

# CHANNEL ISLANDS BUSINESS HEALTH PLAN GROUP APPLICATION FORM

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

# Bupa Global is the sole insurer of this plan.

Bupa Global is a trade name of Bupa, the international health and care company. Bupa is an independent licensee of Blue Cross and Blue Shield Association. Bupa Global is not licensed by Blue Cross and Blue Shield Association to sell Bupa Global/Blue Cross Blue Shield Global co-branded products in Argentina, Canada, Panama, Uruguay and US Virgin Islands. In Hong Kong, Blue Global is only licensed to use the Blue Shield marks. Please consult your policy terms and conditions for coverage availability. Blue Cross and Blue Shield Association is an association of independent, community-based and locally operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by Blue Cross and Blue Shield Association. For more information about Bupa Global, visit bupaglobalaccess.com, and for more information about Blue Cross and Blue Shield Association, visit www.BCBS.com.

#### IMPORTANT INFORMATION

You can type directly into this form, you can also write clearly in block capitals using black ink. Once completed, you can send your form and supporting documents to:

- o your sales advisor or intermediary, or
- o by email to: brokereuro@bupa-intl.com, or
- o by post to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom

The form should be returned along with completed member applications or membership census. If you have any questions when completing this form call us on +44 (0) 1273 208 186

Bupa Global Business Health plans are for businesses/companies, their employees (who are actively engaged in employment duties) and employee's dependants. A dependant is the principle member's partner, spouse or dependant children. A minimum number of three employees must be covered.

For employees aged 65 and over and companies that consist solely of members of the same family, it must be fully substantiated that such employees are working for the same employer/company. Copies of payslips or employment contracts will need to be provided.

All material facts relating to the questions asked in this application must be disclosed. Failure to do so may invalidate the policy. A material fact is one which is likely to influence the decision of an insurer when assessing and accepting this application. As the Sponsor of this company plan you must answer all questions and sign the declaration on behalf of the company and all persons to be insured.

#### Start date

The start date will generally be the date on which your completed group application form is received and accepted by Bupa Global. If you require a different start date, for example to take into account the expiry of your current insurance held elsewhere, please complete the start date box in section 1. Bupa Global will not accept a transfer if more than 30 days have passed since the cancellation of your current insurance. **Cover cannot start between the 28th & 31st, of any month.** 

#### Back dating cover

Bupa Global will only back date cover in exceptional circumstances such as, but not limited to:

- o Taking into account the expiry date of your current insurance held. Bupa Global will not accept a transfer if more than 30 days has elapsed since the cancellation of your current insurance.
- o If any application has been confirmed as received by Bupa Global and since been misplaced in our offices.
- o For new employees that are eligible to join from their first date of employment. A copy of their employment contract will be required with their application form.

#### Underwriting terms and their requirements

Bupa Global offer three different underwriting terms (for more information please refer to section 5). You should have agreed the underwriting terms with your sales advisor or intermediary before completing this form. If you have any doubts as to the agreed terms, please contact your sales advisor or intermediary before completion of the form.

#### Intermediaries

You may have received advice from an intermediary. In certain jurisdictions, Bupa Global requires your consent to payment of your intermediary for their part in introducing you to us as a member. Where, applicable, we will deduct a fee from each subscription payment received from you and pass this onto your intermediary on your behalf. For the avoidance of doubt, consent to payment of your intermediary's fees does not affect the amount of any premiums payable by you which would remain the same whether or not you had approached us directly or not. Upon renewal of your policy, we will continue to pay your intermediary until otherwise notified by you in writing.



# **INSURED COMPANY DETAILS**

**Person applying on behalf of the Sponsor.** This is the person who will sign this application form on behalf of the company. The Sponsor is the company, firm or individual with whom we have entered into an agreement to provide you with cover under the plan.

Registered number: If you are a PLC, limited company or a LLP you will have a registered number. For any other business entity, such as a partnership or a sole trader evidence of your status, such as your letterhead should be submitted with this form.

Please provide a company registration document and utility bill with this application.

Type of business, i.e. accountants, manufacturer of car parts.

Start Date: It is important that you read the 'Start Date' section on page 2.

