

Group Medical Declaration form.



Before you begin

To be completed by the Group Secretary*.

This form is for Groups who are applying to join Bupa Select and who at the time of applying have health insurance with another UK insurer.

You must make sure the details about your employees and their dependants are correct. Please take good care to answer all the questions honestly and to the best of your knowledge.

*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).

1. Group details

Intermediary

Group number (if available)

2. Company details

Company name

Proposed start date

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

Date existing cover expires

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

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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3. Medical questions

Are you aware of any employee(s) or their dependant(s) who have (in the last two years) seen a GP or any other healthcare professional or received treatment (including ongoing medication) for any of the conditions listed in questions 1 to 4 below?

1. Heart and stroke conditions including uncontrolled hypertension, angina and heart attacks
2. Any form of cancer
3. Back or spinal conditions, arthritic conditions and or joint replacements
4. Any mental health conditions including stress and depression

Yes ☐ No ☐

If you have answered 'Yes', please provide the members contact details on the next page. If you have answered 'No', please continue with the form.

Please do not ask your employees for details of the condition. We will contact the member(s) directly for further details. To help us complete this process, please provide contact details of the affected members below. Members can also contact us directly if they wish to inform us about their medical conditions on 0345 600 1167†.

For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use the prefix 18001 followed by the number above.

†We may record or monitor our calls.

3. Medical questions (continued)

Employee name	
Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Telephone number	
am <input type="checkbox"/> pm <input type="checkbox"/>	
(please tick preferred time of contact)	
Email address	

Employee name	
Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Telephone number	
am <input type="checkbox"/> pm <input type="checkbox"/>	
(please tick preferred time of contact)	
Email address	

Employee name	
Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Telephone number	
am <input type="checkbox"/> pm <input type="checkbox"/>	
(please tick preferred time of contact)	
Email address	

Employee name	
Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Telephone number	
am <input type="checkbox"/> pm <input type="checkbox"/>	
(please tick preferred time of contact)	
Email address	

If you need to provide contact details of employees additional to those listed above, please give us their details on a separate sheet of paper.

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.

4. 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 group application for cover.

I agree that additional exclusions may be added to an individual's cover as a result of the above declaration.

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. Existing exclusions noted on the individual's most recent registration certificate will be transferred to their Bupa cover.

I agree that any individual not previously underwritten will be underwritten on transfer if they have had less than 6 months continuous cover on the current Scheme.

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

Signature

Print name

Position

Date

D

D

M

M

Y

Y

Y

Y

We'll verify your digital signature if this form is signed using an Adobe Digital ID or Adobe Sign (or equivalent). If you modify the form after digitally signing it, or send us a printed or scanned copy of the form, then we won't be able to verify your digital signature at this point and will need to contact you either by phone or in writing to confirm this is your signature. Until we have verified or confirmed your signature, we won't be able to advise exactly what your employees' policy covers them for, meaning their claims might take longer for us to process and we might not be able to pay for treatment they need.

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 it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details 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, please 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 us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up 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-notices

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ('you', 'your'), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest.

If you don't want to receive personalised marketing about similar 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**

6. 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 interest you (including discounts on our products and services). This may involve evaluating information about you and, in 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.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office 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. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).