

9 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

10 Confidential medical history

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 has not yet consulted a doctor about them. So you should include for example, any varicose vein problems, ear, nose or throat problems and any pains, swellings or lumps. You should also include any symptoms/conditions for which remedies are being taken, whether or not these are prescribed by a medical practitioner. If you are applying to increase cover and you are already a BUPA International member, you should also include details of any conditions for which you have made claims within the last 4 years.

10.1 Please tick (✓) Yes or No to each of these questions, for each person to be covered.	Yourself	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 (including childbirth)?	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

