

PART C: YOUR LEGAL DECLARATION

Bupa Cash Plan is a cashback healthcare scheme generally suitable for a customer who is looking to cover some of the costs of everyday healthcare expenses. Bupa Cash Plan will provide you with a range of benefits which you have identified as suitable for you on level 1 to 3 or you, your partner and your child dependants on level 4 to 8.

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 Cash Plan 100 membership - such as the terms of cover we offer you, your subscription amount or whether we offer cover 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.

We think you will be delighted with Bupa Cash Plan membership but if for any reason you are not, you can cancel your membership within 21 days from the date you receive your letter from Bupa Cash Plan confirming your membership, and we will refund your subscriptions as long as you have not made a claim. There is no cancellation fee. You can also end your membership or the membership of any of your dependants at any time by providing Bupa Cash Plan with 30 days' prior written notice of your intention to do so. If your membership ends we will refund to you that part of any subscription you have paid which relates to the period after your membership ends.

Your declaration

I agree that I and my family members specified in this form, and on any separate sheet, will be bound by the rules and benefits of the Bupa Cash Plan scheme and accept they shall be the basis upon which benefits shall be payable under the scheme (a copy of the membership guide is available on request and will be sent to you on joining).

I confirm that my family members specified in this form, and on any separate sheet, and for whom I am applying to be included in my cover, are resident at the same address as me.

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, and on any separate sheet, for Bupa to process our personal information with respect to our membership and I confirm that I have brought the Bupa Privacy Notice on this form 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 form is true and complete and that I have confirmed the family details with the respective family member. I agree that I will inform Bupa if any of the details given in this application form change.

I understand that I will have the option of cancelling my membership providing I do so in writing within 21 days of receiving my initial letter from Bupa confirming my membership.and will receive a refund of my subscriptions as long as I have not made a claim. I understand that I can also end my membership or the membership of any of my dependants at any time by providing Bupa with 30 days' prior written notice of my intention to do so.

On the basis of this legal declaration I now apply for membership.

Terms and conditions apply (including exclusions, qualifying periods and benefit limits).

Membership is subject to acceptance by Bupa.



Signature	Date
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PART B: DIRECT DEBIT AUTHORISATION

Originators identification number 830172

Name and full postal address of your bank or building society	
To: The Manager	Bank/Building Society
Address	
Postcode	
Name(s) of account holder(s)	
Bank/building society account number	
Branch sort code	
Instruction to your bank or building society Please pay Bupa Cash Plan direct debit 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 Cash Plan and, if so, details will be passed electronically to my Bank/Building Society.	
Signature	Date
Banks and buildings societies may not accept direct debit instructions for some types of account.	
For Bupa Cash Plan official use only	
Membership no	

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 Bupa Cash Plan will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bupa Cash Plan 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 Bupa Cash Plan 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 Bupa Cash Plan 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.



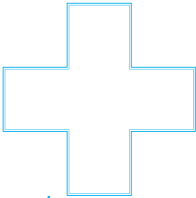
Bupa Cash Plan is provided by Bupa Insurance Limited.

Registered in England and Wales No. 3956433.

Bupa Insurance Services Limited. Registered in England and Wales No. 3829851.

Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Registered office: Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA.

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The world of Bupa

- Care homes
- Cash plans
- Dental insurance
- Dental services
- Health assessments
- Health at work services
- Health coaching
- Health information
- Health insurance
- Home healthcare
- International health insurance
- Travel insurance

BCP-DD-STD

BCP/8121/SEP14

bupa.co.uk



DIRECT DEBIT APPLICATION FORM
BUPA CASH PLAN

Benefits	Individual levels				Family levels				
Choose your level	Cashback	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Weekly cost		£2.25	£4.00	£5.60	£2.50	£4.60	£6.60	£8.60	£16.30
Monthly cost		£9.75	£17.33	£24.27	£10.83	£19.93	£28.60	£37.27	£70.63
Annual cost		£117.00	£208.00	£291.20	£130.00	£239.20	£343.20	£447.20	£847.60
Optical	100%	up to £50	up to £100	up to £150	up to £35	up to £70	up to £105	up to £140	up to £280
Dental	100%	up to £50	up to £100	up to £150	up to £35	up to £70	up to £105	up to £140	up to £280
Consultation	50%	up to £100	up to £200	up to £300	up to £70	up to £140	up to £210	up to £280	up to £560
Specialist treatments Physiotherapy, Osteopathy, Chiropractic, Acupuncture, Homeopathy.	50%	up to £150	up to £300	up to £450	up to £100	up to £200	up to £300	up to £400	up to £800
Chiropody	50%	up to £50	up to £100	up to £150	up to £30	up to £60	up to £90	up to £120	up to £240
Allergy testing	50%	up to £50	up to £100	up to £150	up to £30	up to £60	up to £90	up to £120	up to £240
Medical appliances	50%	up to £50	up to £100	up to £150	up to £30	up to £60	up to £90	up to £120	up to £240
Health Assessment	50%	-	-	£100	-	-	-	£75	£150
Hospital in-patient	up to 40 days/ nights Pre-existing conditions excluded	£15 per day/ night	£30 per day/ night	£45 per day/ night	£10 per day/ night	£20 per day/ night	£30 per day/ night	£40 per day/ night	£80 per day/ night
Worldwide hospital emergency cover									
Hospital accident admission									
Hospital day surgery	up to 4 days Pre-existing conditions excluded	£15 a day	£30 a day	£45 a day	£10 a day	£20 a day	£30 a day	£40 a day	£80 a day
Maternity & adoption	52 week qualifying period applies	£100 per child	£200 per child	£300 per child	£100 per child	£200 per child	£300 per child	£400 per child	£800 per child
Personal accident	Up to £12,000 per life time. Adults only								
HealthLine	Speak directly to a qualified nurse by using our confidential 24/7 phone service								
All benefit limits are annual limits Pre-existing conditions are covered for all benefits excluding hospital stays (in-patient and day surgery). You will be required to provide any information or proof to support your claim if we make a reasonable request to do so.									

