

Your application to join Bupa Flexible Financial Protection

- Bupa Critical Illness Cover
- Bupa Critical Illness with Life Cover
- Bupa Life Cover
- Bupa Income Protection Cover

Personal Cover
Business Cover
Tele-interviewing

Details of introducer

Name _____

Address _____

Postcode _____

Telephone no. _____

Email address _____

Regulator reference no. _____

Agency no. _____

Quoted premium _____

Network details _____

Your ref _____

Individual Protection



How to fill in this application booklet

- Please complete all relevant sections of the application booklet using BLACK INK and BLOCK CAPITALS
- Please ensure that all questions are fully answered to prevent any delay in the assessment of your application
- If submitting for telephone interview, the application will be passed to our telephone interviewing team to contact the client to complete the application in full
- Please print clearly, sign, date and return your application booklet to:
Bupa Health Assurance Limited
The Core
40 St Thomas Street
Bristol
BS1 6JX
Fax: 0117 984 2379
If you have any queries, please call us on 0845 600 3122*

Disclosure of all relevant information

If you proceed with your Bupa Flexible Protection Plan, we will set it up based on information you tell us on this application form and/or the telephone interview. It is therefore important that you tell us everything that may affect the terms we offer you. If you are in any doubt about whether something is important, please put the information on this application form. If you do not tell us about something that is important, we may not pay your benefit if you make a claim, or we may cancel your cover.

Changes before cover commences

When you submit this application form to us you will agree to tell us if any of the answers change before cover commences. If you fail to do this we may not pay your benefit if you make a claim, or we may cancel your cover.

Tele-interviewing

Please note that an application cannot be submitted for tele-interviewing if either the life assured has been diagnosed with, or suffered from cancer, heart disease, stroke, multiple sclerosis or diabetes within the last two years or has been unsuccessful in applying for life, critical illness or income protection cover within the last two years.

- Please ensure you provide your client with a tele-interview client leaflet in advance of submitting their application online
- Please ensure that you answer questions in sections 1, 2, 4, 5, 6 and 9 only
- Please note that if the application is for joint life cover, both lives will be tele-interviewed.
- **Please ensure your client signs the medical declaration and consent on page 16 and sections 12-18 have been read**

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1 About lives assured

Please give the details here of any person on whose life an application for cover is being made.

	Life assured 1	Life assured 2
Title: Mr, Mrs, Miss	<input type="text"/>	<input type="text"/>
or other title (eg Sir)	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Second name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Sex	<input type="text"/>	<input type="text"/>
Smoker?	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Please note that one telephone number is mandatory		
Telephone number	Evening <input type="text"/>	<input type="text"/>
Telephone number	Daytime <input type="text"/>	<input type="text"/>
Telephone number	Mobile <input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

2 About schemeholders

Please answer the questions below about the schemeholders only if different to the lives assured (above).

	Applicant 1	Applicant 2
Title: Mr, Mrs, Miss	<input type="text"/>	<input type="text"/>
or other title (eg Sir)	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Second name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>

Quote details

Please tick the relevant boxes below to specify the type of cover required.

	Product			
	Life cover	Critical illness cover	Critical illness with life cover	Income protection cover
Which life assured				
<i>(Please select one per product)</i>				
Life assured 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life assured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint life first event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schemeholder				
<i>(Only complete if different to the lives assured. For income protection, the schemeholder must be the same as the life assured. There can be a maximum of two schemeholders for each product)</i>				
Applicant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please state insurable interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Term type and term of cover				
<i>(Please select one of the term types below and indicate the number of years the term is required in the appropriate box)</i>				
Mortgage protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Decreasing term assurance	<input type="checkbox"/>			
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>			
Family income benefit	<input type="checkbox"/>		<input type="checkbox"/>	
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>		<input type="text"/>	
Renewable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Five years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ten years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>(if you select renewable premiums, your premiums may increase at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time on each fifth or tenth year anniversary depending on the term you have selected)</i>				
Income protection (only)				
Term to retirement				<input type="checkbox"/>
Retirement age	50 <input type="checkbox"/>	55 <input type="checkbox"/>	60 <input type="checkbox"/>	65 <input type="checkbox"/>
70				<input type="checkbox"/>
Fixed term				<input type="checkbox"/>
Number of years <i>(minimum of 5 years, maximum of 52 years)</i>				<input type="text"/>
Mortgage outlay				<input type="checkbox"/>
Number of years <i>(minimum of 5 years, maximum of 52 years)</i>				<input type="text"/>
Deferred period (months)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	12 <input type="checkbox"/>
Limited benefit period <i>(not available with mortgage outlay)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Premium basis				
Guaranteed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewable <i>(not available with income protection fixed term or mortgage outlay cover)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewable <i>(only available with renewable term)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quote details (continued)

