

BUPA GLOBAL ULTIMATE HEALTH PLAN

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
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Bupa 

Joining and managing
your plan

bupaglobal.com

BUPA GLOBAL ULTIMATE HEALTH PLAN

This form can be completed by **new customers** or **Bupa Global customers**.



HOW TO USE THIS FORM

To help you easily complete this form, we have split it into sections. Each section is numbered with an icon below.



To avoid rewriting the same name, these icons represent the person you are describing on the form.



When you see  you need to fill in information about the **Main Applicant** and this  is referring to the **1st Additional Person**.

IMPORTANT INFORMATION

PLEASE WRITE CLEARLY IN BLOCK CAPITALS USING BLACK INK.

The plans are insured by Bupa (Asia) Ltd. and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Ltd. is authorised and regulated by the Hong Kong Insurance Authority. The registered office of Bupa (Asia) Ltd. is 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong, telephone number: (852) 2531 8500.

Once completed, you can scan and email your form to: Sales.HK@bupaglobal.com or fax us on +852 2529 2725 or post to Bupa Asia, International Division, Bupa (Asia) Ltd, 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

If you have faxed or emailed us then we do not need the original copy of your form.

If you do not take reasonable care to provide us with full, complete and accurate information in completing this application form, then we may have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

If you do not take reasonable care to provide full, complete and accurate information in respect of any of the other additional persons to be covered under the policy, it may affect the cover for those people.

Please tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts.

All sections which need to be completed by the main applicant are labelled.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

We look forward to welcoming you as a Bupa Global customer.

FOR NEW CUSTOMERS

Please complete sections 2-11, and section 12 if applicable
Read, sign and date the declaration in section 14



FOR EXISTING CUSTOMERS

There are a number of things you can change on your plan using this form.
Make sure you read, sign and date the declaration in section 14.

Changing your address and contact details?

You must notify us of any change of contact details so that we can ensure that correspondence reaches you

- complete sections 1-4, where applicable
- complete section 12, if applicable
- **read, sign and date the declaration in section 14**



Adding additional people to your plan?

- complete sections 1 and 5-9
- complete section 12, if applicable
- **read, sign and date the declaration in section 14**



Want to change your cover?

- complete sections 1 and 7-10
- complete section 12, if applicable
- **read, sign and date the declaration in section 14**



Want to change your payment details?

- complete sections 1 and 11
- complete section 12, if applicable
- **read, sign and date the declaration in section 14**



6 ADDITIONAL PEOPLE TO BE COVERED WITH YOU

1

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name						Other initials	
Family name							
Date of birth	D	D	M	M	Y	Y	Y
Country of nationality							
Occupation						Relationship to you	
Email							

If this additional person is a newborn child under 91 days old, please answer the following question:
 Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate. Yes No

2

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name						Other initials	
Family name							
Date of birth	D	D	M	M	Y	Y	Y
Country of nationality							
Occupation						Relationship to you	
Email							

If this additional person is a newborn child under 91 days old, please answer the following question:
 Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate. Yes No

3

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name						Other initials	
Family name							
Date of birth	D	D	M	M	Y	Y	Y
Country of nationality							
Occupation						Relationship to you	
Email							

If this additional person is a newborn child under 91 days old, please answer the following question:
 Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate. Yes No

4

Title		Male	<input type="radio"/>	Female	<input type="radio"/>	1st language	
First name						Other initials	
Family name							
Date of birth	D	D	M	M	Y	Y	Y
Country of nationality							
Occupation						Relationship to you	
Email							

If this additional person is a newborn child under 91 days old, please answer the following question:
 Was the child born as a result of assisted reproduction technologies, ovulation induction treatment, adopted or born to a surrogate. Yes No

If any of these additional people have different home, correspondence or email addresses to yours, please write their name and contact details on a separate sheet and confirm you have done so by ticking here.

7 MEDICAL HISTORY

This section asks for health and medical details, past and present about yourself and each person named in Section 6.

Please tick Yes or No to every question for every person.

If you tick Yes to a question, please give full details in Section 9.

Please ensure you tell us about any known or suspected conditions and symptoms even if professional advice has not yet been sought.

