

GROUP APPLICATION FOR SMALL TO MEDIUM BUSINESS ENTERPRISES

1 January 2014

bupa-intl.com



SECTION 1: TO BE COMPLETED BY THE GROUP SECRETARY

1 INSURED COMPANY DETAILS

Company name:

Type of business:

Start date (cannot be between 28th and 31st): D D M M Y Y Y Y

Number of employees to join now. Please tell us in this section the category of employees to be covered. Employees in the same category must have the same level of cover.

CATEGORY OF EMPLOYEES eg. Director, Management, Staff	NUMBER OF EMPLOYEES
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2 CHOOSE YOUR COVER OPTIONS

LEVEL(S) OF MEDICAL COVER

COMPANY	OIL AND GAS	MINING AND EXPLORATION	MARITIME	OTHER	BUSINESS EXPLORER
<input type="radio"/> Essential	<input type="radio"/> Essential	<input type="radio"/> Essential	<input type="radio"/> Shipping	<input type="radio"/> Vital Africa	<input type="radio"/> Essential plus
<input type="radio"/> Classic	<input type="radio"/> Classic	<input type="radio"/> Classic	<input type="radio"/> Yachting	<input type="radio"/> Guernsey	<input type="radio"/> Gold
<input type="radio"/> Classic with Dental	<input type="radio"/> Gold	<input type="radio"/> Gold			<input type="radio"/> Gold with Dental and Optical
<input type="radio"/> Gold					
<input type="radio"/> Gold with Dental					
<input type="radio"/> Gold Superior					
<input type="radio"/> Gold Superior with Dental and Optical					

LEVEL(S) OF ASSISTANCE COVER (Not applicable for Vital Africa and Business Explorer)

Please tick the option you would like to be covered with:

Evacuation Repatriation (automatically includes Evacuation cover)

None See application forms

ANNUAL DEDUCTIBLE (Available on Company Essential, Classic and Gold level - please tick one box only - Please note that deductibles are not available to those members in the UAE)

GBP:	None	<input type="radio"/>	£100	<input type="radio"/>	£250	<input type="radio"/>	£500	<input type="radio"/>	£1,000	<input type="radio"/>
USD:	None	<input type="radio"/>	\$200	<input type="radio"/>	\$500	<input type="radio"/>	\$1,000	<input type="radio"/>	\$2,000	<input type="radio"/>
EUR:	None	<input type="radio"/>	€150	<input type="radio"/>	€350	<input type="radio"/>	€750	<input type="radio"/>	€1,500	<input type="radio"/>

ANNUAL DEDUCTIBLE (Business Explorer only)

GBP:	£500	<input type="radio"/>
USD:	\$350	<input type="radio"/>
EUR:	€250	<input type="radio"/>

3 DETAILS OF UNDERWRITING

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Medical History Disregarded (MHD) *	<input type="radio"/>	Fully underwritten	<input type="radio"/>
Continued personal medical exclusions (CPME)	<input type="radio"/>	* These terms must be agreed by our underwriters prior to acceptance if any of the questions below is answered yes.	

If you are applying for MHD terms please answer the following questions:

Are you aware if any employee or dependant to be covered under the plan has a history of any of the following:										
Heart conditions or strokes	Y	<input type="radio"/>	N	<input type="radio"/>	If yes, how many of your employees?					
Any type of cancer, including benign brain tumours	Y	<input type="radio"/>	N	<input type="radio"/>	If yes, how many of your employees?					
Are you aware of any employee or dependant who has any ongoing or planned in-patient treatment	Y	<input type="radio"/>	N	<input type="radio"/>	If yes, how many of your employees?					

4 GROUP SECRETARY CONTACT DETAILS (the below address will be used for all correspondence unless otherwise stated)

Group secretary name:																									
Group secretary position:																									
Address Line 1:																									
Address Line 2:																									
Town/city:													Postcode:												
Country:																									
Telephone:													Fax:												
Email:																									
Is this the registered company address?	Y	<input type="radio"/>	N	<input type="radio"/>	If 'no' please fill in the registered company address below.																				

5 COMPANY CONTACT DETAILS (if different from the Group secretary details)

Contact name within the company:																									
Contact position within the company:																									
Address Line 1:*																									
Address Line 2:																									
Town / city:													Postcode:												
Country:																									
Telephone:													Fax:												
Email:																									

*If the address is different from the group secretary's address please provide an explanation for this.

6 OTHER CONTACT DETAILS

CorporateWorld our unique, free and secure website that allows you to administer your group(s) online.

CorporateWorld administrator: Group secretary Other (below)

Name:

Telephone: Fax:

Email:

Decision maker: Group secretary Other (below)

Name:

Telephone: Fax:

Email:

DOCUMENTS (Vital Africa membership certificate will be sent via eDocs via Membersworld)

Please confirm where you would like us to send your documents (note: these will be sent to the correspondence addresses above unless otherwise stated).

Membership certificates	eDocs <input type="radio"/>	Group secretary <input type="radio"/>	Members <input type="radio"/>
Renewal contract	eDocs <input type="radio"/>	Group secretary <input type="radio"/>	
Invoice	eDocs <input type="radio"/>	Group secretary <input type="radio"/>	
Credit/debit note	eDocs <input type="radio"/>	Group secretary <input type="radio"/>	

7 PAYMENT DETAILS

Billing address: Group secretary Other (below)*

Address Line 1:

Address Line 2:

Town / city: Postcode:

Country:

Telephone: Fax:

Email:

*If the address is different to the previous addresses then please provide an explanation for this in the space provided in Section 5.

ADMINISTRATION AND PAYMENT OPTIONS

Select your choice of currency (please tick one only): GBP (£) USD (\$) EUR (€)

Select your method of payment (please tick one only): Direct Debit Credit card Cheque/Bank transfer

How will you make your subscription payments (please tick one only): Quarterly Annually

DIRECT DEBIT

If you are paying by Direct Debit you must complete this section - for GBP (£) payments only

Instruction to your Bank or Building Society to pay by Direct Debit - this must come out of a UK bank account



Name(s) of account holder(s):

Bank/Building Society account number:

- -

Swift code:

Instruction to your Bank or Building Society

Please pay Bupa Global Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Bupa Global and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society:

To: The Manager

Address

Postcode

ACCOUNT HOLDER'S SIGNATURE

DATE

Originator's ID number

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

As Instruction Form

CARD PAYMENT AUTHORITY

To Bupa Global, I authorise you, until further notice in writing, to charge to my card account, subscriptions 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) MasterCard Visa American Express

Please note that we do not accept Maestro payments. 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 date: /

Expiry/end date: /

CARD HOLDER'S SIGNATURE

DATE

The Direct Debit Guarantee

This guarantee should be detached and retained by the payer

This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Bupa Global will notify you 7 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Bupa Global or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