	Product			
	Life cover	Critical illness cover	Critical illness with life cover	Income protection cover
Amount of benefit				
Lump sum	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
or Annual income <i>(only available with family income benefit)</i>	£ <input type="text"/>		£ <input type="text"/>	
Monthly benefit <i>(only available with income protection cover)</i>				£ <input type="text"/>
Indexation <i>(not available with mortgage protection, decreasing term, family income benefit with life cover or mortgage outlay cover with income protection)</i>				
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reinstatement cover <i>(not available with family income benefit)</i>				
Yes		<input type="checkbox"/>	<input type="checkbox"/>	
No		<input type="checkbox"/>	<input type="checkbox"/>	
Fracture cover				
Yes		<input type="checkbox"/>	<input type="checkbox"/>	
No		<input type="checkbox"/>	<input type="checkbox"/>	
TPD <i>(not available with decreasing term or family income benefit)</i>				
Life assured 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life assured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiver of premium <i>(not available with family income benefit on critical illness with life)</i>				
Life assured 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life assured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premium frequency				
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for cover				
Mortgage protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/family protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is this application to be written in trust? <i>(please select if 'Yes')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accidental death benefit				
Life assured 1	<input type="checkbox"/>		<input type="checkbox"/>	
Life assured 2	<input type="checkbox"/>		<input type="checkbox"/>	
Commission sacrifice	<input type="text"/>			
IFA reference number	<input type="text"/>			

Add more products - Quote details *(please complete only if you wish to add more products to your application)*

Please tick the relevant boxes below to specify the type of cover required.

	Product			
	Life cover	Critical illness cover	Critical illness with life cover	Income protection cover
Which life assured				
<i>(Please select one per product)</i>				
Life assured 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life assured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint life first event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schemeholder				
<i>(Only complete if different to the lives assured. For income protection, the schemeholder must be the same as the life assured. There can be maximum of two schemeholders for each product)</i>				
Applicant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please state insurable interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Term type and term of cover				
<i>Please select one of the terms types below and indicate the number of years the term is required in the appropriate box.</i>				
Mortgage protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Decreasing term assurance	<input type="checkbox"/>			
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>			
Family income benefit	<input type="checkbox"/>		<input type="checkbox"/>	
Number of years <i>(minimum of 5 years, maximum of 40 years)</i>	<input type="text"/>		<input type="text"/>	
Renewable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Five years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ten years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>(if you select renewable premiums, your premiums may increase at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time on each fifth or tenth year anniversary depending on the term you have selected.)</i>				
Income protection (only)				
Term to retirement				<input type="checkbox"/>
Retirement age	50 <input type="checkbox"/>	55 <input type="checkbox"/>	60 <input type="checkbox"/>	65 <input type="checkbox"/>
70				<input type="checkbox"/>
Fixed term				<input type="checkbox"/>
Number of years <i>(minimum of 5 years, maximum of 52 years)</i>				<input type="text"/>
Mortgage outlay				<input type="checkbox"/>
Number of years <i>(minimum of 5 years, maximum of 52 years)</i>				<input type="text"/>
Deferred period (months)	1 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	12 <input type="checkbox"/>
Limited benefit period <i>(not available with mortgage outlay)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Premium basis				
Guaranteed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewable <i>(not available with income protection fixed term or mortgage outlay cover)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewable <i>(only available with renewable term)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quote details (continued)

	Product			
	Life cover	Critical illness cover	Critical illness with life cover	Income protection cover
Amount of benefit				
Lump sum	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	
or Annual income <i>(only available with family income benefit)</i>	£ <input type="text"/>		£ <input type="text"/>	
Monthly benefit <i>(only available with income protection cover)</i>				£ <input type="text"/>
Indexation <i>(not available with mortgage protection, decreasing term, family income benefit with life cover or mortgage outlay cover with income protection)</i>				
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reinstatement cover <i>(not available with family income benefit)</i>				
Yes		<input type="checkbox"/>	<input type="checkbox"/>	
No		<input type="checkbox"/>	<input type="checkbox"/>	
Fracture cover				
Yes		<input type="checkbox"/>	<input type="checkbox"/>	
No		<input type="checkbox"/>	<input type="checkbox"/>	
TPD <i>(not available with decreasing term or family income benefit)</i>				
Life assured 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life assured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiver of premium <i>(not available with family income benefit on critical illness with life)</i>				
Life assured 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life assured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premium frequency				
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for cover				
Mortgage protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/family protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is this application to be written in trust? <i>(please select if 'Yes')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accidental death benefit				
Life assured 1	<input type="checkbox"/>		<input type="checkbox"/>	
Life assured 2	<input type="checkbox"/>		<input type="checkbox"/>	
Commission sacrifice:	<input type="text"/>			
IFA reference number	<input type="text"/>			