Company name														
Trading name (if different)														
Registered number														
Registered address line														
Town/City								Post	t code/zip co	ode				
Country														
Phone/mobile (include country/area code)														
Email address														
Type of business														
Start date (cannot be between 28 and 31 of ea	ach month)	D	D M	М	Υ	Υ	Υ	Υ	Number of e	employees t	o join no	ow		

GROUP CONTA																						
The Group Secretary is the p	erson	who	will a	dminist	er the	policy	on bel	nalf of	the d	comp	oany.	Plea	se pr	rovid	e the	deta	ils b	elow.		Τ		
Group secretary position																				İ		
Address details if different	from a	above																				
Town/city													P	osto	ode							
Country																						
Phone/mobile (include cou	ntry/a	area co	ode)																			
Email																					T	

In addition, we may deal with Please provide these details b	any person such as a director, partner, sen	ior manager or decision maker <b>who is au</b>	thorised to represent the company.
Full name			
Company position			
Address details if different fr	rom above		
Town/city		Post	code
Country			
Phone/mobile (include coun	try/area code)		
Email			
Contacts as per above will be g	iven access to our dedicated, secure online w	ebsite CorporateWorld, allowing you to ma	anage your group online.
PREVIOUS INSU	RER		
	ave previously had private medical insuran cuments issued by your previous insurer	ce for your group members.	
Insurer			
Plan name			
Cover expiry date D	M M Y Y Y Y		
4 CHOOSE YOUR	COVER OPTIONS		
Please choose the plan(s) tha If you have any questions or c	t you wish to purchase. Jueries on the cover or benefits under any J	plan please contact your sales advisor or	intermediary.
Choose health plan	Choose deductible	Choose optical & dental	Choose U.S. area of cover
Dusiness Calcut	O No deductible	Not available	Yes
Business Select Health Plan	GBP 100 / USD 155 / EUR 130		No
	GBP 250 / USD 390 / EUR 325  No deductible	Yes	Yes
Business Premier Health Plan	GBP 100 / USD 155 / EUR 130	O No	○ No
	GBP 250 / USD 390 / EUR 325	No	O No
Health Plan  Business Elite	GBP 250 / USD 390 / EUR 325  No deductible	Yes	○ Yes
Health Plan	GBP 250 / USD 390 / EUR 325		
Health Plan  Business Elite Health Plan	GBP 250 / USD 390 / EUR 325  No deductible  GBP 100 / USD 155 / EUR 130	Yes	○ Yes
Health Plan  Business Elite	GBP 250 / USD 390 / EUR 325  No deductible  GBP 100 / USD 155 / EUR 130  GBP 250 / USD 390 / EUR 325	Yes No	Yes No

GROUP CONTACT DETAILS (continued)

# **UNDERWRITING OPTIONS**

#### The three underwriting terms available are:

#### Full Medical Underwriting (FMU)

All employees must complete individual employee application forms.

If you have a pre-existing condition, which is any symptom or medical condition that you had before the start date, you must tell us on the application form. The treatment for pre-existing conditions will generally not be covered. Any specific exclusion(s) will be included on the insurance certificate issued in the member welcome pack.

#### Continued Personal Medical Exclusions (CPME)

Continued personal medical exclusions is where underwriting terms from your previous insurer are carried over to your Bupa Global Plan. In order to transfer your employees on a CPME basis from their previous insurer we require copies of their previous insurance certificate. CPME transfers are only available if your scheme is on a medically underwritten or moratorium underwritten basis. The certificate should be the last insurance certificate issued and confirm the following information: Employee's first and surname, their date of birth, gender and home address. The same information is required for any dependants. The certificate must confirm the medical exclusions (if any) that are applicable to each person or the commencement date of the previous moratorium.

#### Medical History Disregarded (MHD)

Member

e-docs

All employees must join the company health insurance as soon as they are permitted by their company. This also applies to new employees that are added after the start date of the group contract. Please include a full membership census (first name, surname, date of birth, gender, location, nationality, occupation and level of cover) of all eligible employees and dependants to be covered. Employees or dependants aged 70 and over are not eligible for MHD cover.

