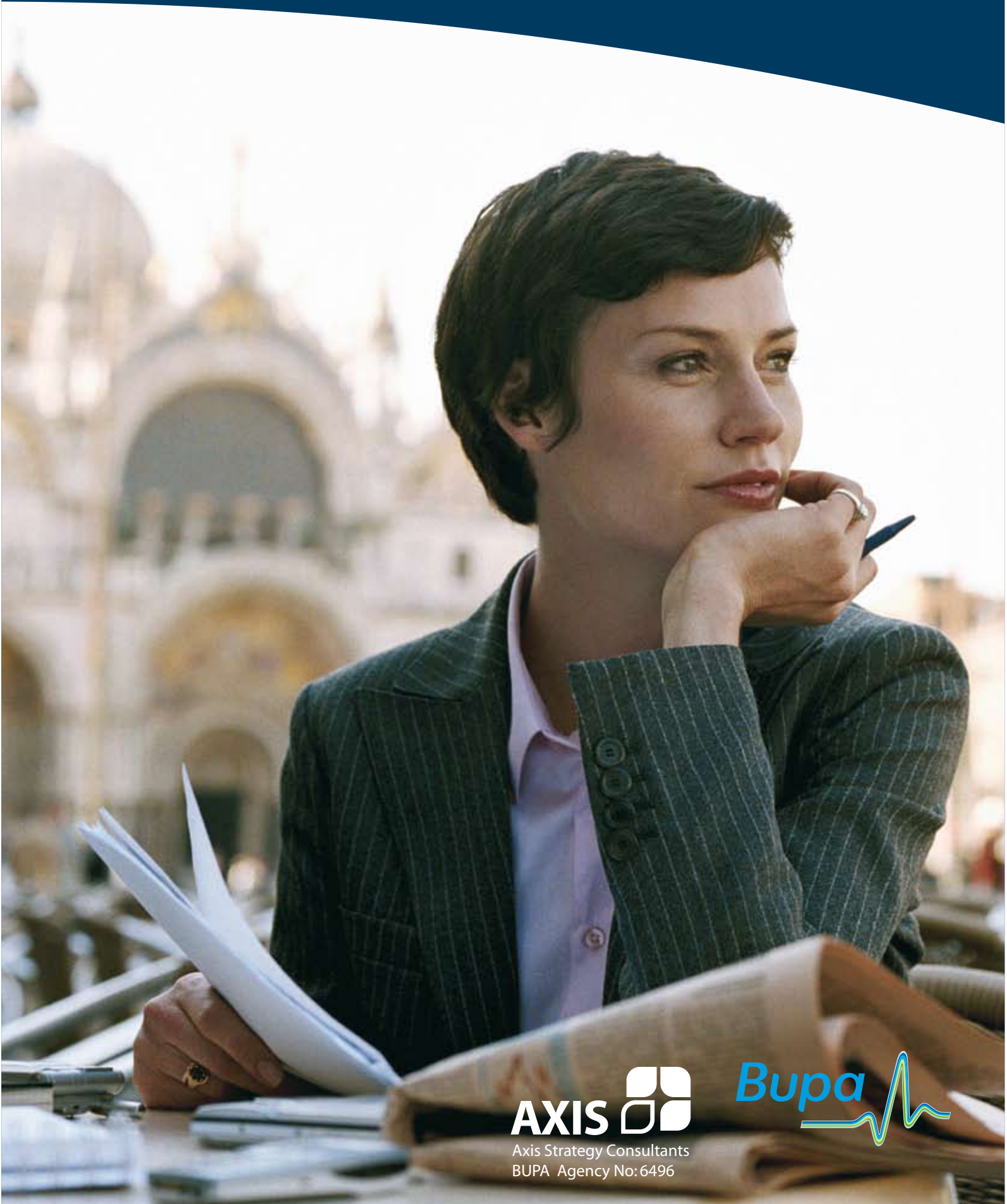


Joining Worldwide Health Options
Your Application



Axis Strategy Consultants
BUPA Agency No: 6496



IMPORTANT INFORMATION

To join Bupa simply complete the questions on this form. Please write clearly in BLOCK capitals using black ink. Once completed, you can email your form to newbusiness@bupa-intl.com or fax us on +44 (0) 1 273 866 583 or post to Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR, United Kingdom. If you feel that your email is not secure, please send us your application form via post or fax. If you have faxed or emailed us then we do not need the original copy of your form.

We look forward to welcoming you as a member of Bupa.

For full details of terms and conditions, please see a copy of our membership guide available on request.

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.



when you see this sign, it is referring to the main member

1 Main member: your personal details

The date you want your cover to start:

D	D	M	M	Y	Y
---	---	---	---	---	---

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 health cover with any other insurer, including Bupa? Yes <input type="radio"/> No <input type="radio"/>																	
If Yes, please give details of your cover:																	
Name of other health insurer																	
How long have you been with this insurer?		Y	Y	M	M												
Name of scheme / cover								Membership number									

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

Residency address <small>(this is the address where you spend most of your time or 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	Building
Street	Street
Town/City	Town/City
Area code	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 Are you a resident of the USA? Yes No

3 Main member: your other contact details

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











This section asks for health and medical details, past and present about yourself and each person named in Section 4. Please tick Yes or No to every question for every person. If you tick Yes to a question, please give full details in Section 7 on the next page. Please ensure you tell us about any known or suspected conditions and symptoms even if professional advice has not yet been sought. 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 four years.

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.

