

Your application for Bupa Eduhealth Essentials Healthcare Scheme membership (fully underwritten or moratorium)



This form should be completed if you are applying to join Bupa Eduhealth Essentials Healthcare Scheme on a fully underwritten or moratorium underwriting basis.

- Please complete all sections of the application form using **BLOCK CAPITALS** and **BLACK INK**
- You must provide full details about yourself and any family members (to the best of your knowledge and belief) if you wish to be covered. If full details are not provided we may terminate your cover or it may stop us from paying your claims
- You must ensure the details of your family members are correct and should check the information with them before sending it to us
- If you have any queries while you're completing the questions, please call your financial adviser
- Please remember to sign and date the application form
- Once you have completed the application form, please return to:
Eduhealth, Saddlers House, 4-6 South Parade, Bawtry, Doncaster, South Yorkshire DN10 6JH

For Intermediary use only

Bupa agency number: 30606

Network: _____

For office use only

Date application received: ____ / ____ / ____

Cheque enclosed: YES/NO

Name of applicant _____



Please note: all applicants must complete sections 1 to 3 and 8 to 9 of this form and:

- if applying on a fully underwritten basis please complete section 4 to 6.
- if applying on a moratorium underwritten basis please complete section 7.

1 Your personal details

Please complete the following details for yourself as the main applicant.

Title: <i>(Mr, Mrs, Miss, Ms, other title)</i>		Sex: Male <input type="radio"/> Female <input type="radio"/>	
Surname:			
First name(s):			
Address:			
Postcode:		Daytime telephone no:	
Evening telephone no:		Mobile telephone no:	
Email address:			
Date of birth: <i>(day/month/year)</i>			
Occupation:			
Are you an existing Bupa member or have you been a member of Bupa in the past? Yes/No <i>(Please delete)</i>			
If Yes please give your Bupa membership number:			

2 Your choice of excess

Please complete the table below to tell us your choice of excess level.

Scheme	Excess options <i>(Please tick box required)</i>				
	No excess	£100	£250	£500	£1000
Bupa Eduhealth Essentials Healthcare Scheme					

3 Your family's details

Please give details of other family members you wish to be covered.

	Title	Forename, initial and surname of prospective members	*Occupation (if retired, please state previous occupation)	Relationship to you (eg. Partner, son, daughter)	Date of birth		
					day	month	year
2							
3							
4							
5							

Need to add someone else? Please give us their name(s) and the full details for this section and sections 4, and if fully underwritten applicant sections 5 and 6 on a separate sheet and attach them to this form. So that we know you have included additional family members, please tick the circle:

4 Further details (please complete if applying on a fully underwritten basis, if applying on a moratorium basis please complete section 7)

Please answer each question as it applies for yourself and each person named in section 3.

	Main applicant Name:	Prospective member 2 Name:	Prospective member 3 Name:	Prospective member 4 Name:	Prospective member 5 Name:
Are you registered with a GP in the UK? <i>(Please delete accordingly)</i> If yes, how long have you been registered with a UK GP? and How many times have you visited your GP in the last year?	Yes/No <input type="text"/> <input type="text"/>	Yes/No <input type="text"/> <input type="text"/>	Yes/No <input type="text"/> <input type="text"/>	Yes/No <input type="text"/> <input type="text"/>	Yes/No <input type="text"/> <input type="text"/>
If you have visited your GP in the last 12 months and it does not relate to your medical history detailed in section 5 please tell us why you have visited the GP in section 6.					
Have you been a UK resident for more than six months?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
*How tall are you? In feet/inches or in metres/centimetres	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
*How much do you weigh? In stones/pounds or in kilogrammes	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Sex at birth <i>(Please delete accordingly)</i>	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female
*Have you smoked tobacco products within the last two years? <i>(Please delete accordingly)</i>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
*How many units of alcohol do you drink in a week? <i>1 unit of alcohol = 1 measure of spirits, 1/2 pint beer or 1 glass wine</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you play a sport on a professional or semi-professional basis? If yes, which sport(s)?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

*These questions to be completed by over 16s only.

5 Your medical history *(please complete if applying on a fully underwritten basis)*

This section asks for health and medical details, past and present, about yourself and for each person named in section 3. Please tick **Yes** or **No** to every question for each person. If you tick **Yes** to a question, please give full details in section 6 on the next page. If you are unsure whether any details are relevant, you must include them.

