## Bupa Global Medical insurance needs assessment form



#### IMPORTANT INFORMATION

The purpose of this "needs assessment form" is to analyse your medical, financial and coverage needs to provide you with suitable medical coverage recommendations.

By filling out this form you understand and agree that the information contained will be handled in accordance with the Personal Information Collection Statement of Bupa (Asia) Limited, which can be found in the last section of this form.

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. Once completed, you can send it by email to: InternationalSalesHongKong@bupa.com or post to Bupa Asia, International Division, Bupa (Asia) Ltd, 18/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. Telephone number: +852 2531 8570.

Applicant must complete a separate "Needs Assessment Form for each additional member/dependant"

The plans are insured by Bupa (Asia) Limited and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority.

APPLICANT'S DETAILS (same as HKID Card/Passport/Birth Certificate)						
The date you want your cover to start DDMMYYYY						
Title Male Female 1st language						
First name						
Last name						
Year of birth   Y   Y   Y   Y						
PROPOSED MEMBER'S NEEDS ASSESSMENT (same as HKID Card/Passport/Birth Certificate)						
Title Male Female 1st language						
First name						
Last name						
Year of birth   Y   Y   Y   Y						
2 NEEDS ANALYSIS						
1. Country of residence						
1.1 Please provide future possible country of residence or country of retirement						
2. Have you had health insurance before, or do you currently hold a health insurance policy?						

3. Are you currently covered by a company health scheme?					
Yes No No					
3.1. If you have a company health scheme, are your family members also covered as dependents?					
Yes No No					
4. Who will be covered on this plan with you?					
5. Are you looking for all members to have the same level of cover?					
Yes No No					
6. Are you interested on a plan designed specifically to cover for hospitalization (only) with a deductible?					
Yes No No					
7. Do you prefer a clinical plan (coverage for outpatient medical treatment) with a deductible option/co-insurance?					
Yes No No					
8. Do you want international cover?					
Yes, including U.S. Yes, excluding U.S. No					
9. Are you interested in Mental Health support (psychologist / psychiatric specialist) treatment?					
Yes No No					
10. Are you also interested in preventive care, e.g. health check-up and vaccinations?					
Yes No No					
11. Do you need any optional benefit? (e.g. Clinical, Specialists, Dental, Annual Health Check-up, Maternity)					
Clinical Specialists Dental Annual Health Check-up Maternity cover					
12. Do you need hospital and/or clinical direct billing service?					
Yes No No					
PRODUCT SUITABILITY ASSESSMENT AND SELECTION					
According to the information provided above, your insurance agent/broker/Bupa Health Management Consultant has proposed the relevant medical insurance plan(s) to you. (Tick as appropriate)					
Major Medical Global Health Plan					
Select Global Health Plan					
Premier Global Health Plan					
Elite Global Health Plan					
Ultimate Global Health Plan					
International Health and Hospital Plan					

