

5. Medical history – part two (continued)

Name of member:

Question number from **part one**

Please describe the illness or medical problem
If applicable please specify which area of the body
is affected (*eg left, right, upper, lower*)

When did symptoms begin/end?

Began

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If ongoing please leave end date blank

Ended

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Treatment (*prescribed or otherwise*)

*Current state of condition/symptom (eg controlled,
recurrent, likely to recur, fully recovered)*

How many times have you consulted a healthcare
professional (including a GP) in the past two years
about this symptom/condition?

Name of member:

Question number from **part one**

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---	---	---	---	---	---	---	---

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Ended

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---	---	---	---	---	---	---	---

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If ongoing please leave end date blank

Ended

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If ongoing please leave end date blank

Ended

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Treatment (*prescribed or otherwise*)

*Current state of condition/symptom (eg controlled,
recurrent, likely to recur, fully recovered)*

How many times have you consulted a healthcare
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6. Paying for your cover

Subscription quoted

£

Payment is made by monthly/annual direct debit. Please complete the Direct Debit instruction on page 12 of this form.

When would you like your cover to start? (Applications cannot be back dated).

Day

Month

Year

Payment to be taken: Monthly Annually

Please note: Although we will try to start your cover on the date indicated above, this cannot be guaranteed. Your start date will be confirmed on your membership certificate.

7. Obtaining medical reports from a GP

When we ask you for your consent to obtain a Medical report from your GP, you/your family member has certain rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (NI) Order 1991 (“the Acts”). Your rights under the Acts are summarised below:

Your rights

1. You can authorise the disclosure of the doctor’s report without asking to see it. The report will then be sent directly to us by the doctor. Should you give your consent to the disclosure of a report without indicating your wish to see it, you can change your mind by contacting your doctor before the report is sent to us, in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us, or withhold your consent for its release.
2. You can give your consent but ask to see the report before it is sent to us. If you do this you should contact your doctor within 21 days of sending the request to him/her. If you do not contact the doctor within the 21-day period you have authorised them to disclose the report to us directly without further notice to you. If you do contact your doctor within the 21-day period you must give them your written consent to disclose the report. You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you can insist on adding your own comments to the report before it is sent to us.
3. You can withhold your consent but, if you do, please bear in mind that we may be unable to process your request. Whether or not you indicate that you wish to see the report before it is sent, you have the right to ask your doctor to let you see a copy, provided you ask him/her within six months of the report having been supplied to us. Your doctor is entitled to withhold some or all of the information contained in the report if in their opinion:
 - (a) it might cause serious harm to your physical or mental health or that of another person, or
 - (b) it would reveal the identity of another person without their consent (other than that provided by a healthcare professional in their professional capacity in relation to your care).

Your doctor may charge a fee for providing a medical report. We may contribute a maximum of £15 (inclusive of VAT) towards the cost of the report. If we do make a contribution, you will be responsible for any amount above this.

8. Your legal declaration

Important: Please read this declaration carefully before signing and dating the completed form.

1. To the best of my knowledge and belief the information given in this form is true, accurate and complete. I understand that Bupa can end a person's policy or refuse to pay a claim in full or part if there is reasonable evidence that I or a dependant did not take reasonable care when providing any information requested in this form.
2. Where I have provided information on behalf of any other person to be covered on the policy, I confirm that I have checked with them that the information is correct before completing this form and I have their express agreement to submit this form on their behalf, or I am their legal representative.
3. I understand that my personal information and that of any other person to be covered on this policy will be processed by Bupa for the purposes set out in Bupa's privacy notice. I confirm that I have brought Bupa's privacy notice to the attention of the persons covered.
4. I agree to be bound by the terms of this policy (including in respect of those terms that apply to any other person to be covered on this policy). I agree that English law will apply to the policy.

It is essential that you take reasonable care to provide us with full, complete and accurate information when you complete this form. Please be sure to check the entire form.

If you do not provide complete information about yourself or any other person covered under the policy, we will have the right to end your policy, or to refuse to pay all or part of a claim.

We recommend that you keep a record of all the information you supply to us in connection with this form, including letters.

If you would like a copy of this form, please ask us.

