

4 Your medical history

This section asks for health and medical details, past and present, for each person named in section 3. Please tick **Yes** or **No** to every question for each person. If you tick **Yes** to a question, please give full details in section 5 on the next page. If you are unsure whether any details are relevant, you must include them.

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

Please also answer the following questions:				
17. Is any prospective member taking any medicines, prescribed or otherwise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Is any prospective member receiving any treatment of any kind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Is there any known or likely need for any prospective member to see a doctor or health professional (such as a physiotherapist or a complementary therapist)? Please include symptoms they know about, even if undiagnosed or untreated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 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. If you are unsure whether any facts 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 Head of Customer Relations at BUPA, Staines, TW18 4XF. 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.

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

Your declaration

I agree that I and my family members specified in this form 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 and accept that the terms and conditions of the agreement shall be the basis upon which benefits shall be payable under the agreement.

Where I am applying to add a family member I understand and accept that there is no undertaking by BUPA to cover any medical conditions in existence before the time my family members, are covered by the scheme.

Where I am applying to increase cover for myself and/or a dependant I understand that BUPA may ask me to agree to a restriction to cover for certain conditions to the level of benefits that apply before they accept my application.

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.

I declare that to the best of my knowledge and belief, all the information I have given in this application to alter form is true and complete and that I have confirmed the family details with the respective family member.

On the basis of this legal declaration I now apply to alter my membership.

Signature X

Date X

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.

Members 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, 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

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 Head of Customer Relations at BUPA, Staines TW18 4XF 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.

†Calls charged at local rates

*Calls will be recorded and may be monitored