3 Existing cover

Please complete the following questions for both lives and all types of benefits. If you answer 'Yes' to any question below, please give full details and dates where relevant.

Life assured 1

Life assured 2

1) Have you applied to Bupa Health Assurance before for life, critical illness or income protection cover? (Please ignore Private Medical Insurance applications.)

Yes No

Yes No

If 'Yes', please provide details.

2) Have you ever had an application for life, critical illness or income protection cover which has been turned down or accepted on special terms, eg an increased premium or an exclusion?

Yes No

Yes No

If 'Yes', please give name of company and date and details of decision.

3) Does the amount of total cover (life and critical illness) that you already hold, including any cover that is currently proposed or contemplated, exceed the amount of £10 million? Types of cover include, but are not limited to, any personal cover, mortgage cover (commercial or personal), business cover and death in service cover. (not applicable if applying for income protection cover)

Yes No

Yes No

If 'Yes', please give full details of existing, pending and contemplated cover. Any cover under this application will be subject to Bupa obtaining cover in the reinsurance market.

4 Occupation

Life assured 1

Life assured 2

1) Please state your occupation

Please also answer the questions below if you are applying for income protection cover, waiver of premium or total permanent disability cover otherwise please move to section 6

2) Please state business miles per year

3) Please give details of any manual work and percentage of time spent on it.

4) Do you work at heights over 40 feet?

Yes No

Yes No

If 'Yes', please state details and percentage of time.

5) Nature of business or industry you work in:

5 Mortgage details for income protection only

Life assured 1

Life assured 2

1) If applying for the mortgage outlay option, please answer the following questions:

a) Your outstanding mortgage amount

£

£

b) Your outstanding mortgage term

years

years

c) What is your monthly mortgage repayment?

£

£

d) Is this a joint mortgage?

Yes

Yes

If 'Yes', what is your proportion of the mortgage repayment?

%

%

e) Is this a self-certified mortgage?

Yes

Yes

f) What is the name of your mortgage lender?

g) What is your mortgage account number?

6 Occupation and income details for income protection only

	Life assured 1	Life assured 2												
1) Please confirm your total earned income or salary including bonuses and commission in the last 12 months	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>												
2) Do you use power tools or machinery <i>If 'Yes', please state details and percentage of time.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>												
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>												
3) Average working hours per week:	<input style="width: 80%;" type="text"/> hours	<input style="width: 80%;" type="text"/> hours												
4) Are there any other hazardous aspects of your job or working environment? eg working offshore	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>												
5) Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>												
If 'Yes', how long have you been self-employed?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>												
6) Please give details of your gross annual income during the last year (for self employed, income means personal earnings as assessed for income tax after deduction of allowable expenses).	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">Salary</td> <td style="text-align: center; width: 33%;">Dividends and bonuses</td> <td style="text-align: center; width: 33%;">Commission</td> </tr> <tr> <td style="text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="text-align: center;">£ <input style="width: 80%;" type="text"/></td> </tr> </table>	Salary	Dividends and bonuses	Commission	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">Salary</td> <td style="text-align: center; width: 33%;">Dividends and bonuses</td> <td style="text-align: center; width: 33%;">Commission</td> </tr> <tr> <td style="text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="text-align: center;">£ <input style="width: 80%;" type="text"/></td> </tr> </table>	Salary	Dividends and bonuses	Commission	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>
Salary	Dividends and bonuses	Commission												
£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>												
Salary	Dividends and bonuses	Commission												
£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>												
7) What amount of gross annual income would continue past the requested deferred period?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>												
8) Excluding state benefits and this application, what amount of monthly benefit eg income protection, accident and sickness, would continue past the requested deferred period?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>												
<i>If you have selected more than one deferred period, please also complete questions 9 and 10</i>														
9) What amount of gross annual income would continue past the requested deferred period?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>												
10) Excluding state benefits and this application, what amount of monthly benefit eg income protection, accident and sickness, would continue past the requested deferred period?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>												

