

Bupa Additional Health Personal
Direct Debit application form



Bupa Additional Health Personal scheme

Benefits table

Membership cover	Your weekly subscription		
	Level 1 50% cashback	Level 2 100% cashback	Level 3 100% cashback
Your level of cover ▼			
Individual <small>to cover yourself only</small>	£2.25	£3.50	£6.80
Couple <small>to cover yourself and your partner</small>	£3.85	£6.50	£12.50
Family <small>to cover yourself, your partner and any child dependants*</small>	£4.00	£6.70	£12.80

▼ What you can claim (benefit maximums shown are per member covered)			
Dental	£90	£125	£250
Optical	£90	£125	£250
Chiropody	£75	£75	£150
Reflexology and Acupuncture	£75	£75	£150
▼ 100% cashback on all levels (up to benefit maximum)			
Prescriptions	£15	£21	£42
▼ Included at no extra cost			
24-hour helplines	✓	✓	✓

Plus, receive member offers†

As a Bupa member you receive member offers including discounts on meals, motoring and more. Offers change on a regular basis.

For details, visit www.bupa.co.uk/members/member-offers

Your application to join Bupa Additional Health Personal

We're here to help If you have any queries when filling in this form please call us on **0500 000 125**.

Lines are open 9am-5pm Monday to Friday (except public holidays). Calls may be recorded and may be monitored.

Before you send the form to us please make sure that all the relevant sections have been completed - this will help us to deal with your application as quickly as possible.

To apply for membership, please complete parts A, B & C and return to Bupa Cash Plan, Dale Buildings, Cook Street, Coventry CV1 1JH.

PART A: Application form - Direct Debit

For official use only	MIS NO.	Campaign code	Advised <input type="radio"/>
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You can apply for membership if you are aged 16 or over (and a UK resident). **21 days to examine your cover.** We think you will be delighted with Bupa Additional Health Personal membership, but if you are not completely satisfied for any reason, simply cancel your membership in writing within 21 days of receiving confirmation of your membership. We will refund your subscriptions as long as you have not made a claim. There is no cancellation fee.

Your personal details - Please complete all sections in BLOCK CAPITALS

Title Mr/Mrs/Miss/Ms	please delete as appropriate									
First name										
Surname										
Address										
Town										
County	Postcode									
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y
Tel. no. (in case of queries)										
Mobile										
Email										

If you are already a Bupa member, please provide membership no.

Membership no.

Please provide details of any family members resident at your address to be covered under the scheme. Child dependants must be under 18 (or under 21 if in full time education), unmarried and not in a civil partnership.

Your partner's details (if applicable)

Title Mr/Mrs/Miss/Ms	please delete as appropriate									
First name										
Surname										
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y

Resident dependant children

First name	Surname				
Sex	Date of birth				
First name	Surname				
Sex	Date of birth				

(If more than two dependant children please enclose details on a separate sheet and indicate you have done so by ticking this circle)

Which cover option would you like? (Please tick appropriate circle)

Individual levels only cover you, couple levels cover you and your partner, family levels cover you, your partner and child dependants.

Individual levels			Couple levels			Family levels		
Level 1 <input type="radio"/>	Level 2 <input type="radio"/>	Level 3 <input type="radio"/>	Level 1 <input type="radio"/>	Level 2 <input type="radio"/>	Level 3 <input type="radio"/>	Level 1 <input type="radio"/>	Level 2 <input type="radio"/>	Level 3 <input type="radio"/>
£2.25 per week	£3.50 per week	£6.80 per week	£3.85 per week	£6.50 per week	£12.50 per week	£4.00 per week	£6.70 per week	£12.80 per week
£9.75 per month	£15.17 per month	£29.47 per month	£16.68 per month	£28.17 per month	£54.17 per month	£17.33 per month	£29.03 per month	£55.47 per month
£117.00 per year	£182.00 per year	£353.60 per year	£200.20 per year	£338.00 per year	£650.00 per year	£208.00 per year	£348.40 per year	£665.60 per year

