



WEHBE INSURANCE SERVICES LLC

Ministry of Economy – Registration No 106 of Year 1997

Bupa

Individual Application Form

E&OE

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6 Your Assistance cover options

For an addition to your subscription, you can include any one of these Assistance cover options for yourself and/or any family members named in your application. *Please tick the option of your choice:*

Healthline Evacuation (automatically includes Healthline cover) Repatriation (automatically includes Healthline and Evacuation cover)

Please tick the people you want to cover with this option

Yourself Family members 1st 2nd 3rd 4th *For the numbers identifying your family members, please see below*

7 Family members to be covered with you

1st family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation	Date of birth												
	Relationship to you, For instance son, daughter, wife, partner													

2nd family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation	Date of birth												
	Relationship to you, For instance son, daughter, wife, partner													

3rd family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation	Date of birth												
	Relationship to you, For instance son, daughter, wife, partner													

4th family member	Title	First name												
	Other initials	Family name												
	Male/Female (please tick): <input type="checkbox"/> <input type="checkbox"/>	Nationality	1st language											
	Occupation	Date of birth												
	Relationship to you, For instance son, daughter, wife, partner													

If any of these family members will have different home or correspondence addresses to yours, please write their addresses on a separate sheet - and confirm you have done so by ticking this box

8 Confidential medical history

There is no need to complete this section for anyone who is a current BUPA member.

Please answer each of these questions fully and accurately, for each person included on your application. It is important to tell us about any known or suspected medical conditions and symptoms, even if the person concerned has not yet consulted a doctor about them. So you should include, for example, any varicose vein problems, allergies, backache, bunions, piles, gynaecological or menstrual problems, ear, nose or throat problems, and any pains, swellings or lumps. If you do not give us all relevant medical information now, it could affect payment of your claims later on.

8.1 Please tick (✓) Yes or No to each of these questions, for each person to be covered.	Yourselves	1st family member	2nd family member	3rd family member	4th family member
	Name	Name	Name	Name	Name
1. Within the last four years, have any of you stayed in a hospital or nursing home as in-patient?	Yes No	Yes No	Yes No	Yes No	Yes No
2. Within the last four years, have any of you consulted a medical specialist or consultant?	Yes No	Yes No	Yes No	Yes No	Yes No
3. Within the last two years, have any of you consulted a doctor and/or been prescribed any drugs or medication?	Yes No	Yes No	Yes No	Yes No	Yes No
4. Do any of you suffer from any chronic or long-term medical or dental condition, or have any other disability, abnormality or recurrent illness or injury?	Yes No	Yes No	Yes No	Yes No	Yes No
5. Is there any known or foreseeable reason why any of you need to consult a doctor or other health professional?	Yes No	Yes No	Yes No	Yes No	Yes No
6. Are any of you taking any medication now, or is there any foreseeable need for you to do so?	Yes No	Yes No	Yes No	Yes No	Yes No

