

Medical Questionnaire



(Please use block letters)

Please read the information regarding the underwriting conditions in Section A before completing this "Medical Questionnaire".

A) Important information

You can type directly into this form, save it and email it to us. You can also complete it writing clearly in block capitals using black ink.

This form can be used for new customers wanting to join Bupa Global and existing customers wanting to make changes to their policy.

Please use this form to tell us about your medical history. Full terms and conditions of the insurance product you are applying for are in the membership guide.

Need to know: you always have to complete a "Medical Questionnaire" for adopted children, children born as a result of fertility treatment and children born by a surrogate mother.

International Health and Hospital Plan: A "Medical Questionnaire" must be completed for each person aged 10 years or over applying for cover and any child under the age of 10 with a pre-existing condition or who is not in good health. All the "Medical Questionnaires" should be sent together with the "Application Form A" to the insurer.

International Swiss Medical: A "Medical Questionnaire" must be completed for each person applying for cover. All the "Medical Questionnaires" should be sent together with the "Application Form A" to the insurer.

Superior: A "Medical Questionnaire" must be completed for each person aged 10 years or over applying for cover or any child under the age of 10 with a pre-existing condition or who is not in good health. All the "Medical Questionnaires" should be sent together with the "Application Form A".

Worldwide Health Insurance: A "Medical Questionnaire" must be completed for each person aged 16 years or over applying for cover, and any child under the age of 16 with a pre-existing condition or who is not in good health. All the "Medical Questionnaires" should be sent together with the "Application Form A" to the insurer.

B) Your personal details

For administration use

Membership number BI - - -

Date D D M M Y Y Y Y

Intermediary number

Applicant details

First name (s)

Family name (s)

Occupation

Date of birth D D M M Y Y Y Y Age Male Female

Nationality

Other insurance

Do you have a health insurance with a Bupa group company or another insurance company?

Y N

Have you ever had a health insurance with a Bupa group company or another insurance company?

Y N

Company name

Membership number

Do you intend to keep your current insurance?

Y N

Have you ever had an application for health or life insurance declined or accepted subject to exclusions or at a premium above the insurer's standard rates?

Y N

If yes, please enclose complete information (terms and conditions and insurance documents)

C) Medical History

This section asks for health and medical details, past and present about yourself.

Please tick Yes or No to every question. If you tick Yes to a question, please give full details in section D, Additional information.

If you are an existing customer upgrading your cover you must complete this section in full, so that we have an up to date record of your health.

If you do not provide us with full details we may lapse your cover or it may stop us from paying your claims, and/or cause us to review the terms and conditions of your policy.

You must also tell us immediately if you or any dependants experience any symptoms between the time you complete this application form and the date the policy is issued. Failure to do so may also result in cancellation, rejection of claims and/or changes to the terms and conditions of your policy.

1. In the last 3 years, have you seen a doctor or other healthcare professional for any recurrent or persistent medical condition or symptoms? (Persistent means has continued for 2 weeks or more).	<input type="radio"/> Y <input type="radio"/> N
2. In the last 3 years, have you been advised by the doctor to take any medications (such as to be taken daily, once per week, as needed as directed by doctor) for a continuous period of more than 1 month?	<input type="radio"/> Y <input type="radio"/> N
3. In the last 3 years, have you ever had or been advised to have any regular or ongoing follow-up consultations or medical care with a healthcare professional (such as a doctor, physiotherapist, psychiatrist) for any disease or other medical condition?	<input type="radio"/> Y <input type="radio"/> N
4. In the last 7 years, have you ever had or been advised to undergo investigations (such as blood or urine test, colonoscopy, mammogram, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B or Hepatitis C test)?	<input type="radio"/> Y <input type="radio"/> N
5. In the last 7 years, have you been admitted to hospital?	<input type="radio"/> Y <input type="radio"/> N
6. In the last 3 months, have you experienced any signs or symptoms of a medical problem, illness or injury not yet diagnosed or treated?	<input type="radio"/> Y <input type="radio"/> N
7. Do you have any chronic conditions e.g. a disease, illness or injury that has one or more of the below characteristics?	
<input type="radio"/> Continues indefinitely, symptoms or condition may recur or likely to recur?	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Needs ongoing or long-term monitoring through consultation, examination, check-ups, and tests	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Needs ongoing or long-term relief of symptoms	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Needs rehabilitation	<input type="radio"/> Y <input type="radio"/> N
8. Have you ever had a history of the following?	
<input type="radio"/> Cancer, including benign brain tumours	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Heart condition e.g. angina, heart attack, heart failure, abnormal heartbeat	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Stroke	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Prosthetic implants and appliances in their body e.g. shunts, pacemakers, joint replacements	<input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> Congenital/hereditary conditions	<input type="radio"/> Y <input type="radio"/> N
9. Does any applicant have any ongoing or planned treatment, investigations or tests?	<input type="radio"/> Y <input type="radio"/> N