7 Pastimes

	Life assured 1	Life assured 2
1) Do you, or do you intend to take part in any hazardous sports or activities such as mountaineering, diving, private flying, motor sport etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input style="width: 100%; height: 150px;" type="text"/>	<input style="width: 100%; height: 150px;" type="text"/>
<i>If 'Yes', please advise what exactly and complete the appropriate questionnaire</i>		

8 Lifestyle

Life assured 1

Life assured 2

1) Please state your height and weight

_____ft _____ins or _____ cms
_____st _____lbs or _____ kgs

_____ft _____ins or _____ cms
_____st _____lbs or _____ kgs

2) Have you used any form of tobacco or nicotine product in the last 12 months?

Yes No

If 'Yes', please provide details.

- Number of cigarettes/cigars per day
- Pipe smoker or other nicotine usage.

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Please note: random tests may be carried out to verify non-smoking.

3) How many units of alcohol do you drink per week?

- 1 pint of beer = 3 units
- 1 glass of wine = 1.5 units
- 1 measure spirits = 1 unit

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4) Have you ever been advised by your doctor or other medical practitioner to drink less alcohol?

Yes No

If 'Yes', please provide dates and details.

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5) Have you ever taken recreational drugs, eg cannabis, ecstasy, heroin, cocaine, or prescription drugs not prescribed to you by a doctor?

Yes No

If 'Yes', please provide dates and details.

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6) During the last five years have you lived or travelled abroad, other than for normal holidays of up to 30 days a year?

Yes No

If 'Yes', please provide details including the names of countries and dates and duration of visits.

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Do you intend to do so in the future?

Yes No

Yes No

9 Doctors' details

Life assured 1

Life assured 2

Name and address of your GP.
Please note we may not necessarily contact your doctor. Even if we do, you must still disclose all material facts.

Name or Practice name
Address
Postcode
Telephone number

Name or Practice name
Address
Postcode
Telephone number

If you have been registered with this doctor for less than six months, please provide details of your previous doctor.

Name or Practice name
Address
Postcode
Telephone number

Name or Practice name
Address
Postcode
Telephone number

10 Main medical summary

If you answer 'Yes' to any question, please give full details, ie symptoms or diagnosis of condition, dates and duration, who was consulted, details and results of any tests and whether or not a full recovery was made. Please note that for those conditions indicated with an asterisk, additional questionnaires will be required.

Please do not assume that we will contact your doctor and that your doctor will provide the information we need. It remains your responsibility to complete this application form fully.

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have, totals up to £500,000 for life cover, £300,000 for critical illness cover and £30,000 per annum for income protection.

Above £500,000 for life cover, £300,000 for critical illness and £30,000 per annum for income protection, you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. However, you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

1) Do you currently have or have you ever had any of the following:

If yes, please complete section 11.4: Further medical questions. Where questions have an *, please complete appropriate questionnaire.

	Life assured 1	Life assured 2
a Any form of cancer, leukaemia, Hodgkins disease, spinal tumour, lymphoma or melanoma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Heart disorder including heart attack, angina, cardiomyopathy or heart murmur?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c Stroke, brain haemorrhage, transient ischaemic attack (TIA), brain injury or brain tumour?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d Multiple sclerosis, Parkinson's disease, paralysis, Alzheimer's disease, dementia or cerebral palsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e Numbness, loss of feeling, tingling, tremor or temporary loss of muscle power?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f Blindness, blurred or disturbed vision not fully corrected by glasses or contact lenses, eg optic neuritis or glaucoma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g Diabetes or sugar in the urine?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h Mental illness that has required hospital treatment or referral to a psychiatrist?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

11 Medical history

1) In the last 10 years, have you had any of the following?:

If yes, please complete section 11.4: Further medical questions. Where questions have an *, please complete appropriate questionnaire.