Have you or anyone to be covered under the membership:

- seen a doctor or other healthcare professional in the last three years
- been admitted to hospital, had an operation/procedure or had an investigation (eg a scan/blood tests) in the last seven years

for any of the medical problems listed in question 1 - 12 below:

					
					
1. Heart or circulatory disorders eg high blood pressure, angina/chest pains, heart attack, heart failure, abnormal heart beat, aneurysms, or varicose veins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Endocrine (glandular) disorders eg diabetes (Type 1 or Type 2), thyroid problems, or obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Breathing or respiratory disorders eg shortness of breath, asthma, COPD, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Stomach, intestines, liver or gall bladder problems eg stomach inflammation/ulcers, irritable bowel, Crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cancer, tumours or growths eg polyps, benign growths, any cancers or pre-cancerous condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Skin problems eg eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed, or allergic conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Brain or nervous system disorders eg stroke, dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Muscle or skeletal problems eg arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, joint replacements, fractures, osteoporosis, gout or inflammatory conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Urinary or reproductive system problems eg kidney or bladder problems (including kidney failure), recurrent urinary infections, incontinence; pregnancy/childbirth problems (including caesarean sections), heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, polycystic ovaries, testicular or prostate disorders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Blood/infective/immune disorders eg abnormal blood tests, high cholesterol, anaemia; hepatitis, HIV, malaria; or any autoimmune disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Eye, ear, nose, throat and dental problems eg cataracts, glaucoma, visual impairment; deafness, ear infections, tonsillitis; dental infections, wisdom teeth problems or gingivitis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Psychiatric/ psychological disorders eg schizophrenia, compulsive or eating disorders; depression, stress, anxiety or drug/alcohol dependency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please also answer the following questions:					
13. Is anyone to be covered taking any medication, prescribed or otherwise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is anyone to be covered receiving any treatment of any kind, or require or expect to require any review, investigations or treatment for any current or past medical problem not already mentioned in this application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Has anyone to be covered experienced any signs or symptoms of any medical problem in the last six months, regardless of whether a health care professional has been consulted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further details (for over 16s only):					
How tall are you?	feet/inches <input type="radio"/>	metres/centimetres <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you weigh?	stones/pounds <input type="radio"/>	kilogrammes <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you used tobacco products within the last seven years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

mm

1

2

3

4

Worldwide Medical Insurance

For treatment received whilst staying in hospital, either overnight or as a day-case, plus related benefits.

Worldwide Medical Insurance gives you the reassurance of covering any essential hospital treatment you may need, whether in an emergency or a planned visit. All surgery, cancer treatment and advanced imaging, whether received whilst staying in hospital or as a visiting patient, are also included.

Each member to be included on this plan automatically receives cover for **Worldwide Medical Insurance**, our core cover. Please tick the options you wish to add for you and any additional people.

Worldwide Medical Plus:

For specialist treatment where you do not need to stay in hospital.

Worldwide Medical Plus covers you for consultations with a doctor or specialist and medical treatments that do not require a hospital stay. These may include osteopathy or complementary therapies, for example. Some of these treatments or consultations may take place before or after a hospital stay, but many will be totally independent.

Worldwide Medicines and Equipment:

For prescribed medicines and medical equipment.

Often, treatment does not end when you leave the hospital or clinic or after you have seen a specialist. This option covers you for prescription medicines and the rental of medical appliances, such as oxygen supplies, including masks and tubes or wheelchairs. Our unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma.

Worldwide Wellbeing:

For a range of health screenings, vaccinations, dental and optical treatment.

Our Wellbeing option is designed to help you protect and maintain your health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical treatments, which can play an important role in keeping you healthy by identifying underlying problems such as mouth cancer or diabetes.

Worldwide Evacuation:

For when you can't get the treatment you need in a local hospital.

The Worldwide Evacuation option is ideal if you are concerned about the quality of local care. It covers you for reasonable transport costs to the nearest suitable medical centre, when the treatment you need is not available nearby. Repatriation, which is also included, gives you the added option of returning to your home country or specified country of nationality, to be treated in familiar surroundings.

USA cover:

If you spend most of your time in the USA, then you will need to buy USA cover on an annual basis. If you spend most of your time outside the USA, you can choose to add USA cover to your plan by ticking in this section. Please note, we do not cover permanent USA residents.

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. If you choose any of the deductible amounts on Worldwide Medical Insurance then a fixed deductible amount of £100 (\$170 / €125) is applied to Worldwide Medical Plus and £50 (\$80 / €60) fixed deductible amount is applied to Worldwide Medicines and Equipment (if you choose these options). The deductible you choose will apply to each member on this form.

GBP:	None	<input type="checkbox"/>	£250	<input type="checkbox"/>	£500	<input type="checkbox"/>	£1000	<input type="checkbox"/>	£2000	<input type="checkbox"/>	£5000	<input type="checkbox"/>
USD:	None	<input type="checkbox"/>	\$425	<input type="checkbox"/>	\$850	<input type="checkbox"/>	\$1700	<input type="checkbox"/>	\$3400	<input type="checkbox"/>	\$8500	<input type="checkbox"/>
EUR:	None	<input type="checkbox"/>	€300	<input type="checkbox"/>	€625	<input type="checkbox"/>	€1250	<input type="checkbox"/>	€2500	<input type="checkbox"/>	€6250	<input type="checkbox"/>

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 do have any cause for dissatisfaction, please write to the Director of Operations 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 Managing Director by writing to him at the same address. Unless otherwise agreed by Bupa International in writing, English Law shall apply to the agreement between you and 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

Axis Strategy Consultants
BUPA Agency No: 6496

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 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.

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

Signature

Date

If we receive this form after six weeks from this signed declaration date, or with incomplete information, we will be unable to register your details and enrol you on the plan.

