

# Your application for BUPA Select

- **The Group Secretary must complete the Scheme details and the main member must complete Sections A to E using BLOCK CAPITALS and BLACK INK.**
- You must provide full details about yourself and any family members 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 prevent 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.**
- Please retain a copy of the completed application form for your records.
- Once you have completed the application form, please return to: **BUPA, Anchorage Quay, Salford Quays, M50 3XL.**

## Scheme details *to be completed by Group Secretary*

Company Name: \_\_\_\_\_

BUPA Group Number: \_\_\_\_\_

Out-patient benefit (tick one box only)	Standard	£1000 (max. £250 for complementary medical practitioners)	Please tick
	Increased		Full Refund (no £250 limit for complementary medical practitioners)
		£1500 (no £250 limit for complementary medical practitioners)	
		£1000 (no £250 limit for complementary medical practitioners)	
Reduced		£750 (max. £250 complementary medical practitioners)	
		£500 (max. £250 complementary medical practitioners)	
		£250 (max. £250 complementary medical practitioners)	

Cover exclusions	Psychiatric cover excluded	
	Sports club exclusions	

Excess (tick one box only)	£0	
	£100	
	£150	
	£200	

Hospital access (tick one box only)	Participating	Partnership	
		Scale C	
		Scale B	
		Scale A	
Full refund for surgeons and anaesthetists**			

Optional cash benefits	Optical, dental & prescription cash benefit	
	Family cash benefit	

Island cover \_\_\_\_\_

\*\*This option is only available if full refund out-patient benefit is also chosen

Preferred start date: \_\_\_\_\_ | dd | mm | year |

Are dependants eligible under the scheme? Yes / No



# Your application for BUPA membership

## A Your personal details

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

Title: <i>(Mr, Mrs, Miss, Other Title)</i>	
Surname:	
First name(s):	
Sex at birth: <b>Male / Female</b> (delete as appropriate)	
Address:	
Postcode:	Daytime telephone no:
Evening telephone no:	Mobile telephone no:
Email:	
Date of birth: <i>(Day/Month/Year)</i>	
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> , which BUPA scheme were you or are you a member of currently?	
Please give your BUPA membership number:	

## B Your family's details

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

	Title, Surname, First name(s) of prospective members	Relationship to you <i>(i.e partner, son, daughter)</i>	Date of birth			Sex at birth	
			Day	Month	Year	Male (M)	Female (F)
2							
3							
4							
5							

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

## C Your medical history

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

Within the last four years, have you or anyone to be covered under the membership: <ul style="list-style-type: none"> <li>● seen a GP or other health care professional</li> <li>● received treatment</li> <li>● experienced symptoms</li> </ul> for any of the medical problems listed in questions 1-16:	Main member		Prospective member 2		Prospective member 3		Prospective member 4		Prospective member 5	
	Name		Name		Name		Name		Name	
	Yes	No								
<b>1. Heart or cardiovascular disorders</b> e.g. Coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers	<input type="radio"/>									
<b>2. Glandular disorders</b> e.g. Diabetes, thyroid, hormonal problems	<input type="radio"/>									
<b>3. Breathing or respiratory disorders</b> e.g. Asthma, bronchitis, shortness of breath, chest infections, colds, flu	<input type="radio"/>									
<b>4. Ears nose, throat, or eye problems</b> e.g. Hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections	<input type="radio"/>									
<b>5. Stomach, intestines, liver, or gallbladder</b> e.g. Ulcer, colitis, repeated indigestion, irritable bowel, change in bowel habits, hepatitis, piles, rectal bleeding	<input type="radio"/>									
<b>6. Cancer, tumours, growths, cysts, or moles that itch or bleed</b>	<input type="radio"/>									
<b>7. Skin problems</b> e.g. Eczema, rashes, psoriasis, acne	<input type="radio"/>									
<b>8. Brain or nervous system disorders</b> e.g. Stroke, migraines, repeated headaches, MS, epilepsy, nerve pain, fits	<input type="radio"/>									
<b>9. Muscle or skeletal problems</b> e.g. Arthritis, cartilage and ligament problems, back and neck problems, sprains, joint replacements, gout, sciatica	<input type="radio"/>									
<b>10. Urinary problems</b> e.g. Bladder, kidney or prostate problems, urinary infections, incontinence	<input type="radio"/>									
<b>11. Blood disorders</b> e.g. Anaemia, hepatitis, HIV, abnormal blood tests	<input type="radio"/>									
<b>12. Reproductive system problems</b> e.g. Pregnancy and/or childbirth problems, heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, menopause	<input type="radio"/>									
<b>13. Dental problems</b> e.g. Wisdom teeth, abscess, gingivitis	<input type="radio"/>									
<b>14. Allergies</b>	<input type="radio"/>									
<b>15. Psychological disorders</b> e.g. Depression, schizophrenia, anorexia, bulimia, compulsive disorders, stress, anxiety	<input type="radio"/>									
<b>16. Auto-immune disorders</b> e.g. HIV, sjorgens syndrome, lupus, multiple sclerosis, rheumatoid arthritis	<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"/>				
<b>18. Are you or any prospective member receiving any treatment of any kind?</b>	<input type="radio"/>				
<b>19. 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.</b>	<input type="radio"/>				



## **E** Your legal 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 to our members at all times. If you do have cause for dissatisfaction you may write to the Customer Relations Department at BUPA, Anchorage Quay, Salford Quays, Manchester M50 3XL or phone them on 0845 606 6739\*† 8am to 5pm Monday to Friday.*

*They will consider your complaint and can provide you with full details of our internal complaints process and details of the independent resolution scheme available to you.*

*It's very rare that we can't settle a complaint but if we tell you 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 or call them on 0845 080 1800.*

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

*\* Calls charged at local rates*

*† Calls will be recorded and may be 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 agrees 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.

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 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 main 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.

**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](mailto:DataProtection@BUPA.com).