

Insured by

Administered by

RafflesHealth*i*nsurance
Your Specialist Health Insurer



Employee Application form



bupaglobal.com

Raffles Health Insurance Pte Ltd ("RHI") (Company Registration Number: 200413569G) is the insurer and Bupa Global, the trading name of Bupa Insurance Services Limited, is the international administrator of the RHI international health insurance plans.

Important information

This application form is for employees and eligible dependants who are applying to join Raffles Health Insurance on a full medical underwriting (FMU) basis or to amend an existing membership.

The start date will generally be the date on which your completed application form is received and accepted by Raffles Health Insurance. If you require a different start date in the future please specify in the start date in section 1.

You can type directly into this form, alternatively, please write clearly in block capitals using black ink. Once completed, return this form to your company's Group Administrator.

If you do not take reasonable care to provide us with full, complete and accurate information in completing this application form, then we may have the right to treat your policy as if it had not existed, or to refuse to pay all or part of a claim.

If you do not take reasonable care to provide full, complete and accurate information in respect of any of the other additional persons to be covered under the policy, it may affect the cover for those people.

You must tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form.

All sections which need to be completed by the main applicant are labelled **MA**

Important Note: Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

If you have any questions when completing this form, please call us on +65 6340 1660

Checklist - please make sure:

If this is a new group application or a new joiner to an existing group plan

Your group secretary has completed section 1	<input type="radio"/>
The information you have given in sections 3-8 is current and complete	<input type="radio"/>
You have read, signed and dated the declaration in section 11	<input type="radio"/>

If you want to amend your existing membership (including U.S. upgrades)

Your group secretary has completed section 1	<input type="radio"/>
The information you have given in section 2 is correct	<input type="radio"/>
You have completed the relevant section to reflect the amendment(s) required (for U.S. upgrades this is section 9)	<input type="radio"/>
You have read, signed and dated the declaration in section 11	<input type="radio"/>

1 To be completed by the Group Secretary

Group name																								
Group number													Cover start date*	D	D	M	M	Y	Y	Y	Y			
Product name																								
Does an Annual Deductible apply?	<input type="radio"/> Y <input type="radio"/> N																							

*Cover cannot start between 28th and 31st inclusive

	MA	1	2	3	4
The options below will increase your premiums:					
U.S. cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evacuation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repatriation (automatically includes Evacuation cover)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 Main applicant: your address details



Residency address
 (your permanent or usual address in the country where you are resident, this should be the country in which you are living on the first day of your current membership year)

Address line 1	
Address line 2	
Town/City	
State/Emirate	
Country	
Postal/Zip/Area code	

Correspondence address - if your correspondence and residency address are the same please tick here
 (Where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)

Address line 1	
Address line 2	
Town/City	
State/Emirate	
Country	

5 Main applicant: your other contact details



(Please include country code, area code and number)

Phone / Mobile	
Email	

6 Additional persons to be covered with you

If any of these additional persons have different residency or correspondence addresses to yours, please write their name and addresses on the "Notes" section at the end of this form and indicate you have done so by ticking here

Title		Male <input type="radio"/>	Female <input type="radio"/>	Relationship to you									
First name													
Middle name (s)													
Last name													
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality				
NRIC / Passport number													
Have you had a previous policy with Bupa?	<input type="radio"/> Y	<input type="radio"/> N	If yes, membership number										

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6 Additional persons to be covered with you (continued)

Title					Male	<input type="radio"/>	Female	<input type="radio"/>	Relationship to you												
First name																					
Middle name (s)																					
Last name																					
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality												
NRIC / Passport number																					
Have you had a previous policy with Bupa?	<input type="radio"/>	<input type="radio"/>	If yes, membership number																		

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Title					Male	<input type="radio"/>	Female	<input type="radio"/>	Relationship to you												
First name																					
Middle name (s)																					
Last name																					
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality												
NRIC / Passport number																					
Have you had a previous policy with Bupa?	<input type="radio"/>	<input type="radio"/>	If yes, membership number																		

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Title					Male	<input type="radio"/>	Female	<input type="radio"/>	Relationship to you												
First name																					
Middle name (s)																					
Last name																					
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of nationality												
NRIC / Passport number																					
Have you had a previous policy with Bupa?	<input type="radio"/>	<input type="radio"/>	If yes, membership number																		

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7 Medical questions and history

If you are upgrading to U.S. cover following the commencement of your policy, please go to section 9.