If you are already a Bupa Global customer and wish to change your plan, you should also include details of any conditions for which you have made claims within the last seven years. This information will be passed to our underwriting team who will assess the terms of your plan.

For any of the medical conditions listed below (questions 1-13), please answer yes if you or anyone to be covered by this plan has:

- seen a doctor or other healthcare professional in the last three years
- been admitted to hospital, had an operation or procedure, or had
- an investigation (eg a scan/blood tests) in the last seven years

	M	1	2	3	4
	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
1. Circulatory disorders eg high blood pressure, high cholesterol, chest pains, aneurysms, varicose veins or deep vein thrombosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
2. Endocrine (glandular) disorders eg diabetes (Type 1 or Type 2), thyroid problems or obesity	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. Breathing or respiratory disorders eg shortness of breath, asthma, chronic obstructive pulmonary disease, chest infections, pneumonia, bronchitis, tuberculosis or allergies (including hayfever and anaphylaxis)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
4. Stomach, intestines, liver or gall bladder problems eg stomach inflammation/ulcers, irritable bowel, crohn's disease, colitis, change in bowel habits, abdominal pain, haemorrhoids/piles, pancreatitis, liver inflammation, cirrhosis, gall stones or hernias	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
5. Benign tumours, growths or pre-cancerous conditions eg polyps, benign growths, breast nodules or cysts, lipomas	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
6. Skin problems eg eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
7. Brain or nervous system disorders eg dementia, migraine, repeated headaches, multiple sclerosis, epilepsy/fits, nerve pain (including sciatica and shingles) or meningitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
8. Muscle or skeletal problems eg arthritis, back pain, neck/shoulder problems, cartilage and ligament problems, fractures, osteoporosis, gout or inflammatory conditions	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
9. Urinary or reproductive system problems eg kidney or bladder problems (including kidney failure), recurrent urinary infections, incontinence; pregnancy/childbirth problems (including caesarean sections), heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, polycystic ovaries, testicular or prostate disorders	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
10. Blood/infective/immune disorders eg abnormal blood tests, anaemia, hepatitis, HIV, malaria or any autoimmune disorder	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
11. Eye, ear, nose, throat and dental problems eg cataracts, glaucoma, visual impairment, deafness, ear infections, tonsillitis, dental infections, wisdom teeth problems or gingivitis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
12. Psychiatric/psychological disorders eg schizophrenia, compulsive or eating disorders, depression, stress, anxiety or drug/alcohol dependency	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
13. Cosmetic treatment, surgery eg breast enlargements/reductions or rhinoplasty	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

9

MEDICAL QUESTIONS AND HISTORY: ADDITIONAL INFORMATION

This section applies if you, or anyone to be covered under this plan, have indicated Yes to any medical questions in Section 7. If you are unsure whether any details are relevant, you must include them.

Main Applicant or Additional Person	The relevant question number from Section 7	Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (eg 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 (eg ongoing, complete recovery, recurrent or likely to recur)?
M					
1					
2					
3					
4					

If there is insufficient space, please use a separate sheet and indicate that you have done so by ticking here:

10

YOUR COVER

ULTIMATE HEALTH PLAN:

For more details of what is and is not covered please refer to the Membership Guide.

The Bupa Global Ultimate Health plan protects you and your family with a wealth of services. These include evacuation during non-medical emergencies such as natural disasters, suites at top hospitals, extensive maternity cover and unlimited access to scans, doctors, specialists and therapists.

We care for your all-round health, with complementary treatment and genetic cancer screening, plus a extensive maternity package and cover for 2 children up to the age of 16 at no additional cost*.

Children covered at no additional cost

With your Bupa Global Ultimate Health Plan up to two children, per paying parent, who are under 16 years of age, can be insured at no additional cost*. The child being added must reside at the same address as the parent who is insured and who has legal custody of the child.

*Any medical loadings following underwriting will be charged.

11 YOUR PAYMENT DETAILS

A valid Credit Card Authority is required throughout your policy year. We may delay paying claims until you have such an agreement or authority in place.

Your choice of currency for the policy and premium payments (please tick one only): HK \$ USD \$

How will you make your premium payments (please tick one only): Quarterly Semi-Annually Annually

By Credit Card (please complete the below Card Payment Authority):

CARD PAYMENT AUTHORITY

To Bupa Global, on behalf of Bupa (Asia) Ltd, I authorise you, until further notice in writing, to charge to my card account, premium and other unspecified amounts, as and when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.