Please note that you can only choose on	e set of underwriting	terms			
FMU - Full Medical Underwriting A fully completed application form for e	ach person to be cove	ered under this	plan must be submitted with	this application	
<b>CPME - Continued Personal Medical Ex</b> Please complete the section below and		o census along	with their previous insurance	certificates	
MHD - Medical History Disregarded Please complete the section below and	provide a membership	o census			0
Need to know: If any of the below questionlicy starts. This also applies for future p		• ,	•	and accepted by o	ur underwriters before the
Are you aware if any person to be cove	red under the policy l	nas a history o	f the following:		If yes, how many of your employees
Heart conditions or strokes?				(YN)	
Any type of cancer, including benign b	ain tumours?			$\bigcirc$	
Are you aware of any employee or dep	endant who has any o	ngoing or plai	nned in-patient treatment?	(Y) (N)	
These are related to your contract and Note that group documents can only be Group Secretary	billing, including invo		ts and credit notes. They will b	be addressed to the	Group Secretary.
O Intermediary	e-docs	$\bigcirc$	post	not available	
	ME	MBERSHIP	DOCUMENTS		
<b>Need to know:</b> These can be sent by p	ost and email directly	to your memb	pers:		
<ul><li>Post: we can post membership do</li><li>Email (e-docs): For access to e-do</li></ul>	, ,				members.
Please note that membership docume	nts can only be sent to	one recipient	; the group secretary, the inter	mediary or the mer	mber.
Group Secretary	not available	$\bigcirc$	post	not available	
Intermediary	not available	$\bigcirc$	nost	not available	

post

both

Name																							
Phone/mobile (include country/are	ea code)																						
Email																							
PAYMENT DETAILS																							
opies of invoices can also be down	nloaded f	rom Co	rporat	eWorl	d																		
Select your choice of currency				GE	BP(£)	$\bigcirc$					USE	)(\$)	$\subset$	)				E	EUR	(€)	$\subset$		
Select your method of payment			Dir	rect [	Debit	$\bigcirc$				Cre	dit d	card	$\subset$	)	Che	que	/Ba	nk t	rans	fer	$\subset$		
How will you make your premium բ				Quar	terly	$\bigcirc$				Δ	nnu	ıally	$\subset$	)									
Invoices will automatically be sent to the Group Secretary address in section 2 unless otherwise stated.  Billing Address (Only needs to be completed if different to the Group Secretary or Company address).																							
Name																							
Position at Company																							
Address																							
																Ī	Ī		Ī	Ī	Ī	Ī	
Town/city														Pos	stcod	е							
Country																							



# PAYMENT DETAILS (continued)

	) payments only  DIRECT Debit
Instruction to your Bank or Building Society to pay by Direct Debit - this must co Name(s) of account holder(s)	ome out of a UK bank account
Trume(s) of account notice (s)	
Section 1:	
Sort code Bank/Building Society account number	
	to your Bank or Building Society Bupa Global Direct Debits from the account detailed in
	tion subject to the safeguards assured by the Direct Debit I understand that this instruction may remain with
Bupa Globa Bank/Buildi	al and, if so, details will be passed electronically to my ing Society.
Name and full postal address of your Bank/Building Society	
To: The Manager	
Address	
Address	
	Postcode
	Originator's ID number 9 8 0 9 3 9
Banks and Building Societies may not accept Direct Debit Instructions for some types of ac	ccounts. As Instruction Form
ACCOUNT HOLDER'S SIGNATURE	ATE
	··-
	D D M M Y Y Y
CARD PAYMENT AUTHOR	DITY
In order to take payments from your credit card, Bupa Global needs to store your card deta	
I give my consent to Bupa Global to store my below card details on file and use them	n to process payments.
Visa & Mastercard's terms and conditions require Bupa Global to obtain your consent to st	
enable us to take payments from you as agreed in your insurance contract, i.e.; subscription membership documents for details of when payments will be taken and the amounts.	ons, deductibles and/or co-insurances. Please refer to your
We will also request your consent to store your credit card information if you are using an	n American Express card.
Your card will remain stored against your plan for transactional purposes until the card ex to store records of your transactions in accordance with our Privacy Notice.	pires. For legal and regulatory purposes, we will continue
If you do not want Bupa Global to store your card details, then we cannot accept paymen	nts from your card and you will need to choose a different
payment method.	
To Bupa Global, I authorise you until further notice in writing, to charge to my card account if the card becomes lost, stolen or if I wish to close my card account or cancel the authority	
(please tick) MasterCard Visa American Express	
Please note that we do not accept Maestro payments. You will be given 14 days notice of o	other unspecified amounts to be collected.
Cardholder's name as it appears on the card	
Card number	
Valid from date M M / Y Y Expiry/end date M M / Y Y	
	ATE
CARD HOLDER'S SIGNATURE DA	~!L
CARD HOLDER'S SIGNATURE  DA	

The Direct Debit Guarantee

DIRECT

This guarantee should be detached and retained by the payer

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 an error is made by Bupa Global or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.



