

Application to suspend your membership



1. Please complete this form USING **BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE**.
2. Please complete all details that are relevant to you on both sides of this form.
3. Read the declaration and sign the signature panel.
4. See Important Information at bupa.com.au/info for details relating to how you are covered.

SECTION A: Your details

Bupa membership number

Surname

First name

Initial Title

Date of birth

Sex (M/F)

SECTION B: Contact details

Residential address

Postcode

Mail address (if different from residential address)

Postcode

Home phone (including area code)

Work phone (including area code)

Mobile

Email

Where possible, we'll communicate with you via your preferred communication method. If you'd like to update your communication preferences, please log in to myBupa or contact us.

SECTION C: Reason for suspension

☐

Overseas Travel

☐

Financial hardship

SECTION D: If travelling overseas

Is everyone on the membership travelling?

☐

Yes

☐

No (if no, please contact us)

Date of departure

Expected date of return - recommencement

If all suspension criteria has been met, your membership will automatically recommence on the day prior to your expected date of return. If return date is unknown a maximum of 2 years applies. **If you are travelling overseas for over 2 years or for an unknown period, you are required to provide ONE of the following contact methods:** OPTION 1. An email address; or OPTION 2. Authority for another person to operate your membership on your behalf. To give authority to another person, an *Authority Form* must be filled out and provided to Bupa prior to your Suspension being approved. For more information, please call us on **134 135**.

OPTION 1. Email

OPTION 2. Authorised person

An *Authority form* can be downloaded from bupa.com.au

SECTION E: If applying for financial hardship

I wish to suspend my membership for

☒ 3 months ☒ 6 months ☒ 9 months ☒ 12 months

From

D D M M Y Y Y Y

To

D D M M Y Y Y Y

A maximum of 12 months for the lifetime of the policy applies to financial hardship suspensions.

SECTION F: Declaration

I have read, understood and agree to the terms of suspension listed at bupa.com.au/suspend. I understand that if Bupa approves my application for suspension I will receive confirmation by email or mail.

Privacy

The information on this form is required for the purposes of assessing and administering your application. If you do not provide all of the information we reasonably request, we may be unable to consider your application. All information collected will be handled in accordance with Bupa's *Information Handling Policy*, available at bupa.com.au or by contacting us on **134 135**.

I declare that: my typed name stands as my signature for the purposes of this form.

Policyholder's signature

Date

D D M M Y Y Y Y

Just before you send



Check that you have signed all the signature boxes relevant to your application, including the declaration above.
PLEASE DO NOT STAPLE.

Please mail your application to:

Bupa Health Insurance GPO Box 4338 Melbourne VIC 3001

Alternatively, you can drop by a Bupa Health Insurance store.

If you would like any assistance, please call us on **134 135**.

Bupa HI Pty Ltd ABN 81 000 057 590

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