Keeping your Personal Information Confidential

It's your choice

When it comes to your health claims, it's important you're comfortable with how we handle your personal details.

There are two options available to you. Please read on for more details and ensure that each person on your membership aged 15 and over has read and understood this information too.

This form can be read and completed by anyone on the membership aged 15 and over who wish to keep their claims information confidential. Members aged 18 and over will receive their own claims information by default.

If you have any questions, please call our friendly Bupa team on 134 135.

SECTION A: Your options

Option 1. All claims information to one person (the policyholder) only

The policyholder is the person responsible for your membership. Selecting this option means all information relating to your health claims will be sent to, and can be accessed by, the policyholder. To choose this option, select the 'policyholder' box and provide your signature opposite.

Option 2. Claims information to you directly

You may prefer to have information about your health claims sent to you directly. If this is the case, select the 'Me directly' box and provide your signature opposite. This means only you (and not the policyholder) will receive information about your claims.

Some Helpful Information

What happens if we don't complete this form?

If this form is not completed and returned to us, all claims information will be sent directly to persons 18 or over to whom it relates until they request otherwise.

What about members under 18?

For members aged under 18, their claims information will automatically go to the policyholder. Members aged 15–17 can request to have their claims history made private. Once a member turns 18, their claims history will automatically be made private.

What do you mean by 'claims information'?

Claims information includes any form of communication about a person's health cover claim. This information could be written or verbal (for example, speaking with us over the phone or in a Bupa Health Insurance store), and can include details of the service or treatment provided, when it was provided and by whom, and the related costs.

Plus, if we need further information about a claim, we will also need to contact you.

The information collected in this form will only be used to establish your preference for handling claims. You may request access to the information we hold about you by contacting us. For a full copy of our Information Handling Policy, visit **bupa.com.au** or call us on **134 135**.

SECTION B: Completing this form

1. Please ensure that all people on your membership aged 15 and over:
   a. Select their preferred choice below
   b. Provide their name and signature
2. If you are the policyholder, you will also need to sign this form to acknowledge that you are aware of the options chosen by other people on your membership.

The policyholder

I, as the policyholder, am aware and understand that all claims information from Bupa will be provided as requested by the members' choice on this form.

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

Membership number | Individual ref no.* | Name

Signature | Date (D D M M Y Y Y Y)

*Number next to your name on your policy.
Please complete additional information overleaf for all members.

Bupa HI Pty Ltd
ABN 81 000 057 590

SECTION B: Completing this form (continued)

Other people on the membership

☐ The policyholder ☐ Me directly^

Name		Individual ref no.	
Address		Date of birth	D D M M Y Y Y Y
Email		Signature	
		Date	D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

☐ The policyholder ☐ Me directly^

Name		Individual ref no.	
Address		Date of birth	D D M M Y Y Y Y
Email		Signature	
		Date	D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

☐ The policyholder ☐ Me directly^

Name		Individual ref no.	
Address		Date of birth	D D M M Y Y Y Y
Email		Signature	
		Date	D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

☐ The policyholder ☐ Me directly^

Name		Individual ref no.	
Address		Date of birth	D D M M Y Y Y Y
Email		Signature	
		Date	D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

☐ The policyholder ☐ Me directly^

Name		Individual ref no.	
Address		Date of birth	D D M M Y Y Y Y
Email		Signature	
		Date	D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

☐ The policyholder ☐ Me directly^

Name		Individual ref no.	
Address		Date of birth	D D M M Y Y Y Y
Email		Signature	
		Date	D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

^Please include email details when selecting me directly.

Bupa HI Pty Ltd
ABN 81 000 057 590

SECTION B: Completing this form (continued)

☐ The policyholder ☐ Me directly^

Individual ref no.

Name

Date of birth D D M M Y Y Y Y

Address

Signature

Email

Date D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

☐ The policyholder ☐ Me directly^

Individual ref no.

Name

Date of birth D D M M Y Y Y Y

Address

Signature

Email

Date D D M M Y Y Y Y

Please let us know how you'd like to hear from us ☐ Email ☐ Mail

^Please include email details when selecting me directly.

Just before you send

☐ Check that you have signed all the signature boxes relevant to your application.
PLEASE DO NOT STAPLE.

Send us your completed form using one of the methods below:

1. Message us on WhatsApp:
   bupa.com.au/contact-us
2. Login to myBupa and contact live support:
   myBupa.com.au
3. Mail your completed form (no postage stamp required) to:
   Bupa Health Insurance
   GPO Box 4338 Melbourne VIC 3001
4. Visit your nearest **Bupa Health Insurance store**

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

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