Payment details

Please tick appropriate circle I confirm I wish to pay my subscriptions: monthly or annually

Important: please ensure you read part C and sign the declaration overleaf

Membership start date
(this should be no longer than 30 days from today)

For Bupa Cash Plan official use only
Membership no

PART B: Direct Debit authorisation

Originators identification number 8 3 0 1 7 2

Name and full postal address of your bank or building society

To: The Manager _____ Bank/Building Society	
Address _____ Postcode _____	
Name(s) of account holder(s)	
Bank/building society account number	
Branch sort code	

Instruction to your bank or building society Please pay Bupa Cash Plan direct debit 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 Cash Plan and, if so, details will be passed electronically to my Bank/Building Society.

Signature **X** _____ Date _____
Banks and buildings societies may not accept direct debit instructions for some types of account.

For Bupa Cash Plan official use only
Membership no _____

Please do not write in the space below

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 Cash Plan will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bupa Cash Plan 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 Cash Plan 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 Cash Plan 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.

PART C: Declaration

Bupa Additional Health is a cash back healthcare scheme that provides up to 6 benefits** and helps towards the costs of everyday healthcare expenses. Bupa Additional Health will provide you with a range of benefits which you have identified as suitable for you with individual membership cover or for you and your partner with couple membership cover or for you, your partner and any child dependants with family membership cover.

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

In view of this declaration it is essential that complete information is supplied. Benefits may not be payable if you do not fully disclose any material facts. If you are unsure whether any facts are material, you should disclose them. (A material fact is any information about yourself or your family members that might influence our assessment or acceptance of your Bupa Additional Health membership - such as the terms of cover we offer you, your subscription amount or whether we offer cover at all). You must make sure that any details provided about your family members are correct. 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 Cash Plan's intention to provide a first class service to our members at all times. If you do have cause for dissatisfaction you may contact Bupa Cash Plan Member Services on 0845 606 6003 at any time between 9am to 5pm, Monday to Friday (except public holidays). Calls may be recorded and may be monitored. Write to us at Bupa Cash Plan, Dale Buildings, Cook Street, Coventry CV1 1JH or fax us on 02476 811800. We 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 0800 023 4567).

We think you will be delighted with Bupa Additional Health membership but if for any reason you are not, you can cancel your membership within 21 days from the date you receive your letter from Bupa Cash Plan confirming your membership and we will refund your subscriptions as long as you have not made a claim. There is no cancellation fee. You can also end your membership or the membership of any of your dependants at any time by providing Bupa Cash Plan with 30 days' prior written notice of your intention to do so. If your membership ends we will refund to you that part of any subscription you have paid which relates to the period after your membership ends.

Your membership will be governed by English law.

Your declaration

I agree that I and my family members specified in this form, and on any separate sheet, will be bound by the rules and benefits of the Bupa Additional Health scheme and accept they shall be the basis upon which benefits shall be payable under the scheme (a copy of the membership guide is available on request and will be sent to you on joining).

I confirm that my family members specified in this form, and on any separate sheet, and for whom I am applying to be included in my cover, are resident at the same address as me.

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, and on any separate sheet, 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.

I declare that to the best of my knowledge and belief, all the information I have given in this application form is true and complete and that I have confirmed the family details with the respective family member. I agree that I will inform Bupa Cash Plan if any of the details given in this application form change.

I understand that I will have the option of cancelling my membership providing I do so in writing within 21 days of receiving my initial letter from Bupa Cash Plan confirming my membership and will receive a refund of my subscriptions as long as I have not made a claim. I understand that I can also end my membership or the membership of any of my dependants at any time by providing Bupa Cash Plan with 30 days' prior written notice of my intention to do so.

On the basis of this legal declaration I now apply for membership.

Signed **X** _____ Date _____

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.

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 services 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 Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at dataprotection@bupa.com.

**Terms and conditions apply (including exclusions, qualifying periods and benefit limits). Membership is subject to acceptance by Bupa.

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