

10 Declaration

In view of the declaration below, it is essential that complete information is supplied. Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. 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. However, if you do have any cause for dissatisfaction, please write to the Head of Customer Services at BUPA International's Head Office. The address is, BUPA International, Russell Mews, Brighton BN1 2NR, United Kingdom. If you remain dissatisfied you may appeal to the Managing Director by writing to him at the same address. Unless otherwise agreed by BUPA in writing, English Law shall apply to the agreement between you and BUPA.

I hereby apply to be enrolled as a Member with the Dependants listed above included in my membership. I declare that to the best of my knowledge and belief the information given in this Application is true and complete. I agree that the Rules of the BUPA International Lifeline scheme will be binding on me and all eligible Dependants included in my membership. I agree that any cover which I may purchase for the USA shall terminate upon informing BUPA that I have become a resident of the USA.

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.

BUPA International Data Protection Notice

Purpose: Personal data collected on you, and where appropriate, your family, will be used by BUPA International to process your claims, administer your policy and may be used to detect and prevent fraud or improper claims.

Confidentiality: The confidentiality of patient and member information is of paramount concern to BUPA International. To this end, BUPA International fully comply with UK Data Protection Legislation and Medical Confidentiality Guidelines.

Medical Information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health 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. Claims information may be discussed with the BUPA International Agent/Adviser where you have requested the Adviser to assist you.

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 International, 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.

Signature X

Date X

Returning your completed form

Direct Debit

This is the easiest form of payment for many people as your payments will be automatically debited from the account of your choice.

If you choose to pay by Direct Debit please post or fax your completed application form to BUPA International, Russell Mews, Brighton BN1 2NR. If you do fax it to us please **do not** send the original.

Card Payment

If you choose Card Payment you can post your completed form to us at the above address or you may wish to fax it to BUPA International (Fax number: +44 (0) 1273 866583). If you do fax it to us please **do not** send the original.

The name and address of my usual doctor is as follows:

Grid for doctor name and address details.

On behalf of myself and each person included in this Application I authorise and request the above-named doctor to provide BUPA with such information as they may seek from him/her in connection with this Application.

If the above details are different for any of your dependants, please give details on a separate sheet and indicate that you have done so by ticking this box

Input box for dependant details.

I/253/2002

53707 - ASTRON

CARD PAYMENT AUTHORITY

To BUPA International, I authorise you, until further notice (or until a specified date) in writing, to charge my card account, unspecified amounts in respect of subscriptions for BUPA International membership as and when these become due.

I will advise you in writing immediately 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 cannot accept Euro payments by American Express.

Cardholder's name: as it appears on credit card.

Please insert your appropriate card no.

Card number input grid.

Valid from

Valid from date input grid.

Expires/end

Expires/end date input grid.

Cardholder's signature

Date

I/253/2002

BUPA Insurance Ltd. Registered in England No. 3956433

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