	Life assured 1	Life assured 2
a A lump or growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Chest pain, irregular heart beat, raised blood pressure or raised cholesterol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c Asthma?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d Breathlessness, bronchitis, sarcoidosis or any lung disease other than asthma?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e Epilepsy, dizziness or blackouts?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f Deafness or any ear problem?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g Arthritis, or any muscle, bone or joint disorder (eg sciatica, back, neck, shoulder or knee pain, RSI or gout)?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h Disorder of the digestive system, liver, stomach, pancreas or bowel including ulcers, hepatitis, colitis or Crohn's disease?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i Blood disorder or anaemia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
j Thyroid disorder?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
k Any kidney, bladder or other genito-urinary disorder, including blood or protein in the urine, kidney cysts or multiple urinary tract infections?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
l Stress, anxiety, depression, insomnia, chronic fatigue or any psychiatric or eating disorder?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
m (For income protection cover only) Any skin disorder or allergy?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
n (Females only) Abnormal cervical smear or mammogram, or had a biopsy of the breast, cervix or uterus?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
o (Males only) Prostate enlargement or raised PSA (prostate specific antigen)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

11.1 Medical history - other

Life assured 1

Life assured 2

1) In the last 10 years, other than for the medical conditions already mentioned, have you?:

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a Had or have been advised to have any medical investigations, scans or blood tests? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b Received any form of medical attention at a hospital as an in-patient or out-patient? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

11.2 General health questions

Life assured 1

Life assured 2

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1) Are you currently experiencing any symptoms or disorder for which you have not consulted a doctor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Are you currently taking drugs, medicines or tablets or receiving any other treatment for a condition not already mentioned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Are you currently awaiting a medical consultation or hospital appointment, or awaiting the results of any tests? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) Have you ever tested positive for HIV, hepatitis B or C or are you awaiting the results of a test? (If the result was negative, the fact that you have had an HIV test will not affect your application for insurance) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) Within the last five years have you been exposed to the risk of HIV infection? (This can be through unsafe sex, intravenous drug use or blood transfusions or surgery outside the EU) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6) Within the last five years have you tested positive or been treated for any disease which was transmitted sexually? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please answer the following question if you are applying for income protection cover not if you are applying for life cover or critical illness cover : | | | | |
| 7) Have you had more than 15 days sick leave in the last two years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

11.3 Family history

Have any of your parents, brothers or sisters ever had any of the following medical conditions before they reached age 60? If yes, please complete section 11.4: Further medical questions.

If you are unable to answer this section due to being adopted or similar circumstances, please indicate below and explain the reasons why you are unable to answer in the space(s) below.

Life assured 1

Life assured 2

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Alzheimer's disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cancer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Haemochromatosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart disease (including cardiomyopathy, heart attack or angina) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Huntington's disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Kidney failure or polycystic kidney disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Motor neurone disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Multiple sclerosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Parkinson's disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Polyposis of the colon | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stroke | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any hereditary disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Life assured 1

Life assured 2

11.4 Further medical questions

Life assured 1

If you have answered 'Yes' to one or more of the questions in sections 10 and 11, please complete the questions below for each 'Yes' answered.

1) The question number these details relate to:

Please provide full details including the name of the illness, date of diagnosis, treatment given, the results of any tests and whether a full recovery has been made.

2) The question number these details relate to:

Please provide full details including the name of the illness, date of diagnosis, treatment given, the results of any tests and whether a full recovery has been made.

Life assured 2

If you have answered 'Yes' to one or more of the questions in sections 10 and 11, please complete the questions below for each 'Yes' answered.

1) The question number these details relate to:

Please provide full details including the name of the illness, date of diagnosis, treatment given, the results of any tests and whether a full recovery has been made.

2) The question number these details relate to:

Please provide full details including the name of the illness, date of diagnosis, treatment given, the results of any tests and whether a full recovery has been made.

Further medical questions *(continued)*

3) The question number these details relate to:

Please provide full details including the name of the illness, date of diagnosis, treatment given, the results of any tests and whether a full recovery has been made.

3) The question number these details relate to:

Please provide full details including the name of the illness, date of diagnosis, treatment given, the results of any tests and whether a full recovery has been made.

12 Access to medical reports

Please read this section carefully, as it sets out your rights under The Access to Medical Reports Act 1988 and The Access to Medical Reports (NI) Order 1991.

In order to process your application and review any scheme issued, we may need to apply for a medical report from any doctor who has attended you. To apply, we need you to give your consent by signing the declaration below. You can choose from three courses of action:

- you can give your consent without asking to see the doctor's report before it is sent to us. The report will then be sent directly to us by the doctor.

Should you give your consent to us obtaining a report without indicating that you wish to see it, you can change your mind by contacting the doctor before the report is sent to us in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us. Alternatively, you can withhold your consent to its release.