Within the last seven years, have you or anyone to be covered under the membership: <ul style="list-style-type: none"> ● seen a GP or other healthcare professional ● received treatment ● experienced symptoms for any of the medical problems listed in questions 1-15:	Main applicant		Prospective member 2		Prospective member 3		Prospective member 4		Prospective member 5	
	Name		Name		Name		Name		Name	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Heart or cardiovascular disorders eg Coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Glandular disorders eg Diabetes, thyroid, hormonal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Breathing or respiratory disorders eg Asthma, bronchitis, shortness of breath, chest infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear, nose, throat or eye problems eg Hayfever, tonsillitis, sinusitis, cataracts, eye infections, deafness, ear infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Stomach, intestines, liver or gallbladder eg Ulcer, colitis, repeated indigestion, irritable bowel, change in bowel habits, hepatitis, piles, rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Cancer, tumours, growths, cysts or moles that itch or bleed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Skin problems eg Eczema, rashes, psoriasis, acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Brain or nervous system disorders eg Stroke, migraines, repeated headaches, multiple sclerosis, epilepsy, nerve pain, fits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Muscle or skeletal problems eg Arthritis, cartilage and ligament problems, back and neck problems, sprains, joint replacements, gout, sciatica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Urinary problems eg Bladder, kidney or prostate problems, urinary infections, incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Blood disorders eg Anaemia, hepatitis, abnormal blood tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Reproductive system problems eg Pregnancy and/or childbirth problems, heavy or irregular periods, fibroids, endometriosis, infertility, abnormal smears, menopause	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Dental problems eg Wisdom teeth problems, abscess, gingivitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Psychological disorders eg Depression, schizophrenia, anorexia nervosa, bulimia nervosa, compulsive disorders, stress, anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please also answer the following questions:										
16. Are you or any prospective member taking any medicines, prescribed or otherwise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Are you or any prospective member receiving any treatment of any kind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Is there any known or likely need for you or any prospective member to see a doctor or health professional (such as a physiotherapist or a complementary therapist)? Please include symptoms you know about, even if undiagnosed or untreated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you or any prospective members have answered no to all of the above but you have told us in section 4 that you have visited your GP in the last year, please give details in section 6

7 Further details *(please complete if applying on a moratorium basis)*

Please answer each question as it applies for yourself and each person named in section 3.

	Main applicant Name:	Prospective member 2 Name:	Prospective member 3 Name:	Prospective member 4 Name:	Prospective member 5 Name:
Have you been a UK resident for more than six months? <i>(Please delete accordingly)</i>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Are you registered with a GP in the UK? <i>(Please delete accordingly)</i> If yes, how long have you been registered with that GP?	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>	Yes/No <input type="text"/>
Sex at birth <i>(Please delete accordingly)</i>	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female
Do you play a sport on a professional or semi-professional basis? <i>(Please delete accordingly)</i> If yes, which sport(s)?	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____	Yes/No _____

8 Paying for your cover

Subscription quoted

Payment is made by monthly direct debit. Please complete the Direct Debit instruction on the following page.

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

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

9 Your legal declaration

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

- I am applying for the Bupa cover indicated in section 2 of this form. I agree that the terms of cover set out in the current membership guide relating to my cover (which is the cover for which I am now applying) will be binding on me and any dependants covered under my membership, and accept they shall be the basis upon which benefits shall be payable under my cover. (The membership guide for your cover will be posted to you if we accept your application and is available on request.)
- I declare that all the information given to Bupa on behalf of myself and my dependants for the purposes of receiving my quotation and being covered by Bupa and the information contained in this application for Bupa membership is and remains true and complete, to the best of my knowledge and belief, except to the extent I inform you otherwise when sending you this application for Bupa membership. I have confirmed the details of my dependants with the relevant family member.
- I agree to inform Bupa if any of the information relating to myself or any dependants I have provided, or provide, changes at any time before cover starts.
- I understand that if the information I provide or have provided to Bupa and the information in this application for Bupa membership contains any material gaps or omissions, Bupa may terminate my cover or benefits might not be payable. (A "material gap or omission" is a failure to provide any information about yourself or your dependants that might influence our assessment or acceptance of your membership - such as terms of the cover we offer you, your subscription figure, or whether we offer cover at all. If you are unsure whether any particular fact is material or not, you should disclose it to us. You must ensure that any details provided about your dependants are correct.)
- If I am applying to join Bupa on a fully underwritten basis, I understand and accept there is no undertaking to cover any medical conditions in existence before the time I, or my dependants, are covered by Bupa.
- If applying to join on a moratorium basis, This means that when I join Bupa I have not been asked for details of my or my dependant's medical history. This is on the understanding that I agree that I (and any family members that join with me) will not be immediately covered for any signs or symptoms of a medical problem or any medical conditions that existed in the five years before we join. However, I understand Bupa may include cover for these conditions if for two continuous years after the start of my policy I have no symptoms and receive no treatment, medication, tests or advice from my GP or a specialist for the condition.
- I understand that I will have the option of cancelling my Bupa cover, as long as I do so in writing within 21 days of me receiving my membership certificate. I understand that I will need to repay any claims paid by Bupa before I cancel my cover.
- 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 for Bupa to process our personal information with respect to our membership and I confirm that I have brought the Data Protection Notice to the attention of these family members.
- I understand English Law applies to the agreement between me and Bupa, unless otherwise agreed between us in writing.
- I understand any agreement with Bupa to provide Bupa cover to me and my dependants is made on the basis of this legal declaration.
- If I am making this application on behalf of a child, I make this declaration on behalf of that child and confirm that I am the person with whom parental responsibility for the child/children named on this application form (and on any separate sheets) lies. You are advised to keep a record of all information you supply to us in connection with your Bupa membership, including this application form and any letters. If you would like a copy of this form please ask us.

