

BANK TRANSFER AUTHORIZATION FORM FOR CLAIM REIMBURSEMENT



Policy Number

1. BENEFICIARY	<input type="checkbox"/> POLICYHOLDER / CONTRACTING PARTY		<input type="checkbox"/> PROVIDER		REPLACING ACCOUNT : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Full name	Name(s)			Family name		
Tax ID Number						
Home Phone Number*	Area code	Number	Cell Phone number	Area code	Number	
E-mail*						

*This is essential to receive the breakdown and proof of the reimbursements that are made electronically. This is the only way to receive this information and confirmation.

2. ACCOUNT INFORMATION

AUTHORIZED BANK ACCOUNT FOR BUPA MÉXICO, COMPAÑÍA DE SEGUROS, S.A. DE C.V. TO MAKE THE CORRESPONDING REIMBURSEMENTS.

Please, indicate account number and CLABE (standardized bank code). It must be a checking or savings account. The beneficiary must be the Policyholder/Contracting Party or healthcare provider.

Account Holder					
Beneficiary Bank					
Bank Address					
Account Number			Place and date		
Branch Number			Branch Name		
CLABE					

The broadest settlement that corresponds by right will be granted for the reimbursement of the medical expenses indicated herein and by means of this form. Therefore, I/we do not reserve any right or action to be exercised in the future, nor in civil, criminal and/or administrative matters, nor in any other way, neither in Mexico nor in any other part of the world against Bupa México, Compañía de Seguros S.A. de C.V., and/or their agents and/or representatives, understanding that the insured amount of the affected coverage of the aforementioned policy will be reduced based on the reimbursements that are received.

All the rights corresponding to the insured are hereby subrogated to Bupa México, Compañía de Seguros, S.A. de C.V. under the terms of article 152 of the Insurance Contract law, committing myself to provide, in accordance with my legal and contractual obligations, all the reports and documentation which may be required to take recovery actions, as appropriate.

3. PRIVACY NOTICE

The personal information provided by the Policyholder, which consists of their full name, address, telephone number, and any other personal information that Bupa México, Compañía de Seguros, S.A. de C.V. (hereinafter referred to as Bupa) with address at 745 Montes Urales 1st floor, Lomas de Chapultepec, Mexico City, CP 11000, collects or has collected electronically or by the recording of telephone conversations, or through any other means, on its behalf, or through a third party, will be used for the identification of the Policyholder, the potential signing of an insurance contract, as well as to conduct statistical studies, manage other requests and contracts with subsidiaries, and send information about products and services.

The Policyholder's information that Bupa collects through these means shall be treated with due confidentiality and may not be subject to alienation to third parties. However, Bupa is authorized to share it in the following cases:

- a) When said transfer of information is made to third parties in order to comply with the contract of provision of services or other agreements entered into with the Policyholder.
- b) When required by Law, or the Attorney General's Office.
- c) When the Policyholder grants their express consent to share this information

All personal information will be protected by the Department and/or the persons responsible for Personal Data from Bupa, before whom the Policyholder can exercise their rights of access, rectification, cancellation, and opposition by means of a written request which must include the following:

- I.- Official identification or document proving representation of the Policyholder
- II.- Clear and accurate description of the information for which access, rectification, cancellation or opposition is being requested, as applicable.

To such information, Bupa will respond to said information within a maximum term of 20 days and, in accordance with the applicable Law, if that may be the case, it will be effective within 15 days as of the date of said response.

Likewise, by means of the same procedure, the Policyholder can limit the use that, according to this notice, is given to their personal information. Bupa reserves the right to modify this Privacy Notice at any time, by means of the publication of a prominent notice on the website www.bupasalud.com. It will be understood that the Policyholder tacitly consents to the treatment of their personal information within the terms described in this Privacy Notice if they do not express their opposition to it.

I have read and I am aware of this privacy notice, and I agree with all its terms.

Account holder's Signature		Date	MM/DD/YYYY
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4. INFORMATION TO BE COMPLETED BY THE AGENT

Full Name	Name(s)		Family Names		
Code	Area code	Number	Telephone Number	Area code	Number
E-mail Address					

In compliance with the provisions of article 202 of the Law on Insurance and Bonding Institutions, the contractual documentation and the technical data sheet which is part of this insurance product were registered at the National Insurance and Bonding Commission on November 7th, 2016, under the number CGEN-S0065-0172-2016.

Bupa México, Compañía de Seguros, S.A. de C.V.

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