If you have any queries when filling in this form please call us on **0845 606 6003**. Calls may be recorded and may be monitored. Before you send the form to us please make sure that all the relevant sections have been completed - this will help us to deal with your application as quickly as possible. To apply for membership, please complete parts A, B & C and return to **Bupa Cash Plan & Dental Service, 1st Floor, Tower Court, Courtaulds Way, Coventry CV6 5NX**.

For official use only

MIS no:	Campaign code:	Advised:
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You can apply for membership if you are aged between 16 to 59 inclusive (and a UK resident). **21 days to examine your cover.** We think you will be delighted with Bupa Cash Plan membership. But if you are not completely satisfied for any reason, simply cancel your membership in writing within 21 days of receiving confirmation of your membership. We will refund your subscriptions as long as you have not made a claim. There is no cancellation fee.

Please provide details of any family members if they are to be covered under the scheme. They must be living with you at your address. Child dependants must be under 21, or under 24 in full-time education, living at the same address as the policy holder, unmarried and not in a civil partnership.

PART A: APPLICATION FORM - DIRECT DEBIT

Please complete all sections in **BLOCK CAPITALS**
IMPORTANT: Please ensure you read and sign the legal declaration overleaf

YOUR PERSONAL DETAILS											
Title: <i>(Mr, Mrs, Miss, Ms, other title)</i>											
Surname:											
First name(s):											
Address:											
					Postcode:						
Date of birth:				D	D	M	M	Y	Y	Y	Y
Telephone number (day):						Telephone number (evening):					
Email:											

YOUR PARTNER'S DETAILS (IF APPLICABLE)											
Title: <i>(Mr, Mrs, Miss, Ms, other title)</i>											
Surname:											
First name(s):											
Date of birth:				D	D	M	M	Y	Y	Y	Y

YOUR CHILD DEPENDANT'S DETAILS (IF APPLICABLE)																	
Surname:						First name(s):											
Gender:						Date of birth:						D	D	M	M	Y	Y
Surname:						First name(s):											
Gender:						Date of birth:						D	D	M	M	Y	Y

If more than two child dependants please enclose details on a separate sheet and indicate you have done so by ticking this box: ☐

IF YOU ARE ALREADY A BUPA MEMBER, PLEASE GIVE MEMBERSHIP NO.

Which cover option would you like? (Please tick the appropriate box)
Individual levels only cover you, and family levels cover you, your partner and child dependants.

COVER LEVELS				
Individual Cover Levels				
Level 1	<input type="checkbox"/>	weekly: £2.25	monthly: £9.75	annual: £117.00
Level 2	<input type="checkbox"/>	weekly: £4.00	monthly: £17.33	annual: £208.00
Level 3	<input type="checkbox"/>	weekly: £5.60	monthly: £24.27	annual: £291.20
Family Cover Levels				
Level 4	<input type="checkbox"/>	weekly: £2.50	monthly: £10.83	annual: £130.00
Level 5	<input type="checkbox"/>	weekly: £4.60	monthly: £19.93	annual: £239.20
Level 6	<input type="checkbox"/>	weekly: £6.60	monthly: £28.60	annual: £343.20
Level 7	<input type="checkbox"/>	weekly: £8.60	monthly: £37.27	annual: £447.20
Level 8	<input type="checkbox"/>	weekly: £16.30	monthly: £70.63	annual: £847.60

Payment details: I confirm I wish to pay my subscriptions: monthly ☐ or annually ☐

Membership start date: (this should be no longer than 30 days from today)	For Bupa Cash Plan official use only Membership no:
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BUPA PRIVACY NOTICE

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the Bupa Group. To this end, we comply 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.

Audit of medical and billing information: When we process claims or investigate complaints on your behalf, Bupa may request and obtain further details from your treatment provider. The information may be sought either at the time of processing or subsequently, for the purposes of ensuring the accuracy of information and the quality of treatment and care. You confirm that you consent to Bupa obtaining medical and billing information from your treatment provider relating to claims or complaints you may make.

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member. Your membership and contact details 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. Depending on how your cover or policy has been funded or introduced, Bupa may share information with your employer and/or an appointed intermediary, solely for scheme administration purposes. Bupa does not make the names, addresses and other contact details of our members available to any other organisations to use for their own purposes.

Telephone calls: In the interest of continuously improving our services to members, calls may be recorded and may be monitored.

Research: Anonymised or aggregated data may be used by us, or disclosed to others, for research or statistical purposes.

Fraud: Information may be disclosed to others with a view to detecting and/or preventing fraudulent or improper claims.

Keeping you informed: The Bupa Group would, on occasion, like to keep you informed of the Bupa Group's products and services that we consider may be of interest to you. If you do not wish to receive information about our products and services, or have any other Data Protection queries, please write to: Bupa UK Information Governance Team, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ or contact us via email at: **DataProtection@bupa.com**