

BANK TRANSFER AUTHORIZATION FORM FOR CLAIM REIMBURSEMENT



Policy Number

1. BENEFICIARY	POLICYHOLDER / CONTRACTING PARTY		PROVIDER	REPLACING ACCOUNT : YES		NO
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					
	Date	Month	Day	Year		
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.

8. PRIVACY NOTICE

Bupa México, Compañía de Seguros, S.A. de C.V., ("*Bupa México*") with address located at Ejercito Nacional Avenue, number 843-B, Antara I Corporate Building, 9th floor, Granada, Miguel Hidalgo, Zip Code 11520, Mexico City as Data Processor, in terms of the provisions of the Federal Law on Protection of Personal Data Held by Private Parties, its Regulations and other applicable secondary regulations ("**LFPDPPP**"). We use your personal data primarily to provide advice and updates on the products contracted; create and manage your online services profile and update your personal file; process payments and refunds; process claims and reimbursements; placement of risks in reinsurance and / or coinsurance. We also use them to send you communications with relevant information, promotion and advertising; develop behavioral profiles and preferences about the use and consumption of our products. For more information about the terms and conditions of the processing of your personal data, and how to exercise your ARCO rights you can download our Privacy Notice on www.bupasalud.com.mx.

PERSONAL DATA TRANSFERS

The data owner authorizes Bupa Mexico to share with its agent or insurance intermediary his personal and sensitive data to follow up on this request.

I accept the transfer of my personal and sensitive data

I do not accept the transfer of my personal and sensitive data

Account holder's Signature		Date	Month	Day	Year

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					

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

Ejercito Nacional Avenue #843-B, Antara I Corporate Building, 9th floor,
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