Further details (for over 16s only):

How tall are you?	<input type="radio"/> feet/inches <input type="radio"/> metres/centimetres	<input type="text"/>
How much do you weigh?	<input type="radio"/> stones/pounds <input type="radio"/> kilograms	<input type="text"/>

D) Additional Information

This section applies if you have indicated “Yes” to any questions in section C. If you are unsure whether any details are relevant, you must include them.

Please attach medical reports or test results relating to the medical conditions you have declared if these are available.

Is additional medical information included?



The relevant question number from section C	Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right leg, left eye).	When were symptoms first experienced and when was treatment completed (if applicable)?	What treatment did you receive and when (please include dates, names and details of medications)?	What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)?

E) 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-notice

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).

F) Your Application Declaration

To the best of my knowledge and belief the information given in this application form is true, accurate and complete. I understand that benefits may not be payable in full or at all and my policy may be treated as if it had not existed, if I do not take reasonable care when providing any information requested in this medical questionnaire.

If your health changes after the application has been signed but before an insurance agreement has been entered into with Bupa Global, you must notify Bupa Global immediately of such a change. You may be required to provide Bupa Global with medical reports in relation to this and any other pre-existing conditions. Failure to notify Bupa Global may result in the cancellation of your insurance policy.

I understand that my personal information and that of any dependant to be covered by this policy will be processed by Bupa Global for the purposes set out in the privacy notice above. I confirm that I have brought the privacy notice to the attention of the dependants to be covered under this policy.

I agree to be bound by the policy terms of my plan (and for cover provided to any dependant to be covered by this policy but under a different health plan, the policy terms of that health plan). I agree that English law will apply to the policy.

I agree that my policy shall terminate upon informing Bupa Global that I have become a permanent resident of the U.S. (or in the case of a dependant becoming a resident of the U.S., their cover under the policy shall terminate).

It is essential that you take reasonable care to provide us with full, complete, and accurate information when you complete this application form. If you do not provide complete information, we will not be able to process your application. Please be sure to check the entire application form.

I declare that to the best of my knowledge and belief the information given by me is true and complete, and that, apart from the conditions fully disclosed to Bupa Global, I and any children to be insured on my policy ("dependants") are in excellent health and do not suffer or have suffered from any recurring illness or physical debility. If insurance for dental treatment is required, neither myself nor my dependants are under or about to undergo dental treatment.

Fill in your form with complete up-to-date medical history before you sign and date it. We may ask you for a declaration of continued good health or to submit a new application form if:

- we do not receive this application form within six weeks of this declaration date, or,
- the declaration date is more than six weeks before your cover start date

We recommend that you keep a record of all the information you supply to us in connection with this application form, including letters and any other documents and correspondences exchanged between you and Bupa Global. If you would like a copy of this application form please ask us.

I sign this application form confirming that its contents are accurate and true.

Signatory

Date							
D	D	M	M	Y	Y	Y	Y

G) Authorised Person

I hereby authorise (full name and relation)

Name of Person (in full):									
Relation to insured person:									
Date of birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Address:									
Email:									
Phone number (including country code):									

To contact Bupa Global on my behalf in relation to policy administration, including but not limited to claims assessment and preauthorisation of treatment, and I give my consent for Bupa Global to exchange information, including medical information with the authorised person for the purpose of such policy administration. I understand that I have the right to withdraw the authorisation at any time by contacting Bupa Global.

Signatory

Date							
D	D	M	M	Y	Y	Y	Y

Bupa Global Customer Service, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom
 Tel: +44 (0) 1273 323563 Email: info@bupaglobal.com www.bupaglobal.com

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Notes