- you can give your consent, but ask to see any report before it is sent to us, in which case you have 21 days after we notify you that we have requested a report from the doctor, to contact the doctor to make arrangements to see the report. If you fail to contact the doctor within 21 days, he will be entitled to send the report directly to us. If you do contact the doctor asking to see the report, you must give the doctor written consent before he can release it to us. You may ask the doctor to change the report if you think it is misleading. If the doctor refuses, you can insist on adding your own comments to the report before it is sent to us. This does not prevent you from applying to other companies for insurance.

- you can withhold your consent but, if you do, please bear in mind that we may be unable to accept the application.

Whether or not you indicate you wish to see the report before it is sent, you have the right to ask the doctor to let you see a copy, provided that you ask him within six months of the report having been supplied to us. If you ask for a copy the doctor can charge you a reasonable fee to cover the costs of supplying it. The doctor is entitled to withhold some or all of the report if (a) he feels that it may be harmful to you or (b) it would indicate his intentions in respect of you or (c) would reveal the identity of another person without their consent (other than that provided by a health professional in their professional capacity in relation to your care).

The medical report your doctor fills in asks about the following:

- your current health
- any care, medication or treatment you are currently receiving
- the results of referrals or tests you are waiting for
- any time off work in the last three years
- your past health
- details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of;
- malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco;
- details of any biopsies, blood tests, electrocardiograms (heart test), height, weight if measured in the last two years, urinalyses (tests on urine), X-rays, or other investigations
- any blood pressure readings in the last three years.
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates

13 Medical declaration and consent

I/We consent to Bupa Health Assurance Limited seeking medical information from any insurance office to which an application has been made for insurance on my life and I/we authorise the giving of this information. I/We understand that Bupa Health Assurance Limited ("Bupa") may require sight of my medical records to consider a claim.

I/We have been informed of my statutory rights under the Access to Medical Reports Act 1988 and The Access to Medical Reports (NI) Order 1991, and, in connection with this current application, consent to Bupa, obtaining medical information from any doctor who, at any time, has attended me, or from any other relevant person concerning anything which affects my physical or mental health and I/we agree that a copy of this consent shall have the validity of the original. I/We agree that Bupa may request a medical report following the issue of any scheme, using this consent, for a period of up to six months or any time after my death.

I/We do not wish to see any report before it is sent to Bupa Health Assurance Limited.

NB. If you do wish to see any report before it is sent to us, please delete the words in italics.

* If you do not consent to Bupa obtaining a medical report please put a cross in the following box.

* You can withhold your consent but, if you do, please bear in mind that we may be unable to accept your application.

I/We acknowledge that Bupa is not provided with this form and that it will consider any application and act only on the information submitted to it by the intermediary on my behalf.

Life assured 1 Signed 7	Date 7	Name (in BLOCK CAPITALS)
Life assured 2 Signed 7	Date 7	Name (in BLOCK CAPITALS)

14 General declaration and consent

I/We declare that, to the best of my/our knowledge and belief, all answers in this application are true and complete in every particular and I/we have not withheld any material fact (material facts are facts that an insurer would regard as likely to influence the assessment and acceptance of an application for cover).

If my/our health changes, or any other detail affecting my/our application changes between the date this application is signed and the date the scheme is implemented, I/we will inform Bupa immediately.

I/We confirm that I/we give explicit consent, within the provisions of the Data Protection Act 1998 for Bupa, their reinsurers and any relevant medical agencies to process my/our personal details with respect to this application and in administering the membership and any claim that may be made in respect of the membership.

I/We hereby apply to take out the scheme(s) set out in section 'Quote details' and agree to be bound by the rules of any scheme for which the application(s) is/are accepted.

I/We acknowledge that a failure to disclose any material facts or any changes affecting the application(s) before any scheme(s) commences may result in a claim being rejected or Bupa terminating my/our scheme(s).

I/We confirm that I/we have read and understood sections [1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17 and 18] and these have been completed using information I/we have provided unless directed not to do so by the terms of the application form.

I/We confirm that this application for Bupa Critical Illness/Bupa Critical Illness with Life Cover/Bupa Life Cover/Bupa Income Protection Cover (delete non-applicable) policy is made by me/us in respect of my/our own life(s).

Life assured 1 Signed 7	Date 7	Name (in BLOCK CAPITALS)
Life assured 2 Signed 7	Date 7	Name (in BLOCK CAPITALS)

15 Declaration for schemeholder(s) who are not a life assured

You must read and sign this section if you are applying for a scheme and you are not a life assured.

I/we hereby apply to take out the scheme(s) set out in section 'Quote details' and agree to be bound by the rules of any scheme for which my/our application(s) is/are accepted.