(please tick) Eurocard/MasterCard Visa American Express JCB Diners

You will be given 14 days notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card																								
Card number													Valid from	M	M	Y	Y	Expiry date	M	M	Y	Y		
CVC code *																								

* CVC code: The last three / four digits after the card number on the back of the card or the last three digits in the signature field.

CARD HOLDER'S SIGNATURE

DATE

--	--

Cardholder address

Flat / Room													Floor					Block												
Bldg. / Mansion / House																														
Court / Estate / Street																														
District																														
HK/KLN/NT																														

12 OTHER INSURANCE PLANS

If you have a current medical insurance policy tick here If yes, please provide the following information:

Name of Insurer																								
Policy Number																								
Renewal date of plan	D	D	M	M	Y	Y	Y	Y																

13 INTERMEDIARY'S ACCESS TO DOCUMENTS

In the event that I am represented by an intermediary, I hereby accept that my intermediary will get access to my documents on his/her personal and secure Bupa Global website

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DATA PROCESSING NOTICE

Purpose:

Personal data collected about you and any additional people to be covered by the policy, may be used by Bupa Global to process your claims, administer your policy, make suggestions about clinically appropriate treatment, for research and analytics and to detect and prevent fraud or improper claims.

Confidentiality:

The confidentiality of patient and member information is of paramount concern to Bupa Global. To this end, Bupa Global complies with applicable data processing legislation and Medical Confidentiality Guidelines.

Medical Information:

Medical information will be kept confidential. Unless otherwise required or permitted by law it will only be disclosed to those involved with your treatment or care, including your General Practitioner and Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Information may also be shared with appointed third parties involved in the management and handling of your policy. Information may be shared with your Bupa Global Agent/Adviser where you have requested that they assist you.

Sharing of Personal Data:

Subject to our obligations of confidentiality and data protection, we may share your personal data with:

- Other Bupa group companies for the purposes set out above, and access is restricted to those individuals who have a need to access the information for those purposes.
- Other Bupa group insurers or our insurance partners. If you transfer to another Bupa plan or a plan offered by one of our partners, we will share your medical and claims history with the new insurer.
- Our service providers

Often we will need to share your personal data with professional advisors such as claim investigators, emergency assistance providers, medical professionals, lawyers and other experts.

We also engage third party service providers to provide our IT systems; printing and marketing services; research and analytics and similar outsourced services. In each case, we require these third parties only use the personal data as is necessary to carry out their services.

Sometimes these third parties are located outside your jurisdiction, in countries which do not provide the same protection as your own. We ensure they are subject to contractual restrictions with regard to confidentiality and security obligations.

Customer details:

All policy documents and correspondence about any claim may be sent to the policyholder. We may also share other information with the policyholder such as benefits received by other persons covered by the policy, claims paid, amount of deductible used and if relevant any medical history of another person covered by the policy, which impacts on the provision of the benefits.

Telephone calls & Webchat:

In the interest of continuously improving our services, your calls and webchats will be recorded and may be monitored.

Research & Analytics:

Your personal data may be used for research, analytics and statistical purposes. The outputs of this will be used to develop and improve our services and the services you receive which are funded by your Bupa Global policy. We may also contact you to invite you to participate in customer research activities.

Fraud:

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention, detection or investigation of crime including reasonable suspicion about fraud or otherwise improper claims.

Names and Addresses:

Bupa Global does not make the names and addresses of customers or patients available to other organisations outside the Bupa group and its service providers.

Keeping you informed:

Bupa Global would, on occasion, like to keep you informed of Bupa Global products and services which it considers may be of interest to you.

- Please tick if you would like us, and other members of the Bupa group to keep you updated about our products and services. You will be able to opt out of receiving these communications at any time.

Contact Address:

In accordance with data protection law, if you would like a copy of your personal information (for which a small fee may be payable) or you would like to update your personal information, or if you have any other data processing queries please call the Bupa Global service team on +852 2531 8570.

Alternatively you can email or write to the team via service.hk@bupaglobal.com or Bupa Global, Customer Service, 8 Palægade, DK-1261 Copenhagen K, Denmark.

