

Application for cover

Please send completed form to:
BUPA Travel Services, Thames Side House, South Street, Staines, Middlesex TW18 4TL.

1 Company details

Name _____
Address _____
Postcode _____
Tel no. _____ Fax no. _____ Email _____

2 Group secretary or contact name

Name _____
Address (if different) _____

3 Cover required

Please tick the scheme option you require. If you require more than one type of cover for your employees (e.g. 20 employees with 'BUPA Travel Complete' cover and 12 employees with 'BUPA Travel Possessions' cover) please complete separate applications for each.

1. BUPA Travel Complete 3. BUPA Travel Medical 5. BUPA Travel Prestige
2. BUPA Travel Possessions 4. BUPA Travel Essentials

Date from which you require cover to begin / /

(Please note cover is subject to acceptance and while we will try to begin cover on the date indicated, it cannot be guaranteed.)

4 Payment details

By cheque

Cheque for the amount of

£ _____

(payable to BUPA Travel Services)

By credit card

Credit card Visa MasterCard American Express Switch

Card number _____

Expiry date MONTH YEAR

Name on card _____

Please charge the amount of £ _____ to my credit/charge card.

Cardholder's signature **X**

5 Declaration

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 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.

This warranty will, in accordance with the policy wording, form the basis of the contract of insurance. The insured persons warrant that, at the time of booking each trip and at the commencement of each trip, they are healthy, fit to travel and will not be travelling with the intention of obtaining medical treatment. Please sign this declaration and ensure that all other sheets are completed and attached.

I agree on behalf of all persons (as listed overleaf) to be insured on this policy, to be bound by the above declaration and Data Protection Notice. I will ensure the Data Protection Notice is brought to the attention of all persons listed overleaf.

Signature **X** Date / /

Print name

Position within the company

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.

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, 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.

FOR BUPA OFFICE USE ONLY

Employee number _____

Dept _____

FOR BROKER USE ONLY

Broker name _____

Broker number _____

For more information or immediate cover call BUPA Travel Services on **0870 555 0088**
or speak to your BUPA health care consultant (Calls will be recorded and may be monitored)

6 Employee details

Employee name*	Date of birth	Cover required (please tick)			Cover for business trips in country of residence (£22)		Total subscription £
		Business only	Business & leisure	Business, leisure & family**	Yes	No	

Please contact BUPA Travel on 0870 555 0088 if a continuation sheet is required.

*The employee must be in employment and not retired.

**'Family' means:

- the insured person,
- his/her spouse or common law partner (with whom they have lived for 6 months or more) and
- their children who are under 21 years old, in full time education and who normally live with the insured person.

Please note, all family members must reside at the same address as the main insured person. By 'main insured person' we mean the employees named above.