Insured by

Administered by

# Individual Transfer 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 anyone who is applying to join Raffles Health Insurance and who at the time of applying:**

- Has private medical insurance (PMI) with another insurer and
- Has had their PMI cover with that insurer for at least 12 months if previously fully medically underwritten or 24 months if moratorium underwriting applies

If 'Yes' is answered to any of the medical questions in section 7 further underwriting may be applied.

If we do not offer cover on a no further underwriting basis we will tell you what additional exclusions we will apply so you can decide if you want to move to us from your current insurer.

Important information to include:

You have included a copy of your current membership certificate

Please note the icons represent the person you are describing on the form. When you see MA you need to fill in information about the main applicant and this 1 is referring to the 1st additional person and so on for up to 4 dependants.

**You can type directly into this form, save it and email it to us. Alternatively, please write clearly in block capitals using black ink.**

**If you have any questions when completing this form, please contact your broker or call us on +65 6340 1660.**

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

**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. Failure to do so may also result in termination, rejection of claims and/or changes to the terms and conditions of your policy.**

**Note: this form cannot be used if applying for U.S. cover. You will need to complete a full medical declaration and will be subject to further underwriting.**

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

**Important Note:** Under Section 25(5) of the Insurance Act Cap. 142 of Singapore 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: | |
|---|---|
| The information you have given in sections 1-12 is correct and complete | ○ |
| You have read, signed and dated the declaration in section 13 | ○ |
| You return this form with your previous insurers certificate | ○ |
| For payments by Credit Card, you have completed the Credit Card Authority | ○ |

## 1 Main applicant: Previous insurance details MA

**Your cover will commence on the expiry of your existing plan to ensure continuity of cover. Your application must be received within 30 days of expiry of your existing plan.**

| Field | |
|---|---|
| Name of your current insurer | |
| Current underwriting terms | Full Medical Underwriting ○ Moratorium Underwriting ○ MHD terms ○ |
| Date medical insurance was first taken with the current insurer | D D M M Y Y Y Y |
| Date existing cover expires/expired | D D M M Y Y Y Y |
| Reason for transfer to us | |
| Have you had a previous policy with Bupa? | Y N — If yes, membership number |

## 2 Main applicant: Your personal details

MA

| Title | | Male ◯ | Female ◯ | 1st language | |
|---|---|---|---|---|---|
| First name | | | | | |
| Middle name | | | | | |
| Last name | | | | | |
| Date of birth | D D M M Y Y Y Y | Country of nationality | | | |
| Occupation | | | | | |
| NRIC/Passport number | | | | | |

## 3 Main applicant: Your address details

MA

**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)

| Building name/number | | | |
|---|---|---|---|
| Street | | | |
| Unit number | | Town/City | |
| Postal/Zip/Area code | | | |
| Region | | | |
| Country | | | |
| Do you have a residence in the U.S.? | Y N | | |

**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)

| Building name/number | | | |
|---|---|---|---|
| Street | | | |
| Unit number | | Town/City | |
| Postal/Zip/Area code | | | |
| Region | | | |
| Country | | | |

## 4 Main applicant: Your other contact details

MA

**(Please include country code, area code and number)**

| Phone/Mobile | |
|---|---|
| Email | |

## 5 Your consent to be a paperless customer

At Bupa we are doing everything we can to reduce our impact on the environment. To help us do this we encourage our customers to be paperless.

- ○ **Paperless customer –** view and manage your plan online by registering on MembersWorld. You will receive emails when new documents are available to view (please make sure you have provided us with a valid email address).
- ○ **Hard copy –** receive your documents by post.

You can change your mind at any time on MembersWorld (https://membersworld.bupaglobal.com) or by contacting us.
You can find out more about the benefits of using MembersWorld in your Membership Guide.
**Please note each dependant over 16 years can select their documents' preference in section 6**

## 6 Additional people to be covered with you

1

| Title | | Male ○ | Female ○ | 1st language | |
|---|---|---|---|---|---|
| First name | | | | Middle name | |
| Family name | | | | | |
| Date of birth | D D M M Y Y Y Y | | | Country of nationality | |
| Country of residency | | | | Relationship to you | |
| NRIC/Passport number | | | | | |
| Email | | | | | |

**For over 16s only** ○ Paperless customer (manage plan online, register on MembersWorld) ○ Hard copy (receive documents by post)

| Have you had a previous policy with Bupa? | Y N | If yes, membership number | |
|---|---|---|---|