I/we agree that I/we will disclose any information which I/we become aware of before cover commences and would alter any detail contained within this application form.

I/we warrant that all answers in this application or in relation to it (whether given by me/us or the life/lives assured) are true and complete in every particular. I/we acknowledge that if the life/lives assured have withheld any material fact (material facts are facts that an insurer would regard as likely to influence the assessment and acceptance of an application for cover) or if there is a failure to disclose any change affecting the health, earnings or occupation of the life/lives assured, by me/us or the life/lives assured before any cover commences it may result in a claim being rejected or Bupa terminating my/our scheme(s).

If this application has been completed by anyone other than myself/ourselves, I/we confirm that the details are correct to the best of my/our knowledge and belief.

I/we confirm I/we have read the Data Protection Notice below.

I/we confirm that I/we give explicit consent, within the provisions of the Data Protection Act 1998 for Bupa and their reinsurers to process my/our personal details with respect to this application and in administering the membership and any claim that may be made in respect of the membership.

I/we confirm that I/we have read and understood sections (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18) and these have been completed unless directed not to do so by the terms of the application form.

Applicant 1 Signed 7	Date 7
Applicant 2 Signed 7	Date 7

16 General notes

NOTE 1

Your membership will commence as soon as Bupa has collected the first premium and has issued the registration certificate.

NOTE 2

You are advised to keep a record of all information you supply to us in connection with this application including letters.

NOTE 3

Unless otherwise agreed by Bupa in writing, English Law shall apply to the agreement between you and Bupa.

NOTE 4

A COPY OF THE RULES APPLICABLE TO THE COVER FOR WHICH YOU HAVE APPLIED AND YOUR APPLICATION FORM ARE AVAILABLE ON REQUEST. OTHERWISE THE RULES WILL BE SENT TO YOU WHEN YOUR APPLICATION FOR COVER IS ACCEPTED.

NOTE 5

It is Bupa's intention to provide a first class service to our members at all times. However, if you have any cause for dissatisfaction and have not been able to resolve the problem and you wish to take your complaint further, please contact the Head of Customer Relations at the address or telephone number on page one. It's very rare that we can't settle a complaint, but if this does happen, you may refer your complaint to the Financial Ombudsman Service. You can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR, or call them on 0845 080 1800.

Please let us know if you want a full copy of our complaints procedure.

If something has gone wrong, we want to do everything we can to put it right. But none of these procedures affect your legal rights.

17 Bupa data protection notice

Confidentiality: the confidentiality of 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 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 this application and in administering the membership and any claim that may be made in respect of the membership which may include Bupa's reassurers.

Member details: all membership documents and confirmation of how we have dealt with any claim you may make will be sent to the applicant(s).

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 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 group products and services, or have any other Data Protection queries please write to the Bupa Group Information Protection Manager, at Bupa House, 15 - 19 Bloomsbury Way, London WC1A 2BA.

18 Accidental death benefit cover**IMPORTANT: THE FOLLOWING DETAILS ARE ALSO DUPLICATED AT THE BOTTOM OF PAGE 19 FOR YOU TO DETACH AND RETAIN FOR YOUR REFERENCE**

This cover is only available to applicants for level term assurance or mortgage protection schemes providing life cover to support a mortgage. You must have ticked the accidental death benefit box on page 5 and/or 7, for this cover to apply. It is not available for any applicants for critical illness schemes which will not provide life cover. The terms on which accidental death benefit cover is provided are set out below.

Bupa Health Assurance Ltd ("Bupa") will pay the lower of:

- (i) the sum assured requested in this application for schemes providing life cover for a mortgage, as outlined above ("the proposed scheme(s)"); or
- (ii) £100,000; to the applicant(s) of the proposed scheme(s) on the accidental death of any life to be assured under the proposed scheme(s).

For the purposes of this cover accidental death will mean "death arising solely and directly from bodily injury caused by external violent, visible means totally independent of any physical or mental illness or infirmity".

This cover will be provided from the date Bupa receives a completed signed application from the applicant(s) for the

proposed scheme(s) to cover the life to be assured until the earliest of the following:

- (i) Bupa accepts the application for the proposed scheme(s);
- (ii) Bupa notifies the applicant(s) that it has rejected the application for the proposed scheme;
- (iii) 90 days after the date on which Bupa received the application and this cover began.

Cover will not be provided in the following circumstances:

- (a) if the life to be assured (or either life to be assured) is aged 55 or above;
- (b) if the applicants have outstanding applications for the same, or similar cover, with other Life offices;
- (c) if Bupa have provided accidental death benefit cover on the life to be assured (or the lives to be assured) previously and no scheme was subsequently issued by Bupa.

