

Your corporate application/amendment form



Please complete all relevant sections on both sides of the form in black ink, in BLOCK CAPITALS, then sign and date it before returning it to Corporate Underwriting Department, Bupa, Anchorage Quay, Salford Quays M50 3XL.

New application Amendment only

1 Your personal details

Title	Surname	Date of birth	day	month	year
Forename	Initials	Tel	Day		
Address		Evening			
		Mobile			
		Client reference (payroll no.)			
Postcode		Bupa membership number (If current Bupa member)			

2 Bupa membership details (To be completed by Group Secretary)

Name of company/group	
Workplace/location	Effective Date
Group no.	Scale of cover (eg A, B or C)

3 Your family's details (If you are applying to add/delete eligible dependants, please give details below)

Title, forename, other initials, surname	Add	Delete	Relationship to you (eg partner / son / daughter)	Date of birth		
				Day	Month	Year
1						
2						
3						
4						
5						

If a dependant is already a Bupa member, please give their membership number

Please include any additional dependants on a separate sheet and indicate that you have done so by ticking this circle

4 Confidential medical history

Please complete this section in ink and in BLOCK CAPITALS.

You need to complete this section for you and each of your dependants named in section 3 above and on any separate sheet. If you are just applying to add a dependant(s) to your existing membership then complete this section just for those dependant(s) you are applying to add.

PART A

Please consider the following questions as they apply to each of the people named. Answer each question by clearly ticking one of the corresponding numbered boxes shown under the headings 'YES' or 'NO'.	Applicant		1st Dependand		2nd Dependand		3rd Dependand		4th Dependand	
	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Has any in-patient stay in a hospital or nursing home taken place within the last four years?	<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"/>
2. Has any specialist been consulted within the last four years?	<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"/>
3. Has any general practitioner been consulted and/or provided prescriptions for any drugs or medication within the last two years?	<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"/>
4. Does any chronic/long-term medical or dental condition exist or is there any other known disability, abnormality, or recurrent illness or injury?	<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"/>
5. Is there any known or foreseeable need to consult any doctor or other health professional*?	<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"/>

* Please ensure that you fully disclose any known or suspected conditions and any symptoms experienced by anybody included in this application. This applies even if professional advice has not been sought. Typical examples are varicose veins; allergies; back ache; bunions; piles; gynaecological problems (including any irregularities of menstruation); any ear, nose, throat problems; or any pains, swellings or lumps.

I declare that to the best of my knowledge and belief all the information I have given on this page 1 of 2 of the application form is true and complete and that I have confirmed the dependants' details with the respective dependants and I confirm that I have read and signed the declaration on page 2.

Your Signature Date

PART B

This part applies if you have indicated 'YES' to any questions in PART A. If so, you must disclose full details of any medical conditions or undiagnosed symptoms relating to each question for which you answered 'YES'. Please use column 3 to list them separately and give further detailed information in columns 4 to 6.

1. Name of person to whom the reply relates	2. Relevant box nos. in PART A	3. Medical condition	4. Treatment and consultation - previous and ongoing (with dates)	5. Need for any further treatment or consultation	6. Present state of health

If there is insufficient space please use a separate sheet and indicate that you have done so by ticking this circle:
Please state your name and membership number (if any) at the top of each sheet and attach the sheets to this form.

5 Declaration

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. You do not have to provide any details not requested on this form. But if you are unsure whether any facts are required or 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 membership - such as the terms of cover, subscription rate or whether cover is provided 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's intention to provide a first class service at all times. If you do have cause for dissatisfaction you may write to the Customer Relations Department at Bupa, Anchorage Quay, Salford Quays, M50 3XL or contact them on 0845 60 66 739*†. Lines are open between 8am and 5pm - 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).

Unless otherwise agreed between us in writing English Law shall apply.

*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 monitored.

Your declaration

I agree that I and my family members specified in this form (and on any separate sheet) will be bound by the terms and conditions of the agreement between Bupa and the company, firm or individual with whom Bupa has agreed to operate a group insurance scheme and under which I am applying for cover. I accept that the terms and conditions of the agreement shall be the basis upon which benefits shall be payable under the agreement. I acknowledge that, unless Bupa agree otherwise, there is no undertaking to cover any medical conditions in existence at the time I, or any of my family members, join the scheme.

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 if any of the details given in this application form change.

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

Your signature X	Date X
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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 outside of 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 principal 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.

Private medical insurance is 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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