This section asks for health and medical details, past and present about yourself and each person named in section 6. Please tick Yes or No to every question for every person. If you tick Yes to a question, please give full details in section 8. Please answer each of these questions fully and accurately for the person named above. You do not need to tell us about colds and flu.

You must also tell us immediately if you or any additional person to be covered under the policy experience any symptoms between the time you complete this application form and the date the policy starts. Failure to do so may also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.

	MA	1	2	3	4
Please tick either Yes or No to each of these questions					
1. Within the last 3 years, has any applicant seen a doctor or other healthcare professional for a) any recurrent or persistent medical condition or symptoms? (persistent meaning for 2 weeks or more) b) any abnormal tests or results?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
2. In the last 7 years, has any applicant been admitted to hospital, had an operation, procedure or investigation (e.g. a scan/blood tests)?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. Is any applicant taking any medication, prescribed or otherwise?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
4. Does any applicant have any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for broken bones) currently in their body?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
5. Has any applicant (at any time in the past) had a history of:					
cancer, including benign brain tumours	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
heart condition	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
stroke	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
joint replacements	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
6. Has anyone to be covered experienced any signs or symptoms of any medical problems, illnesses, or injuries not already disclosed regardless of whether a doctor or other healthcare professional has been consulted?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
7. Do you have any planned or pending treatment, investigations or tests?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

Further details (for over 16s only):

How tall are you?	feet/inches	<input type="radio"/>	metres/centimetres	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How much do you weigh?	stones/pounds	<input type="radio"/>	kilograms	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Medical questions and history: additional information

This section applies if you have answered 'Yes' to any of the medical questions in section 7. If you are unsure whether any details are relevant, you must include them.

Main applicant or dependant	The relevant question number from section 7.	What was the condition (or symptom if not yet diagnosed)? If applicable, state the area affected e.g. right leg.	When were symptoms first experienced and when was treatment completed (if applicable)?	What was the treatment/medication (including dates and names)?	What was the outcome of the treatment (e.g. full recovery, ongoing treatment required, likely to recur or awaiting test results)?
MA					
1					
2					
3					
4					

If you do not provide us with full details we may terminate your cover or it may stop us from paying your claims.

If there is insufficient space, please use the "Notes" section at the end of this form and indicate that you have done so by ticking here

9 Upgrade cover to include U.S. cover following commencement of the policy

If you are filling out this form to upgrade to U.S. cover following the commencement of the policy, you should complete this section in place of section 7, Medical Questions and History. Medical underwriting will be undertaken at the point of application to upgrade cover to include U.S. Exclusions may be applied to U.S. cover.

Please tick either Yes or No to each of these questions

	MA	1	2	3	4
1. Your anticipated length of stay in the U.S.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Do you have any ongoing or planned treatment? If yes, please provide details below	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
3. FEMALES ONLY: Are you currently pregnant?	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

10 Intermediary's access to documents and medical information

In the event that my employer represented by an intermediary, I hereby give my consent for Raffles Health Insurance and/or Bupa Global to share any necessary medical information with my intermediary in order to manage my policy. This includes the following documents: Insurance Certificate, Claim Forms and any medical information required to process any claim I may have.

I am aware that this will also include any documents sent directly to Raffles Health insurance and/or Bupa Global by me or my medical practitioner in respect of any treatment I may receive as a member of an Raffles Health Insurance insured and Bupa Global internationally administered policy. I hereby accept that my intermediary will get access to my documents on his/her personal and secure Bupa Global website. Please tick here to accept

Raffles Health Insurance Data Protection Notice

To process, administer and/or manage your relationship, account and policy with Raffles Health Insurance Pte. Ltd. ("RHI"), RHI will necessarily need to collect, use, disclose and/or process your personal data or personal information about you and your family members, as may be required. Such personal data includes (i) information set out in this form and any other personal information provided by you and your family members, as may be required or possessed by RHI; (ii) your claims; and (iii) medical information, which will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

