Your application for BUPA membership

This form should be completed if you are applying to join BUPACare, BUPA EssentialCare, BUPA LocalCare or BUPA Local HospitalCare.

- **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 health care 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 ______________________

BUPA is a member of the General Insurance Standards Council
Cover is provided by BUPA Insurance Limited.
Registered in England and Wales No. 3956433
Registered Office: BUPA House 15-19 Bloomsbury Way London WC1A 2BA
BUPA and the heartbeat symbol are registered tradmarks

Your application for BUPA membership

1 Your personal details

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

Title: *(Mr, Mrs, Miss, Ms, other title)*	
Surname:	
First name(s):	
Address:	
Postcode:	Daytime telephone no:
Evening telephone no:	Mobile telephone no:
email address:	
Date of birth: *(day/month/year)*	
Occupation (if retired, please state previous occupation):	
Do you play a sport on a professional or semi-professional basis? If yes which sport(s)?	
Your employer:	
Are you an existing BUPA member or have you been a member of BUPA in the past? **Yes/No** *(Please delete)*	
If **Yes** please give your BUPA membership number:	

2 Your choice of scheme

Please complete the table below to tell us your choice of scheme and excess level.
Anyone can apply to join BUPA Local HospitalCare. All other schemes are only available (at BUPA's discretion) if you are joining as a BUPA Group Scheme Member.

If you are unsure which scheme you are eligible to join, please contact your BUPA adviser or health care intermediary..

Scheme required	Cover/excess options *(Please tick box required)*						
	Scale	No excess	£100	£150	£200	£250	£500
BUPACare	A☐ B☐ C☐						
BUPA Local HospitalCare							
BUPA EssentialCare							
BUPA LocalCare							

If you are eligible to join a BUPA Group please state the name of the group.

You must include with your application form, proof of your eligibility for the discount you have been quoted.
This may be a photocopy of a recent pay slip, letter from your employer, business card, proof of membership 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. wife, husband, 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 3, 4 and 5 on a separate sheet.

So that we know you have included additional family members, please tick the box: ☐

*If they play a sport on a professional basis which sport(s) do they play?

4 Further details

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

	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? *(Please delete accordingly)*	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**
If yes, how long have you been registered with that GP?					
and How many times have you visited your GP in the last year?					
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					
*How much do you weigh? In stones/pounds					
or in kilogrammes					
Sex at birth *(Please delete accordingly)*	**Male/Female**	**Male/Female**	**Male/Female**	**Male/Female**	**Male/Female**
*Have you smoked tobacco products within the last two years? *(Please delete accordingly)*	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**
*How many units of alcohol do you drink in a week? *1 unit of alcohol = 1 measure of spirits, 1/2 pint beer or 1 glass wine*					
Do you play a sport on a professional or semi-professional basis? If yes, which sport(s)?	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**	**Yes/No**

*These questions to be completed by over 16s only.

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.

Within the last seven years, have you or anyone to be covered under the membership: • seen a GP or other health care professional • received treatment • experienced symptoms for any of the medical problems listed in questions 1-15:	Main member Name		Prospective member 2 Name		Prospective member 3 Name		Prospective member 4 Name		Prospective member 5 Name	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Heart or cardiovascular disorders eg Coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Glandular disorders eg Diabetes, thyroid, hormonal problems	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Breathing or respiratory disorders eg Asthma, bronchitis, shortness of breath, chest infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Ear, nose, throat or eye problems eg Hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Stomach, intestines, liver or gallbladder eg Ulcer, colitis, repeated indigestion, irritable bowel, change in bowel habits, hepatitis, piles, rectal bleeding	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Cancer, tumours, growths, cysts or moles that itch or bleed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Skin problems eg Eczema, rashes, psoriasis, acne	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. Brain or nervous system disorders eg Stroke, migraines, repeated headaches, multiple sclerosis, epilepsy, nerve pain, fits	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. Muscle or skeletal problems eg Arthritis, cartilage and ligament problems, back and neck problems, sprains, joint replacements, gout, sciatica	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10. Urinary problems eg Bladder, kidney or prostate problems, urinary infections, incontinence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11. Blood disorders eg Anaemia, hepatitis, abnormal blood tests	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12. Reproductive system problems eg Pregnancy and/or childbirth problems, heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, menopause	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. Dental problems eg Wisdom teeth problems, abscess, gingivitis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. Allergies	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. Psychological disorders eg Depression, schizophrenia, anorexia nervosa, bulimia nervosa, compulsive disorders, stress, anxiety	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please also answer the following questions:										
16. Are you or any prospective member taking any medicines, prescribed or otherwise?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17. Are you or any prospective member receiving any treatment of any kind?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18. Is there any known or likely need for you or any prospective member to see a doctor or health professional (such as a physiotherapist or a complementary therapist)? Please include symptoms you know about, even if undiagnosed or untreated.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

If you or any prospective members have answered no to all of the above but you have told us in section 4 that you have visited your GP in the last year, please give details in section 6

6 Additional information

If you have answered **yes** to any of the questions in section 5, please give full details here. If you need more space please use a separate sheet. If you are unsure whether any details are relevant, you must include them.

Name of prospective member	The relevant question number from section 5	Illness or medical problem	When did symptoms start and/or when was treatment completed?	Treatment (including medication, prescribed or otherwise) Please indicate if treated by your GP or Consultant	Outcome of treatment (eg. ongoing, complete recovery, recurrent or likely to recur)

7 Method of payment and choosing your start date

Please tick the appropriate box to tell us how you want to pay. If you choose to pay by variable direct debit, please complete the Direct debit instruction on the following page.

Method of payment	Monthly	Annually
Variable direct debit		
Cheque (made payable to BUPA)	**Not applicable**	

Subscription quoted £ ______

If you are enclosing a cheque along with your application, please tick the box ☐ (All cheques should be attached to the application form).

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

Day	Month	Year

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. If I am currently covered by group membership of a medical insurance scheme provided by another insurer, I acknowledge and understand that any special conditions restrictions or exclusions that are personal to me and each of my family members under my current private medical cover, at the date of this application, will also apply under the BUPA scheme I apply to join. I also declare that all the information given to any previous insurer on behalf of myself and my dependants for the purposes of receiving my quotation(s) and being covered by any medical insurer 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. I understand that if the information provided to any previous insurer(s) contains any material gaps or omissions (as described above), BUPA may terminate my cover or benefits might not be payable.
7. 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 and no claims have been paid.
8. 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.
9. I understand English Law applies to the agreement between me and BUPA, unless otherwise agreed between us in writing.
10. I understand any agreement with BUPA to provide BUPA cover to me and my dependants is made on the basis of this legal declaration.

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 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, 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 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.

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. 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).

Direct Debit Instruction

DIRECT Debit

BUPA

MEMBER General Insurance STANDARDS COUNCIL

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

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 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 will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by BUPA or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- 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.