2

| Title | | Male ○ | Female ○ | 1st language | |
|---|---|---|---|---|---|
| First name | | | | Middle name | |
| Family name | | | | | |
| Date of birth | D D M M Y Y Y Y | | | Country of nationality | |
| Country of residency | | | | Relationship to you | |
| NRIC/Passport number | | | | | |
| Email | | | | | |

**For over 16s only** ○ Paperless customer (manage plan online, register on MembersWorld) ○ Hard copy (receive documents by post)

| Have you had a previous policy with Bupa? | Y N | If yes, membership number | |
|---|---|---|---|

## 6 Additional people to be covered with you (continued)

**3**

| | | | |
|---|---|---|---|
| Title | | Male ◯ Female ◯ | 1st language |
| First name | | Middle name | |
| Family name | | | |
| Date of birth | D D M M Y Y Y Y | Country of nationality | |
| Country of residency | | Relationship to you | |
| NRIC/Passport number | | | |
| Email | | | |

**For over 16s only** ◯ Paperless customer (manage plan online, register on MembersWorld) ◯ Hard copy (receive documents by post)

| | | | |
|---|---|---|---|
| Have you had a previous policy with Bupa? | Y N | If yes, membership number | |

**4**

| | | | |
|---|---|---|---|
| Title | | Male ◯ Female ◯ | 1st language |
| First name | | Middle name | |
| Family name | | | |
| Date of birth | D D M M Y Y Y Y | Country of nationality | |
| Country of residency | | Relationship to you | |
| NRIC/Passport number | | | |
| Email | | | |

**For over 16s only** ◯ Paperless customer (manage plan online, register on MembersWorld) ◯ Hard copy (receive documents by post)

| | | | |
|---|---|---|---|
| Have you had a previous policy with Bupa? | Y N | If yes, membership number | |

## 7 Medical questions and history

These questions relate to individuals covered under their existing policy who are included in the application for Raffles Health insurance cover

This section asks for health and medical details, past and present. Please tick 'Yes' or 'No' to every question. If you are unsure whether any details are relevant, you must include them.

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

| **If you tick 'Yes' to a question, please give full details below.** | MA | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1. Has any applicant suffered from any form of: | | | | | |
| o cancer, including benign brain tumours | Y N | Y N | Y N | Y N | Y N |
| o heart condition | Y N | Y N | Y N | Y N | Y N |
| o stroke | Y N | Y N | Y N | Y N | Y N |
| o psychiatric condition | Y N | Y N | Y N | Y N | Y N |
| 2. Has any applicant had a joint replacement or spinal surgery? | Y N | Y N | Y N | Y N | Y N |
| 3. Has any applicant made a claim under your existing insurance in the last 12 months? | Y N | Y N | Y N | Y N | Y N |

## 7 Medical questions and history (continued)

| Question | | | | | |
|---|---|---|---|---|---|
| 4. Does any applicant have any long-term conditions which require regular treatment and reviews with a doctor? | Y N | Y N | Y N | Y N | Y N |
| 5. Does any applicant have any planned or pending treatment, investigations or tests? | Y N | Y N | Y N | Y N | Y N |

Further details (for over 16s only):

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| How tall are you? | feet/inches | ◯ | metres/centimetres | ◯ | | | | | | |
| How much do you weigh | stones/pounds | ◯ | kilograms | ◯ | | | | | | |

**This section applies if you have indicated 'Yes' to any questions. If you are unsure whether any details are relevant, you must include them.**

| Main applicant or additional person | The relevant question number from above | Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right leg, left eye). | When were symptoms first experienced and when was treatment completed (if applicable)? | What treatment did you receive and when (please include dates, names and details of medications)? | What was the outcome of the treatment (e.g. ongoing, complete recovery, recurrent or likely to recur)? |
|---|---|---|---|---|---|
| MA | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

**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** ◯

## 8 Choose your cover options

**All persons on the policy need to be on the same plan, if more than one plan is required separate application forms are required. Please tick the options you wish to add for you and any additional people.**

### Worldwide Medical Insurance
### For treatment received whilst staying in hospital, either overnight or as a day-case, plus related benefits.

Worldwide Medical Insurance gives you the reassurance of covering essential hospital treatment you may need, whether in an emergency or a planned visit. Surgery, cancer treatment and advanced imaging, whether received whilst staying in hospital or as a visiting patient, are also included.