Signature 

Date 

Bupa Data Protection Notice

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be undertaken outside 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, including your GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

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.

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

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

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

Names and addresses: Bupa does **not** make the names and addresses of members or patients available to other organisations.

Keeping you informed: Bupa would, on occasion, like to keep you informed of Bupa products and services which it considers may be of interest to you.

Contact address: If you do not wish to receive information about Bupa's products and services, or have any other Data Protection queries please write to the Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@bupa.com.

It is Bupa's intention to provide a first class service at all times. If you do have cause for dissatisfaction you may write to the Customer Relations Department at Bupa, Staines, TW18 4XF or contact them on 0845 606 6726†. They will consider your complaint and can provide you with full details of our internal complaints process. If we have been unable to resolve your complaint to your satisfaction, you may refer your complaint to the Financial Ombudsman Service at South Quay Plaza, 183 Marsh Wall, London E14 9SR (telephone 0845 080 1800).

Direct Debit Instruction

Account number

Bank sort code

Name of account holder(s)

Please write the full name and address of your bank or building society.

To: The Manager



Declaration

I/we instruct you to pay direct debits from my/our account at the request of Bupa. The amounts are variable and may be debited on various dates. I/we understand that Bupa may change the amounts and dates only after giving prior notice. I/we will inform the bank/building society in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

Signature(s)	Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Bupa membership number (for Bupa use only)

(Banks and building societies may refuse to accept instructions to pay direct debits from some types of account.)

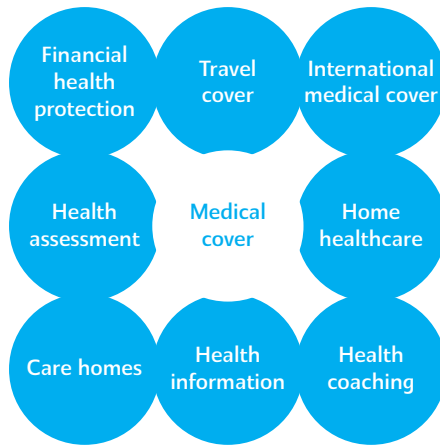
Bank contact address: Bupa, Staines, Middlesex, TW18 4XF

Originator identification number: 991364

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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Bupa will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Bupa or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



The world of Bupa

**New customers and transfers
from the AXA Eduhealth Primary Scheme**

To switch to Bupa Eduhealth Essentials Healthcare Scheme,
here is what you need to do next.

Call Eduhealth on

0845 226 9938 or visit
www.eduhealth.co.uk

To make a claim

If you have any queries regarding your cover under
Bupa Eduhealth Essential Healthcare Scheme
please contact the Bupa Helpline on

0845 22 69 938[†]

(lines open 8am to 8pm, Monday to Friday and 8am to 6pm Saturday).

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



Bupa Eduhealth Essentials Healthcare Scheme is provided by Bupa Insurance Limited. Registered in England and Wales No 3956433#.

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

#Authorised and regulated by the Financial Services Authority.

Registered Office Bupa House 15-19 Bloomsbury Way London WC1A 2BA.

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about our services

Healthsaver Limited,
4 – 6 South Parade,
Bawtry,
Nr Doncaster. DN10 6JH

1. The Financial Services Authority (FSA)

The FSA is the independent watchdog that regulates financial services. It requires us to give you this document. Use this information to decide if our services are right for you.

2. Whose products do we offer?

Insurance

- We offer products from a range of insurers.
- We only offer products from a limited number of insurers. Ask us for a list of the insurers we offer insurance from.
- We only offer products from BUPA Healthcare.

3. Which service will we provide you with?

Insurance

- We will advise and make a recommendation for you after we have assessed your needs for private medical insurance.
- You will not receive advice or a recommendation from us. We may ask some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

4. What will you have to pay us for our services?

Insurance

- No fee. We will be paid by commission from the insurer.
- A fee

You will receive a quotation, which will tell you about any other fees relating to any particular insurance policy.

5. Disclosure of Shareholding.

Aviva , Friends Provident Life & Pensions Ltd each own 21% the Standard Life Assurance Company own 23%, and Aegon Distribution Holdings Ltd 20%, of the capital of Tenet Group Ltd, the parent company of Lifetime Insurance Mortgage Experts Ltd.