#### **PRIVACY NOTICE**

#### Last updated: September 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

#### Information about Bupa Global

In this privacy notice, "we" "us" and "our" means the Bupa companies trading as Bupa Global. For details of these companies visit www.bupaglobal.com/legal-notices

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the 'Sharing your information section'. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

#### 1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services ("you", "your"), in any way (for example email, website, phone, app and so on).

#### 2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

## 3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

# 4. What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

#### 5. Profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

#### 6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice

#### 7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

#### 8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

#### 9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

#### 10. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). You have a right to make a complaint to them or to your local privacy supervisory authority.

**For Guernsey residents:** The local supervisory authority is the Office of the Data Protection Authority (www.odpa.gg) who can be contacted at, Office of the Data Protection Authority, St Martin's House, Le Bordage, St. Peter Port, Guernsey, GY1 1BR.

**For Jersey residents:** The local supervisory authority is the Jersey Office of the Information Commissioner (jerseyoic.org) who can be contacted at, Jersey Office of the Information Commissioner, 2nd Floor, 5 Castle Street, St. Helier, Jersey, JE2 3BT

#### YOUR DECLARATION

#### IMPORTANT INFORMATION

I hereby apply on behalf of the company named in section 1, for a Company Group plan. I declare that I have the authority to sign this form on behalf of the company named in section 1, and have the authority to enter the same company into this contract.

I agree that the Rules of the Company Group plan will be binding on the company named in section 1. I declare that all main members to be included in this plan are employees of the company, who are eligible to join the plan and that they and any eligible dependants do not contribute to the cost of the plan, which is borne by the employer.

I declare that to the best of my knowledge and belief the information given in this form is true and complete. I understand that providing false or misleading information may invalidate the insurance and prevent claims from being paid for the group member.

Bupa reserves the right, in such circumstances, to lapse a group member's policy and/or the Company Group plan (where appropriate) and to take all and any such action as may be deemed necessary to recover any losses suffered as a result. If any misrepresentation and/or fraudulent activity is suspected, Bupa also reserves the right to take all and any further action as may be deemed necessary and to share such information (where appropriate) with other insurers. I have brought these matters to the individual or group member's attention.

I understand that any personal information provided under this Company Group plan will be processed by Bupa Global for the purposes set out in Bupa Global's privacy notice. I confirm I have brought Bupa Global's privacy notice to the attention of those covered under the Company Group plan. Where applicable, I hereby consent to your payment of the fees to my intermediary as described in this application.

**CHECKLIST - PLEASE MAKE SURE:** 

O You have comp	leted se	ection 1 -	8																
O You have signe	d the de	eclaratio	n in sec	tion 9	)														
O You have attack	ned the	docume	nts as p	er the	e KYC	require	ements												
You have attack							-		ull Med	ical Un	derwi	riting) o	r cop	ies of tl	ne pre	vious	s insura	ince ce	rtificate
You have provide		-						-	tory Dis	regard	ed)								
O If you are an in	termedi	ary, plea	se com	plete :	sectio	n 10													
Incomplete forms may	delay th	e set up	of your	grou	p.														
AUTHORISED SIG	NATO	RY* cor	ease note	that the	e signatı gally en	ire is the ter into a	contact v	vithin th t with B	ne upa)	DAT	ГΕ								
					•		_												
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Print name																			
Please ensure up to date what documents are req and cancellation of the n	uired; p	lease co	ntact yo							•	•	•						y is nee	eded on
Intermediary ID																			
In case of unsolicited salincluding on a cross-bore	,		•	•												ntrac	cts -		
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Print name																			
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#### For residents of Guernsey, Herm, Alderney and Sark:

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK and trading offices Heritage Hall, PO Box 230, Le Marchant Street, St Peter Port, Guernsey, GY1 4JH. Bupa Insurance Limited is licensed by the Guernsey Financial Services Commission. GFSC reference 1035978.

#### For residents of Jersey:

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK. Bupa Insurance Limited is regulated by the Jersey Financial Services Commission.

# Contact our customer service team:

+44 (0) 1273 323 563

We may record or monitor your calls.

### **Bupa Global**

Victory House Trafalgar Place Brighton BN1 4FY United Kingdom

Bupa Global offers you: Global medical plans for individuals and groups Assistance, repatriation and evacuation cover 24-hour multi-lingual helpline bupaglobal.com