

Group Medical Declaration



You must make sure the details about your employees and their family members are correct. You must take good care to answer all the questions honestly and to the best of your knowledge. If you don't, your policy may be cancelled, varied or treated as if it never existed, or benefits might not be payable.

Group number (if available)

Intermediary

To be completed by the Group Secretary*

*Nominated person who will administer the policy on behalf of the company. This must be a person who is authorised to represent the company (eg a director, partner, officer or senior manager).

Main member details

1. Name of company

2. Proposed start date

D	D	M	M	Y	Y	Y	Y
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3. Date existing cover expires

D	D	M	M	Y	Y	Y	Y
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4. Date medical insurance was first taken out for your group (continuous cover not necessarily with your current insurer)

D	D	M	M	Y	Y	Y	Y
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5. Medical underwriting that applies to existing private medical insurance (please tick)

- Full medical underwriting Moratorium (fixed) Moratorium (rolling)
 No medical underwriting/medical history disregarded

Members can contact us directly if they wish to inform us about their medical conditions on the following number: ^0345 600 8630.

Are you aware of any employee or family member who has (in the last two years), seen a GP or other healthcare professional or received treatment (including ongoing medication) for any of the following conditions?

- | | | | | |
|---|------------------------------|-----------------------------|----------------------------|----------------------|
| 1. Heart and stroke conditions including hypertension, angina and heart attacks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of members affected | <input type="text"/> |
| 2. Any form of cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of members affected | <input type="text"/> |
| 3. Back or joint problems including slipped disc and cartilage problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of members affected | <input type="text"/> |
| 4. Organ failure or transplants including kidney transplant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of members affected | <input type="text"/> |
| 5. Any mental health conditions including stress and depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number of members affected | <input type="text"/> |

Please refer to your Bupa sales contact if the answer to any of the above questions is YES and provide details in the box below. We may need to contact your employees, or their family members, listed below to get further clarification about the stated condition.

Name	Date of birth	Telephone number	Condition described as						
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For all persons to be covered, we will exclude cover for any medical conditions or treatments referred to in their current membership certificates unless we agree in writing to accept the condition or treatment.

^We may record or monitor our calls

Declaration on behalf of the company

I declare to the best of my knowledge and belief the information supplied is correct as declared above.

I agree that this questionnaire shall form part of my application for cover.

I will on an ongoing basis encourage my employees and their family members covered under the scheme to call Bupa to discuss possible treatment before arranging the treatment.

I agree that Bupa will not provide cover for an individual until Bupa has received a copy of his/her most recent registration certificate from our group's current insurer.

I declare that I have the explicit consent of the company, its employees and their family members to provide this information, that I have brought the Bupa privacy notice to their attention and I give explicit consent on behalf of the company, its employees and their family members to being contacted by Bupa.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Print name

Position

Privacy notice – in brief

This privacy notice should be read alongside our full privacy notice. The full notice and a list of the trading companies that make up the Bupa group, can be found at bupa.co.uk/privacy. By providing your information, you consent to the use of your data and information as described in the full privacy notice and cookie policy. If we make a change to any of the ways in which we process personal information, we will update this notice on bupa.co.uk/privacy so please check back regularly for updates. You can also email dataprotection@bupa.com and ask us to send you the latest version at any time.

Personal information

In providing you with our services, Bupa may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust us to keep this information confidential and that is why we comply with UK data protection law and follow medical confidentiality guidelines issued by professional bodies.

Securing information

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect.

Information we may hold about you

The information we hold about you may include personal and sensitive personal information. We may collect this information during contacts we have with you or with third parties who provide information about you, and from other sources including from your use of websites and other digital platforms.

When we collect your information

Information about you is collected when you engage with Bupa or the Bupa group of companies either by entering into a contract with Bupa, submitting a query or enquiry, applying for a quote or policy or participating in marketing activity.

We may collect personal information about you from other people when you are named in an application form or as a dependant under a scheme, when we process an application or claim or when we obtain medical reports, or when we liaise with your family, employer, health professional or other treatment or benefit provider. You confirm that you consent to Bupa obtaining medical and billing information from your treatment provider relating to claims or complaints you may make.

Using your information

We use your personal information to provide you with our services, and to improve and extend our services.

Sharing information

Information about you may be shared by the companies in the Bupa group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Bupa works with other individuals and organisations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. We ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member. You may receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents.

In order to detect, prevent and help with the prosecution of financial crime, we may share information with law enforcement agencies and other organisations.

Keeping information

We will only keep your personal information for as long as is necessary and in accordance with UK law.

Keeping you informed

The Bupa group would like to let you know more about our products and services. From time to time we might contact you (by post, email, phone or SMS text) with information we think might interest you. If you do not wish to receive marketing information, or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team, their contact details can be found below.

Accessing information

If you have any data protection queries, please contact the Bupa UK Information Governance team on dataprotection@bupa.com or write to 4 Pine Trees, Chertsey Lane, Staines-upon-Thames TW18 3DZ

You should also contact the team if you would like a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information.