

IMPORTANT INFORMATION

To join Bupa simply complete the questions on this form. Please write clearly in BLOCK capitals using black ink. Once completed, you can email your form to ~~XXXXXXXXXXXXXXXXXXXX~~ or post to Bupa International, Russell House, Russell Mews, Brighton, BN1 2NR, United Kingdom. If you feel that your email is not secure, please send us your application form via post or fax. If you have faxed or emailed us then we do not need the original copy of your form.

We look forward to welcoming you as a member of Bupa.

For full details of terms and conditions, please see a copy of our membership guide available on request.


If you have any questions when completing this form, please call us on +44 (0) 1273 208 181

Checklist - please make sure:

- you have read, signed and dated the declaration in section 13
- the information you have given in sections 1-12 is correct and complete
- for payments by Direct Debit or Credit Card, you have completed the Direct Debit instruction or the Credit Card Authority

We will not be able to process your application if this form is incomplete.

Please be sure to check the entire form.




when you see this sign, it is referring to the main member

1 Main member: your personal details

The date you want your cover to start:

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

Your cover cannot start before the date we receive your completed application form.

Title		First name																	
Other initials		Family name																	
Male / Female		Nationality						1st Language											
Occupation											Date of birth	D	D	M	M	Y	Y		
Do you have current health cover with any other insurer, including Bupa? Yes <input type="radio"/> No <input type="radio"/>																			
If Yes, please give details of your cover:																			
Name of other health insurer																			
How long have you been with this insurer?																			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Y</td><td>Y</td><td>M</td><td>M</td> </tr> </table>																Y	Y	M	M
Y	Y	M	M																
Name of scheme / cover										Membership number									

2 Main member: your address details *(please let us know straightaway about any change of address)*

Residency address <small>(this is the address where you spend most of your time or should be the country in which you are living on the first day of your current membership year)</small>	Correspondence address <small>(where membership documents cannot easily be sent to you at your residency address, please supply an alternative address to which they may be sent)</small>
Building	Building
Street	Street
Town/City	Town/City
Area code	Area code
Region	Region
Country	Country

If you have been living in the UK for 90 days or more out of the last 120 days at the start of your current membership year, then you are deemed resident in the UK. Does this apply to you? Yes No Are you a resident of the USA? Yes No

3 Main member: your other contact details

Main contact (home)				Secondary contact (work)			
	Country code	Area code	Number		Country code	Area code	Number
Telephone				Telephone			
Fax				Fax			
Mobile				Mobile			
Email				Email			