**Each member to be included on this plan automatically receives cover for Worldwide Medical Insurance, our core cover.**

| | MA | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| **Worldwide Medical Plus**<br>For specialist treatment where you do not need to stay in hospital.<br>Worldwide Medical Plus covers you for consultations with a doctor or specialist and medical treatments that do not require a hospital stay. These may include osteopathy or complementary therapies, for example. Some of these treatments or consultations may take place before or after a hospital stay, but many will be totally independent. | ○ | ○ | ○ | ○ | ○ |
| **Worldwide Medicines and Equipment**<br>For prescribed medicines and medical equipment.<br>Often, treatment does not end when you leave the hospital or clinic or after you have seen a specialist. This option covers you for prescription medicines and the rental of medical appliances, such as oxygen supplies or wheelchairs. Our unique benefit for long-term prescriptions will also pay for any medicine required to manage chronic conditions such as asthma. | ○ | ○ | ○ | ○ | ○ |
| **Worldwide Wellbeing**<br>For a range of health screenings, vaccinations, dental and optical treatment.<br>Our Wellbeing option is designed to help you protect and maintain your health. It covers medical screenings that can provide valuable early detection of conditions such as cancer. It covers dental and optical treatments, which can play an important role in keeping you healthy by identifying underlying problems such as mouth cancer or diabetes. | ○ | ○ | ○ | ○ | ○ |
| **Worldwide Evacuation**<br>For when you can't get the treatment you need in a local hospital.<br>The Worldwide Evacuation option covers you for reasonable transport costs to the nearest suitable medical centre, when the treatment you need is not available nearby. Repatriation, which is also included, gives you the added option of returning to your home country or specified country of nationality, to be treated in familiar surroundings. | ○ | ○ | ○ | ○ | ○ |

### Annual Deductible

If you are paying by Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year. If you choose any of the deductible amounts on Worldwide Medical Insurance then a fixed deductible amount of USD 170 SGD 240 is applied to Worldwide Medical Plus and USD 80 SGD 120 to Worldwide Medicines and Equipment (if you choose these options).

**The deductible you choose will apply to each member on this form.**

| | | | | | | |
|---|---|---|---|---|---|---|
| USD: | None ○ | 425 ○ | 850 ○ | 1700 ○ | 3400 ○ | 8500 ○ |
| SGD: | None ○ | 590 ○ | 1200 ○ | 2350 ○ | 4700 ○ | 11750 ○ |

## 8 Choose your cover options (continued)

### Lifeline

**(Note: the level of cover you choose will apply to all members detailed on this form)** MA 1 2 3 4

### Lifeline Essential

This level concentrates on covering you for in-patient hospital stays. You have the security that you'll be covered for treatment you may receive as an in-patient or as a daycare patient This level concentrates on covering you for in-patient hospital stays. You have the security that you'll be covered for treatment you may receive as an in-patient or as a daycare patient.

### Lifeline Classic

Our Classic level is designed to cover you and your family for specialist medical treatment or diagnosis. You will be covered for in-patient hospital stays as well as out-patient consultations, treatment such as physiotherapy and a range of preventive health checks.

### Lifeline Gold

Our top level gives you cover for both in-patient and out-patient care. In addition, Gold also covers family doctor treatment and any prescription medication you may need, as well as accident related dental treatment. Maternity cover, home nursing and a range of four preventive health checks are also included in this comprehensive plan.

Evacuation:
This option covers you when the treatment you need is not available locally. Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment where the treatment that you need is available.

Repatriation (automatically includes Evacuation cover):
Repatriation also gives you the option of returning to your specified country of nationality or your specified country of residence when the treatment is not available locally.

### Annual Deductible

If you are paying by Credit Card, you may choose an annual deductible. This is the amount you would pay towards eligible medical treatment each year.

The deductible you choose will apply to each member on this form.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| USD: | None | 160 | 400 | 800 | 1600 | 3200 | 8000 |
| SGD: | None | 230 | 560 | 1150 | 2250 | 4450 | 11050 |

## 9 Your payment details (Contact us if payment is to be made by a third party)

**You must choose to pay by credit card if you have chosen a deductible and/or to pay monthly.** If you choose an annual deductible or co-insurance you must ensure that we always have a valid credit card authority throughout the year. Not having this in place may cause a delay in the payment of claims.

Your choice of currency for the policy and premium payments (please tick one only): USD SGD

How will you make your subscription payments (please tick one only): Monthly Quarterly Yearly

By credit card (please complete the below Card Payment Authority):

By cheque or bankers draft in the currency you have indicated above:

Please note, when choosing to pay via cheque or bankers draft, you cannot pay monthly or have a deductible.
Please fill in the name of the person paying the subscriptions below.

Name

## 10 Credit card authority

### Card payment authority

In order to take payments from your credit card, we need to store your card details on file.

◯ I give my consent to Raffles Health Insurance Pte Ltd and Bupa Global to store my below card details on file and using them to process payments

Visa & Mastercard's terms and conditions require us to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; subscriptions, deductibles and/or co-insurances. Please refer to your membership documents for details of when payments will be taken and the amounts.

