

# Dependant Bank Account

## Authorisation Form



Bupa in Malta is brought to you by



KINDLY COMPLETE DETAILS IN THIS FORM IN BLOCK LETTERS

FILL AS NECESSARY

Principal Member Number

--	--	--	--	--	--

Name and Surname of Principal Member

--

FILL AS NECESSARY

Dependant Member Number

--	--	--	--	--	--

Name and Surname of Dependant

--

I hereby authorise the above mentioned dependant on my Bupa health insurance policy to start receiving payments in respect of his/her claims into a separate bank account.

Signature of Principal Member

--

Date

DD	MM	YYYY
----	----	------

## Terms and Conditions

1. This form needs to be completed for each authorised dependant and is to be signed by the principal member authorising the respective dependant to supply us with separate bank account details by completing the Claims Settlement Direct Credit Form which we will use for the sole purpose of settling eligible claims made by that dependant on or after the processing date of the relative Claims Settlement Direct Credit Form or from the processing date of this form whichever is the latter.
2. Dependants who have been authorised to supply us with separate bank account details can elect to change those details at any point in the future without the need for further authorisations from the principal member.
3. Authorisations made to any dependent can be revoked at any future date by the principal member by completing the Dependant Bank Account Withdrawal of Authorisation Form which can be obtained from our offices.
4. Such revocation takes place in relation to the eligible claims made by the dependant concerned which are received at our offices as from the processing date of the Dependant Bank Account Withdrawal of Authorisation Form.
5. Any authorisations made by the principal member will automatically become void should the member concerned cease to be a dependant on the principal member's policy.
6. In cases where the previously authorised dependant becomes a principal member, we will continue to use the latest communicated bank details for the purposes of settling eligible claims under the new policy.
7. In the event that a dependant or a principal member becomes a dependant of another principal member, all claim payments will default to the bank account of the new principal member unless authorised separately by the new principal member by completing this form in accordance with the above terms and conditions.

GlobalCapital Health Insurance Agency Limited (GCHIA) acts as a branch for Bupa Insurance limited, which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings Regulations. GCHIA is registered as an insurance agent and is regulated by the Malta Financial Services Authority.

Registered Office: GlobalCapital Health Insurance Agency Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta.

Company Registration NO. C6393