for example scan, X-ray, biopsy or blood test) in the last seven years</li> </ul>	Main member		Prospective member 2		Prospective member 3		Prospective member 4		Prospective member 5	
	Name		Name		Name		Name		Name	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1. Circulatory disorders</b> eg varicose veins, high cholesterol, deep vein thrombosis, high blood pressure, venous ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. Glandular disorders</b> eg Diabetes, thyroid, hormonal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. Breathing or respiratory disorders</b> eg Asthma, bronchitis, chest infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Ear, nose, throat or eye problems</b> eg Hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5. Stomach, intestines, liver or gallbladder</b> eg Ulcer, colitis, repeated indigestion, irritable bowel, hepatitis, piles, hernias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6. Cancer, tumours, growths, cysts or moles that itch or bleed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7. Skin problems</b> eg Eczema, rashes, psoriasis, acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8. Brain or nervous system disorders</b> eg Migraines, repeated headaches, multiple sclerosis, epilepsy, nerve pain, fits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9. Muscle or skeletal problems</b> eg Arthritis, cartilage and ligament problems, back and neck problems, sprains, gout, sciatica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10. Urinary problems</b> eg Bladder, kidney or prostate problems, urinary infections, incontinence, cystitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11. Blood disorders</b> eg Anaemia, abnormal blood tests, HIV, leukaemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12. Reproductive system problems</b> eg Pregnancy and/or childbirth problems, caesarean section, heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, menopause, testicular symptoms eg lumps/pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13. Dental problems</b> eg Wisdom teeth problems, abscess or gingivitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14. Allergies</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15. Psychological disorders</b> eg Depression, schizophrenia, eating disorders, compulsive disorders, stress, anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16. Undiagnosed symptoms</b> eg chest pain, fatigue, weight loss, dizziness, joint pain, change in bowel habit, shortness of breath, abdominal pain, rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Please also answer the following questions:</b>										
<b>17. Are you or any prospective member taking any medicines, prescribed or otherwise?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18. Within the last three months has anyone to be covered experienced any symptoms of any health problems for which medical advice has not yet been sought?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19. Has anyone to be covered ever had any past history of joint replacements, heart conditions or strokes?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20. Is there any other information relating to your health that has not been prompted by the questions listed 1 - 19?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## 7 Paying for your cover

Subscription  
quoted

Payment is made by monthly direct debit. Please complete the Direct Debit instruction on the following page.

When would you like your cover to start? (This date must be between the 1st and the 28th of the month.)

Please note: Although we will try to start your cover on the day indicated above, this cannot be guaranteed. Your start date will be confirmed on your membership certificate.

## 8 Your legal declaration

***Important: please read this declaration carefully before signing and dating the completed form.***

1. I am applying for the Bupa cover indicated in section 2 of this form. I agree that the terms of cover set out in the current membership guide relating to my cover (which is the cover for which I am now applying ) will be binding on me and any dependants covered under my membership, and accept they shall be the basis upon which benefits shall be payable under my cover. (The membership guide for your cover will be posted to you if we accept your application and is available on request.)
2. I declare that all the information given to Bupa on behalf of myself and my dependants for the purposes of receiving my quotation and being covered by Bupa and the information contained in this application for Bupa membership is and remains true and complete, to the best of my knowledge and belief, except to the extent I inform you otherwise when sending you this application for Bupa membership. I have confirmed the details of my dependants with the relevant family member.
3. I agree to inform Bupa if any of the information relating to myself or any dependants I have provided, or provide, changes at any time before cover starts.
4. I understand that if the information I provide or have provided to Bupa and the information in this application for Bupa membership contains any material gaps or omissions, Bupa may terminate my cover or benefits might not be payable. (A "material gap or omission" is a failure to provide any information about yourself or your dependants that might influence our assessment or acceptance of your membership - such as terms of the cover we offer you, your subscription figure, or whether we offer cover at all. If you're unsure whether any particular fact is material or not, you should disclose it to us. You must ensure that any details provided about your dependants are correct.)
5. I understand and accept there is no undertaking to cover any medical conditions in existence before the time I, or my dependants, are covered by Bupa.
6. I understand that I will have the option of cancelling my Bupa cover, as long as I do so in writing within 21 days of me receiving my membership certificate. I understand that I will need to repay any claims paid by Bupa before I cancel my cover.
7. 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.
8. I understand English Law applies to the agreement between me and Bupa, unless otherwise agreed between us in writing.
9. I understand any agreement with Bupa to provide Bupa cover to me and my dependants is made on the basis of this legal declaration.
10. If I am making this application on behalf of a child, I make this declaration on behalf of that child and confirm that I am the person with whom parental responsibility for the child/children named on this application form (and on any separate sheets) lies.

You are advised to keep a record of all information you supply to us in connection with your Bupa membership, including this application form and any letters. If you would like a copy of this form please ask us.

Signature 

Date 

## Bupa Data Protection Notice

**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 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 GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

**Member details:** All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member.

**Telephone calls:** In the interest of continuously improving our service to members, your call may be recorded and may be monitored.

**Research:** Anonymised or aggregated data may be used by Bupa, 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 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.

**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.

It is Bupa's intention to provide a first class service at all times. If you do have cause for dissatisfaction you may write to the Head of Customer Relations at Bupa, Staines, TW18 4XF or contact them on 0845 606 6726\*. Lines are open 8:30am to 5:30pm Monday to Friday. They will consider your complaint and can provide you with full details of our internal complaints process. It's very rare that we can't settle a complaint, but if we tell you that we can do no more and we have been unable to resolve your complaint to your satisfaction, you may refer your complaint to the Financial Ombudsman Service at South Quay Plaza 183 Marsh Wall London E14 9SR (telephone 0845 080 1800).

\*BT landline calls to 0845 numbers will cost no more than 3.95 pence per minute. Charges from other providers may vary and calls made from mobiles usually cost more.

\*Calls may be recorded and may be monitored.

### Direct Debit Instruction

Account number

Bank sort code

Name of account holder(s)

Please write the full name and address of your bank or building society.

To: The Manager



#### Declaration

I/we instruct you to pay direct debits from my/our account at the request of Bupa. The amounts are variable and may be debited on various dates. I/we understand that Bupa may change the amounts and dates only after giving prior notice. I/we will inform the bank/building society in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

Signature(s)	Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Bupa membership number (for Bupa use only)

(Banks and building societies may refuse to accept instructions to pay direct debits from some types of account.)

Bank contact address: Bupa, Staines, Middlesex, TW18 4XF

Originator identification number: 991364

This guarantee should be detached and retained by the Payer.

### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Bupa will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bupa to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by Bupa or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Bupa asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



## The world of Bupa



Bupa EmployeeChoice and Bupa EmployeeChoice Essential are provided by Bupa Insurance Limited. Registered in England and Wales No 3956433#.

Bupa Insurance Services Limited. Registered in England and Wales No 3829851#.

Registered Office Bupa House 15-19 Bloomsbury Way London WC1A 2BA.

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