For further information please see the Bupa Global Data Protection notice at www.bupaglobal.com/hk-privacy-policy

Personal information relating to you (and, if applicable, your dependants) may be used for the following purposes:

- a. processing, assessing and determining any applications for insurance products and services;
 - b. offering and providing products and services to you, or your dependants and processing requests made by you, or your dependants from time to time including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured members;
 - c. any purposes in connection with any claims made by or against or otherwise involving you, or your dependants in respect of any products and/or services provided by Bupa including without limitation, making, defending, analysing, investigating, processing, accessing, determining or responding to such claims;
 - d. performing any functions and activities related to the products and/or services provided by Bupa including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - e. provision and design of products and services of Bupa;
 - f. exercising Bupa's rights in connection with provision of insurance products and services to you, or your dependants, from time to time, for example, to determine any amount of indebtedness, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - g. communication with you or your dependants in relation to any of the purposes set out in this Notice;
 - h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of Bupa's rights or business
- to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on Bupa.

OUR COMPLAINTS PROCEDURE

If you have a concern or complaint you can call the Bupa Global customer helpline on +45 70 23 00 42. Alternatively, you can email or write to the team via:

- Complaints-Global@ihi.com; or
- Bupa Global, Palægade 8, DK-1261 Copenhagen K, Denmark

You can also use these contact details to request a full copy of our complaints procedure.

If we have not been able to resolve the problem and you wish to take the complaint further, please us using the following contact details:

- Bupa (Asia) Limited, 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
- Tel: +852 2531 8570
- Email: service.hk@bupaglobal.com

YOUR CONSENT TO YOUR DOCTOR TO DISCLOSE MEDICAL INFORMATION

If any of the other people included in your application have a different doctor, please give the name and/or address details on a separate sheet and confirm you have done so by ticking here

I give explicit consent, on behalf of myself and any other people to be covered under the policy, for the doctors responsible for my treatment and care, to provide Bupa Global with any information it asks for in connection with this application and any claims (past, present and any claims (past, present and future)

DECLARATION

To the best of my knowledge and belief the information given in this application form is true and complete.

I am either the legal representative of the additional persons named in this application form, or I have obtained their prior and express consent to submit this application form, give consent and make declarations on their behalf.

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

I agree that any cover which I may purchase for the USA shall terminate upon informing Bupa Global that I have become a resident of the USA (or in the case of an additional person becoming a resident of the USA, their cover under the policy shall terminate).

I give explicit consent, on behalf of myself and any other person to be covered under the policy, for Bupa Global to process our personal data as set out in the Data Processing Notice above and the Bupa Global privacy policy. I confirm that I have brought this Data Processing Notice to the attention of these people.

I understand that benefits may not be payable in full or at all and my policy made be treated as if it had not existed, if I do not take reasonable care when providing any information requested in this application form. Where I have provided information on behalf of any other person to be covered by the policy, I confirm that I have checked with them that the information is correct before completing this application form. I agree that Hong Kong law will apply to the policy.

In view of the declaration above it is essential that complete information is supplied. We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

If you do not take reasonable care to provide us with full, complete and accurate information in completing this application form, then we may have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

If you do not take reasonable care to provide full, complete and accurate information in respect of any of the other people to be covered under the policy, it may affect the cover for those people.

We recommend that you keep a record of all the 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.

This form must be received by Bupa Global no more than six weeks after the declaration date. Fill in your form with complete up-to-date medical history before you sign and date it.

If we receive this form after six weeks from this declaration date, or with incomplete information, we will be unable to process your application and you must complete and submit a new form.

If any dispute arises as to the interpretation of this form as between language versions, then the English version shall be deemed to be conclusive and take precedence over any other version.

MAIN APPLICANT'S SIGNATURE

M

Print name	
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Date	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		



IDENTIFICATION STAMP / BROKER NAME AND ID NUMBER

NAVIGATOR
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The world of Bupa

Care homes
Cash plans
Dental insurance
Health analytics
Health assessments
Health at work services
Health centres
Health coaching
Health information
Health insurance
Home healthcare
Hospitals
International health insurance
Personal medical alarms
Retirement villages
Travel insurance

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