Product Suitability Assessment  At Mismatch and Indicates that the medical coverage, budget and affordability of the selected product may not match with your needs, and that it may not fully fullifyour required medical protection.  Typu decide to corroll in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  Please tick whenever suitable.  Prefer better coverage  Affordable premiums  Others (please specify):  Confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own adependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able to fulfil my current medical protection needs, financial situation and premium affordability in the insurance approach typickey-flesh Managament Consultant has reminded me that a "Mismatch" in product suitability assessment redicates that the medical coverage budget and affordability of the selected product may not match with my needs. Although that it may to fulf uffil my required protection I decide to continue to apply for the selected insurance plan and provided as reference only for my choice of insurance plan and premium amount. Talko understand and agree that the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. Talko understand and agree that the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. Talko understand and agree that the information contained in this form were based upon the information provided and it does not create any liability of upon the period of the proposed internation or the above on behalf of the proposed member/sexisting member I sited in this applicat						
Customer's Selected Product  Deductible (if applicable)  Optional benefits (if applicable)  Optional benefits (if applicable)  Product Suitability Assessment  Match Mismatch   Match Mismatch M	3 PRODUCT SUITAB	ILITY ASSESSMEN <sup>-</sup>	T AND SELECTION			
Customer's Selected Product  Deductible (if applicable)  Optional benefits (if applicable)  Optional benefits (if applicable)  Product Suitability Assessment  Match Mismatch   Match Mismatch M	Product recommendation					
Deductible (if applicable)  Optional benefits (if applicable)  Match Mismatch Mismatch Mismatch Match Mismatch	1 Todact recommendation					
Product Suitability Assessment  Match Mismatch indicates that the medical coverage, budget and affordability of the selected product may not match with your needs, and that it may not fully fulfil your required medical protection.  You decide to enroll na mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  Please tick whenever suitable  Prefer better coverage Affordable premiums Others (please specify):  Confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own redependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able of fulfil my current medical protection needs, financial studetion and premium affordability.  The insurance apont/proker/leathIth Management Consultant has reminded me that a "Mismatch" in product suitability assessment indicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may to fulf fulfil my required protection, I decide to continue to apply for the selected insurance plan in a provided as reference only for ny choice of insurance plan and premium amount. I also understand and agree that the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. I also understand and agree that the information contained in this form were based upon the information provided and it does not create any liability of large (Asia) Limited.  Understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability of large (Asia) Limited.  Understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this orm before th	Customer's Selected Product					
Product Suitability Assessment  "Mismatch" indicates that the medical coverage budget and affordability of the selected product may not match with your needs, and that it may not fully fulfil your needs, and that it may not fully fulfil your required medical protection.  Proud decide to enroll in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  Please tick whenever suitable)  Prefer better coverage  Affordable premiums  Others (please specify):   4 CUSTOMER DECLARATION  Confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own adependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able of fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/Health Management Consultant has reminded me that a "Mismatch" in product suitability assessment diacases that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may lot fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.  Understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for my choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Buoa (Asia) Limited.  Understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided correct information or the above on behalf of the proposed member/existing member listed in this application.  MAIN APPLICANT'S SIGNATURE  DIMENTAL MAIN MICROPATION MICROPATION MICROPATION MICROPATION MICROPATION MIC	Deductible (if applicable)					
A "Mismatch" indicates that the medical coverage, budget and affordability of the selected product may not match with your needs, not that it may not fully fulfil your required medical protection.  If you decide to enrol in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  Please tick whenever suitable)  Prefer better coverage  Affordable premiums  Others (please specify):  CUSTOMER DECLARATION  confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own adependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able of fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/Health Management Consultant has reminded me that a "Mismatch" in product suitability assessment relicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may not fulfy fulfil my required protection, I decide to continue to apply for the selected insurance plan.  understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled a accordance with the Personal Information Collection Statement of Bupa (Asia) Limited.  understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this orm before the policy is issued.  as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information or the above on behalf of the proposed member/existing member listed in this application.	Optional benefits (if applicable)					
A "Mismatch" indicates that the medical coverage, budget and affordability of the selected product may not match with your needs, not that it may not fully fulfil your required medical protection.  If you decide to enrol in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  Please tick whenever suitable)  Prefer better coverage  Affordable premiums  Others (please specify):  CUSTOMER DECLARATION  confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own adependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able of fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/Health Management Consultant has reminded me that a "Mismatch" in product suitability assessment relicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may not fulfy fulfil my required protection, I decide to continue to apply for the selected insurance plan.  understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled a accordance with the Personal Information Collection Statement of Bupa (Asia) Limited.  understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this orm before the policy is issued.  as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information or the above on behalf of the proposed member/existing member listed in this application.						
