

# Your application to join BUPA DentalChoice

Please complete all relevant sections of the form in BLOCK CAPITALS and return it to Freepost BUPA Dental, Anchorage Quay, Salford Quays, Manchester, M50 3XL. Husband and wife under the age of 65 and unmarried children up to the age of 24 can be included in this application.

## 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 registration no.										

## 2 BUPA DentalChoice

Scheme start date										
day	0	1	month			year				

## 3 Method of payment

	monthly	annually
Variable Direct Debit*	<input type="radio"/>	<input type="radio"/>
Cheque (made payable to BUPA)		<input type="radio"/>

\*Please complete the Direct Debit instruction below

## 4 Your family's details

Forename, other initials and surname	Relationship to you (wife / husband / 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

## 5 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 Head of Customer Relations at BUPA, Anchorage Quay, Salford Quays, Manchester, M50 3XL or phone on 0845 606 6739. 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 DentalChoice will be binding on me and all eligible dependants 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 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.

**Regulation:** BUPA is a member of the General Insurance Standards Council, which regulates the Insurance Activities of its members. Personal data may be disclosed to GISC as part of this system of regulation. Such data will be subject to a duty of confidentiality on the part of GISC.

**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.

## 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										

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

Bank contact address: Anchorage Quay, Salford Quays, Manchester M50 3XL.

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
_____	_____
_____	_____

BUPA membership number (for BUPA use only)

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BUPA 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.