1. Such personal data will be collected, used, disclosed and/or processed by RHI for the purpose(s) of :

- (a) considering whether to provide you with the insurance you applied for;
- (b) processing your application for underwriting and insurance;
- (c) administering and/or managing your relationship, account and/or policy with RHI;
- (d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- (e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by RHI;
- (f) carrying out your instructions or responding to any enquiries by you;
- (g) dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
- (h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned;
- (i) complying with applicable law in administering and managing your relationship with RHI; and/or
- (j) sending you marketing, advertising and promotional information about other insurance, investment and/or financial products and/or services that RHI may be selling or marketing, and which RHI believes may be of interest or benefit to you by the following modes of communication:

i. postal mail, electronic transmission to your email address, SMS/MMS (text message) and fax;

Please tick this box if you do not wish to receive communication via postal mail, email, SMS/MMS (text message) and fax.

ii. to your telephone number(s):

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by way of: voice call (Please tick this box if you do not wish to receive communication via voice calls) (collectively the "Purposes")

2. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

3. Your personal data may/will be disclosed by RHI to its third party service providers or agents (including its lawyers / law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by RHI, would be processing your personal data for RHI for one or more of the above Purposes.

4. All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

5. Telephone calls: In the interest of continuously improving our service to members, your calls will be recorded and may be monitored.

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

7. By signing below, you:

(a) consent to RHI collecting, using, disclosing and/or processing your personal data for the Purposes as described above;

(b) consent to RHI collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;

(c) consent to RHI disclosing your personal data to its third party service providers, or agents (including its lawyers / law firms), for the Purposes as described above;

(d) consent to RHI transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above; and

(e) represent and warrant that you are the user and/or subscriber of the telephone number(s) provided by you in this form, and that you have read and understood the above provisions.

8. Please visit www.raffleshealthinsurance.com for updates to RHI Privacy Statement

Privacy notice

Privacy Notice of Bupa Global**Last updated: March 2022**

For the avoidance of doubt, it is clarified that this privacy notice is for Bupa Global and is only applicable to/governs your relationship with Bupa Global as your international claims administrator. This privacy notice does not apply to or govern your relationship with RHI, as your insurer.

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 and how we use and 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: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 1273 323563. Alternatively you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, “we” “us” and “our” mean the Bupa companies trading as Bupa Global. For details of these companies, visit www.bupaglobal.com/legal-notice

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the ‘Sharing your information section’. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

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 (for example those acting on your behalf, like brokers, healthcare 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. What we use your personal information for and our legal reasons for doing so

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 complaints handling), 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.

Our complaints procedure:

If you have a concern or complaint you can call the Bupa Global service team on +44 (0) 1273 718 379. Alternatively, you can email or write to the team via: Service.UK@bupaglobal.com; or Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom. You can also use these contact details to request a full copy of our complaint’s procedure. If we have not been able to resolve the problem and you wish to take your complaint further, please write to our RHI General Manager at: Raffles Health Insurance Pte Ltd (Company Registration No: 200413569G) 9 Raffles Place, #13-01 Republic Plaza, Singapore 048619. We also offer a choice of Braille, large print audio for our letters and literature. Please let us know which you would prefer. Singapore Law shall apply to the agreement between you and RHI.

5. Marketing and preferences

We would, on occasion, like to keep you informed of our products and services which we consider may be of interest to you.

Please tick if you would like us and other members of the Bupa group to keep you updated about our products and services by post, telephone email and text.

You will be able to opt out of receiving these communications at any time by contacting us.

6. 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 healthcare 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. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

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.

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 info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the 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’s Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Notes

General services:

+44 (0) 1273 323 563

+65 6340 1688 (from within Singapore)

Medical related enquiries:

+44 (0) 1273 333 911

Your calls may be recorded or monitored
for training and quality purposes.

Raffles Health Insurance Pte Ltd

Corporate Office:

585 North Bridge Road

Raffles Hospital #11- 00 Singapore

188770

Correspondence Address:

9 Raffles Place,

#13-01 Republic Plaza,

Singapore 048619

Tel: (65) 6340 1660

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