Print full half it may not fully fulfil your required medical protection.  fryou decide to enrol in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  Please tick whenever suitable)  Prefer better coverage  Affordable premiums  Others (please specify):  CUSTOMER DECLARATION  confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own adependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able of fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/ficalth Management Consultant has reminded me that a "Mismatch" in product suitability assessment nedicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may of fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.  understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handied accordance with the Personal Information Collection Statement of Bupa (Asia) Limited.  understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this own before the policy is issued.  as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information or the above on behalf of the proposed member/existing member listed in this application.  MAIN APPLICANT'S SIGNATURE  DATE  Print full name	Product Suitability Assessment			Match Mismatch		
confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own nedependent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able of fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/Health Management Consultant has reminded me that a "Mismatch" in product suitability assessment adicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may not fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.  understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for ny choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled naccordance with the Personal Information Collection Statement of Bupa (Asia) Limited.  understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability o Bupa (Asia) Limited.  understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this orm before the policy is issued.  as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information or the above on behalf of the proposed member/existing member listed in this application.  MAIN APPLICANT'S SIGNATURE  DATE  Print full name	A "Mismatch" indicates that the medical coverage, budget and affordability of the selected product may not match with your needs, and that it may not fully fulfil your required medical protection.  If you decide to enrol in a mismatched plan after the product suitability assessment, please provide the reason(s) to proceed.  (Please tick whenever suitable)					
confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own independent decision in applying for the insurance plan and determining premium amount.  acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able to fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/Health Management Consultant has reminded me that a "Mismatch" in product suitability assessment indicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may not fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.  understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for my choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Bupa (Asia) Limited.  understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability of Bupa (Asia) Limited.  understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this form before the policy is issued.  as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information or the above on behalf of the proposed member/existing member listed in this application.  MAIN APPLICANT'S SIGNATURE  DATE  Print full name	Prefer better coverage	Affordable premiums	Others (please :	specify):		
understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this form before the policy is issued.  as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information for the above on behalf of the proposed member/existing member listed in this application.  MAIN APPLICANT'S SIGNATURE  DATE  Print full name	CUSTOMER DECLARATION  I confirm that I have read and understood the contents of the sales documents of the relevant insurance plan and I have made my own independent decision in applying for the insurance plan and determining premium amount.  I acknowledge that I have selected this insurance plan of my own free will. I confirm that the relevant insurance product features were able to fulfil my current medical protection needs, financial situation and premium affordability.  The insurance agent/broker/Health Management Consultant has reminded me that a "Mismatch" in product suitability assessment indicates that the medical coverage, budget and affordability of the selected product may not match with my needs. Although that it may not fully fulfil my required protection, I decide to continue to apply for the selected insurance plan.  I understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for my choice of insurance plan and premium amount. I also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of Bupa (Asia) Limited.  I understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability					
as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information or the above on behalf of the proposed member/existing member listed in this application.  MAIN APPLICANT'S SIGNATURE  DATE  Print full name	I understand that I am required to inform Bupa (Asia) Limited promptly if there is any substantial change of information provided in this form before the policy is issued.					
Print full name	I, as the applicant/subscriber, confirm that I have read and understand the contents in this form and already provided correct information for the above on behalf of the proposed member/existing member listed in this application.					
Print full name	MAIN APPLICANT'S SIGNATURE			DATE		
INCLIDANCE ACENT'S / DOOVED'S / DUDA LIEALTLI MANAGEMENT	Print full name			D D M M Y Y		
	INCLIDANCE ACENTS / PROVEDS	/ DUDA HEALTH MANACEM	ENIT	DATE		

CONSULTANT'S SIGNATURE

Insurance Agent's / Broker's / Bupa Health Management Consultant's Name

Insurance Agent's / Broker's / Bupa Health Management Consultant's Code

#### PERSONAL INFORMATION COLLECTION STATEMENT

#### Bupa (Asia) Limited (the "Company")

## Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.

# 2. Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.

3. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

### 4. The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:

a. processing, assessing and determining any Applications for insurance products and services;

b. offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;

c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;

d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;

e. provision and design of products and services of the Company;

f. exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities:

g. communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement:

h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and

i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.

5. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:

a. the Company's group companies ("Group Company");

b. any insurance adjusters, agents and brokers;

c. any re-insurance companies authorised by the Company;

d. employers (for members of corporate policy only);

e. healthcare professionals and hospitals;

f. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

g. any actual or proposed assignee, transferee, participant or subparticipant of all or a substantial part of the Company's rights or business; and

h. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

a. Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products:

b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and

c. donations and contributions for charitable and/or non-profit making purposes.

The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

a. to check whether the Company holds personal information relating to you or the Member and to access such personal information:

b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;

c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and

d. to request the Company to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer

18/F, Berkshire House

25 Westlands Road, Quarry Bay, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact our Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.