This form must be received by us within six weeks of the date of this declaration. Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this form within six weeks of this declaration date, we will require you to submit a new form.

Obtaining medical reports from your GP:

- I understand that Bupa may need me to provide a medical report from my GP within the first 60 months of my membership to support my application and before my treatment is authorised or a claim paid
- I consent to Bupa obtaining this information from my GP on my behalf and I understand that Bupa will gain verbal confirmation from me prior to any medical report being requested in this way
- I have read and accept the rights I have in relation to reports under the Acts as explained in section 7
- I have shown this declaration to the proposed dependants on the policy and confirm that they understand that if they need to claim they will be asked on the telephone to confirm their consent to Bupa requesting a medical report on their behalf

Please tick this box if you do **NOT** wish Bupa to request medical reports on your behalf in this way .

Please tick this box if you do **NOT** wish to see the medical report from your doctor before it is supplied to Bupa .

Signature

Date

We'll verify your digital signature. If you modify this form after signing it or send us a printed or a scanned copy of this form, we won't be able to verify the signature and will contact you either by phone or in writing to confirm your signature. Until we've confirmed your signature, we won't be able to advise exactly what your policy covers you for, meaning your claims might take longer for us to process and we might not be able to pay for treatment you need.

† We may record or monitor our calls

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use and protect it. It also provides information about your rights. Further details can be found in our Full Privacy Notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Alternatively you can email the team at dataprotection@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about Bupa

In this privacy notice, references to ‘we’ or ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is comprised of a number of trading companies, many of which also have their own data protection registrations. For company contact details, visit bupa.co.uk/legal-notice

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (‘you’, ‘your’), via any channel (eg email, website, telephone, app etc).

Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties’ legitimate interests or it is required or permitted by applicable law.

Marketing and preferences

We may use your personal information to send you marketing by post, telephone, social media platforms, email and text. We only use your personal information to send you marketing if we have either your consent or a legitimate interest. If you don’t want to receive personalised marketing about similar Bupa products and

services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**

Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.

Transfers outside of the European Economic Area (EEA)

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area (‘EEA’), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com

You also have a right to make a complaint to your local privacy supervisory authority. Bupa’s main establishment is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Direct Debit instruction

Instruction to your Bank or Building Society to pay by Direct Debit

Please complete the white areas in **BLOCK CAPITALS** and **BLACK INK** to instruct your bank to make payments directly from your account. Then return the completed form to: **Philip Williams & Company Insurance Management, 35 Walton Road, Stockton Heath, Warrington WA4 6NW**



Originator Identification Number

7					
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1. Name and full postal address of your Bank or Building Society branch

To: The Manager

Bank or Building Society

Address

Postcode

2. Name(s) of account holder(s)

3. Branch sort code

4. Bank or Building Society account number

5. Bupa reference/membership number

**For Philip Williams & Company Insurance Management
OFFICIAL USE ONLY**

This is not part of the instruction to your Bank or Building Society

Note to member: Please complete your member/group name below (if applicable)

6. Instruction to your Bank or Building Society

Please pay Philip Williams & Company Insurance Management 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 Philip Williams & Co and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
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Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Bank contact address: Philip Williams & Company Insurance Management, 35 Walton Road, Stockton Heath, Warrington WA4 6NW

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Philip Williams & Company Insurance Management will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bupa Insurance Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Philip Williams & Company Insurance Management or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Philip Williams & Company Insurance Management asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Should you wish to cancel this instruction through Philip Williams & Company Insurance Management, please call us on 01925 604421†. You must allow a minimum of seven days before the next payment by Direct Debit is due.

†Calls to this number may be recorded and may be monitored.

Final Checklist

Before you return your form, ensure that you have:

- ✓ included full details of all the family members you would like to cover
- ✓ checked with your family members that their details are correct
- ✓ remembered to sign and date your form
- ✓ kept a copy for your own records.

SEND YOUR COMPLETED FORM TO:

**Philip Williams & Company Insurance Management,
35 Walton Road, Stockton Heath, Warrington WA4 6NW**

Once we have received and accepted your application you will receive a welcome pack in the post.

Bupa health insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Arranged and administered by:

Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

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