

# Your application to join BUPA Dental Plan

Please complete all relevant sections of the form in BLOCK CAPITALS and return it to your company's BUPA group secretary.

## 1 Your personal details

Title						Surname					
Forename/initials											
Address											
Postcode						Tel no					
Date of birth	day			month			year				
Company name											
If current BUPA member please give membership no.											

## 2 BUPA Dental Plan

Level 1	<input type="radio"/>								
Level 2	<input type="radio"/>								
Level 2 +	<input type="radio"/>								
Scheme start date	day	0	1	month			year		

## 3 Your family's details

Forename, other initials and surname	Relationship to you (partner / son / daughter)	Date of birth		
		day	month	year
1.				
2.				
3.				
4.				

Please include any additional dependants on a separate sheet and indicate that you have done so by ticking this box

## 4 Declaration

**IMPORTANT:** Please read this declaration carefully before you sign and date this form.

You are advised to keep a record of all 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.

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, Anchorage Quay, Salford Quays, Manchester, M50 3XL or phone on 0845 606 6739 (8am to 5pm, Monday to Friday. Calls are charged at local rates. Calls may be recorded and monitored). They will consider your complaint and can provide you with full details of our internal complaints process. It's very rare that we can't settle a complaint, but if we tell you that we can do no more and 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, or call them on 0845 080 1800.

Unless otherwise agreed between us in writing, English Law shall apply.

I agree that I and my family members specified in the this form (and on any separate sheet) will be bound by the terms and conditions of the agreement between BUPA and the company, firm or individual with whom BUPA has agreed to operate a group insurance scheme and under which I am applying for cover. I accept that the terms and conditions of the agreement shall be the basis upon which benefits shall be payable under the agreement.

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 (and on any separate sheet), for BUPA to process our personal information with respect to our membership and I confirm that I have brought the Data Protection Act to the attention of these family members.

I agree that the Rules of BUPA Dental Plan will be binding on me and all eligible dependents included in my membership. I declare that to the best of my knowledge and belief all the information I have provided on this Application Form is true and complete. I understand that I will not be covered unless BUPA accepts my application.

Your signature **X** Date **X**

### 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 outside of 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 principal member.

**Telephone calls:** In the interest of continuously improving our service to members, your call will 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 BUPA Group Information Protection Manager, at BUPA House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@BUPA.com.

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