



Mr
 Address

Settlement Agreement

Date:
 Customer no:

Dear

I the undersigned confirm to settle my health Insurance premium to Bupa in Malta by:

Monthly Quarterly Half Yearly Other

payments by means of:

Internet Banking Cheque Credit Card

Payment schedule as follows:

Renewal Date:	Payment Arrangement	Amount

I acknowledge and agree that upon the above stated amounts becoming due and payable that Bupa in Malta shall be entitled to take such measures as it deems fit to recover payment, including the withholding of the payment of claims until full and final settlement, and this without prejudice to any and all other rights of Bupa in Malta including the right to automatically terminate the policy.

This is a yearly contract that shall be deemed to apply upon each renewal of my Bupa cover.

Yours sincerely