We will also request your consent to store your credit card information if you are using an American Express card.

Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice.

If you do not want us to store your card details, then we cannot accept payments from your card and you will need to choose a different payment method.

To: Raffles Health Insurance Pte Ltd (and/or Bupa Global), I hereby authorise you to charge my credit/debit card the subscriptions and other unspecified amounts, as and when payments become due, for this insurance policy. This authorisation is to remain in effect until I terminate it in written notification to Raffles Health Insurance Pte. Ltd. and Bupa Global at least 30 days in advance of the intended date of termination.

I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel this authority.

Raffles Health Insurance Pte. Ltd. ("RHI") (Company Registration No.: 200413569G) is the insurer and Bupa Global, the trading name of Bupa Insurance Services Limited, is the international administrator of RHI international health products in Singapore.

(please tick) ◯ MasterCard ◯ Visa ◯ American Express

Please note that we do not accept Maestro payments. You will be given 14 days' notice of other unspecified amounts to be collected.

| Cardholder's name as it appears on the card | |
|---|---|
| Card number | |
| Valid from date | M M / Y Y |
| Expiry/end date | M M / Y Y |

| Cardholder's signature | Date |
|---|---|
| | D D M M Y Y Y Y |

## 11 Declaration/replacement of existing medical insurance

| Are you or any of your family members currently insured under or applying for any medical insurance? | Y N |
|---|---|

If Yes, please give details:

| Name of insured | | | |
|---|---|---|---|
| Name of company | | | |
| Type of policy | | | |
| Annual limit | | Expiry date | D D M M Y Y Y Y |
| Name of insured | | | |
| Name of company | | | |
| Type of policy | | | |
| Annual limit | | Expiry date | D D M M Y Y Y Y |

| Are you intending to replace any of the above policies with the policy you are applying for on this form? | Y N |
|---|---|
| If Yes, which policy/policies, and state the reasons for replacement | |

**Note:** It is usually not advantageous to replace an existing medical insurance with a new one for the following reasons: (a) the insurance may not be granted on the same terms; (b) the benefits may or may not be better compared to the existing plan; (c) a higher premium may have to be paid for a new plan.

## 12 Declaration on residency status

| Please answer on behalf of all family members to be insured | | | | | |
|---|---|---|---|---|---|
| **A. For Singapore citizens only** | | | | | |
| i. As a citizen of Singapore, have you resided outside Singapore continuously for 5 or more years preceding the proposal date of the policy? | Y N | Y N | Y N | Y N | Y N |
| ii. As a citizen of Singapore, are you currently residing in Singapore? | Y N | Y N | Y N | Y N | Y N |
| **B. For Singapore PRs only** | | | | | |
| i. As a Singapore PR, have you resided in Singapore for less than a total of 183 days in the 12 months preceding the proposal date of the policy? | Y N | Y N | Y N | Y N | Y N |
| **C. For non Singapore citizens and non PRs only** | | | | | |
| i. Do you have a work pass or permit required under the Employment of Foreign Manpower Act (Cap.91A) | Y N | Y N | Y N | Y N | Y N |
| ii. If you answer "yes" to C(i), have you resided in Singapore for less than a total of 183 days in the 12 months preceding the proposal date of the policy? | Y N | Y N | Y N | Y N | Y N |
| iii. Do you have a pass or permit required under Immigration Act (Cap. 133) that has a duration longer than 90 days? | Y N | Y N | Y N | Y N | Y N |
| iv. If you answer "yes" to C(iii), have you resided in Singapore continuously for at least 90 days during the 12 months preceding the proposal date of the policy? | Y N | Y N | Y N | Y N | Y N |

This policy shall be deemed as a "Singapore Policy" if the individual,

(i) Is a citizen of Singapore, unless he has resided outside Singapore continuously for 5 or more years preceding the proposal date of the policy and is not currently residing in Singapore;

(ii) Is a permanent resident, unless he has resided in Singapore for less than a total of 183 days in the 12 months preceding the proposal date of the policy;

(iii) Has a work pass or permit required under the Employment of Foreign Manpower Act (Cap.91A), unless he has resided in Singapore for less than a total of 183 days in the 12 months preceding the proposal date of the policy; or

(iv) Has a pass of permit required under the Immigration Act (Cap.133) that has a duration longer than 90 days and has resided in Singapore continuously for at least 90 days in the 12 months preceding the proposal date of the policy.

## Privacy Notice

**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):

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

◯ 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 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-notices

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.