These terms provide the entire terms on which Bupa will pay the sum assured under the accidental death benefit cover. They are governed by English Law and subject to the exclusive jurisdiction of English Courts.

Please detach and retain for your information.

Accidental death benefit cover

This cover is only available to applicants for level term assurance or mortgage protection schemes providing life cover to support a mortgage. You must have ticked the accidental death benefit box on page 5 and/or 7, for this cover to apply. It is not available for any applicants for critical illness schemes which will not provide life cover. The terms on which accidental death benefit cover is provided are set out below.

Bupa Health Assurance Ltd ("Bupa") will pay the lower of:

- (i) the sum assured requested in this application for schemes providing life cover for a mortgage, as outlined above ("the proposed scheme(s)"); or
- (ii) £100,000; to the applicant(s) of the proposed scheme(s) on the accidental death of any life to be assured under the proposed scheme(s).

For the purposes of this cover accidental death will mean "death arising solely and directly from bodily injury caused by external violent, visible means totally independent of any physical or mental illness or infirmity".

This cover will be provided from the date Bupa receives a completed signed application from the applicant(s) for the proposed scheme(s) to cover the life to be assured until the earliest of the following:

- (i) Bupa accepts the application for the proposed scheme(s);
- (ii) Bupa notifies the applicant(s) that it has rejected the application for the proposed scheme;
- (iii) 90 days after the date on which Bupa received the application and this cover began.

Cover will not be provided in the following circumstances:

- (a) if the life to be assured (or either life to be assured) is aged 55 or above;
- (b) if the applicants have outstanding applications for the same, or similar cover, with other Life offices;
- (c) if Bupa have provided accidental death benefit cover on the life to be assured (or the lives to be assured) previously and no scheme was subsequently issued by Bupa.

These terms provide the entire terms on which Bupa will pay the sum assured under the accidental death benefit cover. They are governed by English Law and subject to the exclusive jurisdiction of English Courts.



Instruction to your Bank or Building Society to pay by Direct Debit



Originator's Identification Number
6 | 4 | 5 | 5 | 1 | 2

Bupa Health Assurance Limited

Please fill in the whole form including official use box using a ballpoint pen and send it to:

Bupa Health Assurance Limited
The Core
40 St Thomas Street
Bristol
BS1 6JX

Reference number (Bupa USE ONLY)

Name(s) of account holder(s)

Bank/Building Society Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and full postal address of your Bank/Building Society

To: the Manager

Bank/Building Society
Address

Postcode

For Bupa Health Assurance Limited official use only
Bank account holder's full postal address

Postcode

Instruction to your Bank or Building Society

Please pay Bupa Health Assurance Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Bupa Health Assurance Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date _____

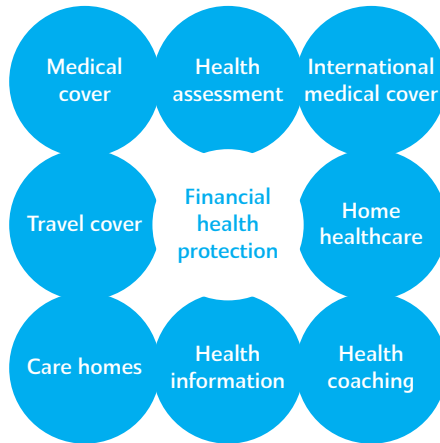
Banks and Building Societies may not accept Direct Debit Instructions for some types of account

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 Health Assurance Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Bupa Health Assurance Limited 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

Call 0845 600 3122*

for information on
Bupa Individual Protection

Lines are open 9am - 5pm weekdays

*Calls may be recorded and may be monitored.

Bupa Individual Protection offers you:

Critical illness cover

Life cover

Income protection cover

www.bupa.co.uk/bupaindividualprotection

Call 0800 600 500*

for information on all other Bupa services

Lines are open 24 hours

*Calls may be recorded and may be monitored.

www.bupa.com



Bupa Life Cover, Critical Illness Cover, Bupa Critical Illness with Life Cover and Income Protection Cover are provided by Bupa Health Assurance Limited. A private company limited by shares and established in the United Kingdom having its head office at The Core 40 St Thomas Street, Bristol, BS1 6JX. Registered in England and Wales No 2774803#. Bupa Insurance Services Limited. Registered in England and Wales No 3829851#.

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