## Privacy Notice

**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.

**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).

**Our complaints procedure:**

It is RHI and Bupa Global's intention to provide a first class service to our members at all times. However, if you have any comments or complaints, you can call the Customer Services helpline on +44 (0) 1273 323 563, 24 hours a day, 365 days a year. Alternatively you can email via www.bupa-intl.com/membersworld, or write to us at: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK. If we have not been able to resolve the problem and you wish to take your complaint further, please call Customer Services helpline on +44 (0) 1273 323 563, or 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.

I / We, the undersigned(s) have read and agree to the above.
*required for all individuals that are over age of 16 in this application

Main applicant name MA

| Signature | Date | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | D | D | M | M | Y | Y | Y | Y |

## 13 Your application declaration (continued)

Additional person 1 name

1

**Signature**

**Date**

D D M M Y Y Y Y

Additional person 2 name

2

**Signature**

**Date**

D D M M Y Y Y Y

Additional person 3 name

3

**Signature**

**Date**

D D M M Y Y Y Y

Additional person 3 name

4

**Signature**

**Date**

D D M M Y Y Y Y

### `Declaration

To the best of my knowledge and belief the information given in this application form is true, accurate and complete. I understand that benefits may not be payable in full or at all and my policy may be treated as if it had not existed, if I do not take reasonable care when providing any information requested in this application form.

Where I have provided information on behalf of any other person to be covered by the policy, I confirm that I have checked with them that the information is correct before completing this application form and I have their express agreement to submit this application form on their behalf, or I am their legal representative.

I understand that my personal information and that of any other person to be covered by this policy will be processed by Raffles Health Insurance Pte Ltd and Bupa Global for the purposes set out in their privacy notices. I confirm that I have brought Raffles Health Insurance Pte Ltd and Bupa Global's privacy notice to the attention of these covered.

I agree to be bound by the policy terms of my health plan (and for cover provided to any other person to be covered by this policy but under a different health plan, the policy terms of that health plan). I agree that Singapore law will apply to the policy.

I agree that any cover for the U.S. shall terminate upon informing Bupa Global that I have become a resident of the U.S. (or in the case of an additional person becoming a resident of the U.S., their cover under the policy shall terminate).

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

If you do not provide complete information, we will not be able to process your application.

If you do not take reasonable care to provide us with full, complete and accurate information about yourself or any other person covered under the policy, we will have the right to treat your policy as if it had not existed, 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 application, including letters.

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

Fill in your form with complete up-to-date medical history before you sign and date it. If we do not receive this application form within six weeks of this declaration date, or the date of signature expires six weeks before your cover start date we will ask for a declaration of continued good health. Or we may ask you to submit a new form.

**Main applicant's signature**

**Date**

D D M M Y Y Y Y

Print Name

## 13 Your application declaration (continued)

### Parental/guardian consent (to be completed if main member is under 16 years old)

Name

NRIC/Passport No.

Relationship to main applicant

| Signature | Date |
|---|---|
| | D D M M Y Y Y Y |

### Intermediary only

Please ensure up to date KYC documents have been provided for the applicant and dependants (aged over 16) where applicable. If clarity is needed on what documents are required, please contact Broker Services on +65 63401660. Failure to supply the accurate documents could lead to a delay and cancellation of the member's application.

Intermediary name

Intermediary ID

In case of unsolicited sales, applications will only be accepted for countries that allow unsolicited sales of health insurance contracts – including on a cross-border basis, where this is the case. For more information please contact us.

- ○ Solicited (promoted) sale. Tick the box if this is a Solicited Sale
- ○ Unsolicited sale - I hereby confirm that I neither promoted, sought, approached the customer and the customer neither sought nor required advice

| Intermediary's signature | Date |
|---|---|
| | D D M M Y Y Y Y |

Print Name

### Intermediary's access to documents and medical information

| | MA | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| I give my consent for my intermediary being given access to my documents online on their personal and secure Bupa website and having access to my medical history.<br>Claims or underwriting information may be discussed with your intermediary or Bupa Global Agent/Adviser where you have requested the adviser to assist you. | ○ | ○ | ○ | ○ | ○ |

Additional members' signatures if over 16 years of age

| 1 | | 3 | |
|---|---|---|---|
| 2 | | 4 | |

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. RHI Corporate Office: 585 North Bridge Road, #11-00 Raffles Hospital, Singapore 188770. Correspondence Address for international health plans: 9 Raffles Place, #13-01 Republic Plaza, Singapore 048619. Tel: +65 6340 1660. Web: www.raffleshealthinsurance.com. GST Registration No. 200413569G

# 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
rhi-bupa@raffleshealthinsurance.com

**Bupa Global**
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United Kingdom

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