

CREDIT CARD AUTHORIZATION FORM FOR PAYMENT OF INSURANCE PREMIUM



I,			
authorize Bupa Worldwide Corporation, the managing general agent of Bupa Insurance Company, to charge my credit card:			
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club International			
Credit card number			Expiration date MM / YY
Amount to charge	US\$	Identification number (for residents for Venezuela only)	
Credit card holder's billing address (address where credit card statement is received):			
Credit cardholder's telephone number			Email address
Renewal date	MM / DD / YY	Policy number	
Policyholder's name			
Cardholder's signature			Policyholder's signature
Date	MM / DD / YY	Date	MM / DD / YY

AUTOMATIC DEBIT FOR FUTURE RENEWALS

I hereby authorize Bupa Worldwide Corporation (hereinafter "Bupa"), the managing general agent of Bupa Insurance Company, to directly debit the credit card that I have identified above for the payment of insurance premiums for my health insurance policy, as specifically indicated in this authorization form.

I understand that if there are any changes to my insurance policy, the amount of the premium may also change from the above-stated amount. I further understand that a true and correct copy of this authorization will be forwarded to my credit card company and, by my signature on this document, I request and instruct them to allow Bupa to directly debit my credit card account for the payment of health insurance premiums until I instruct otherwise in writing.

I acknowledge that, in the event that the direct payment of any insurance premiums by credit card for my health insurance policy is rejected or declined for any reason, it will become my personal responsibility to immediately pay the premiums for my health insurance policy, or my policy may lapse, be terminated and/or cancelled.

With my signature below, I am authorizing automatic deduction for future renewals.

Cardholder's signature			Policyholder's signature	
Date	MM / DD / YY	Date	MM / DD / YY	

Please send this form via fax to +1 (305) 275 8484 to expedite the renewal process.
If you have any questions, please contact us at +1 (305) 398 7400.

Bupa Insurance Company

17901 Old Cutler Road, Suite 400, Palmetto Bay, Florida 33157
Tel. +1 (305) 398 7400 • Fax +1 (305) 275 8484 • www.bupalatam.com • bupa@bupalatinamerica.com

AUTHORIZATION FORM FOR PAYMENT OF INSURANCE PREMIUM WITH A U.S. CHECKING ACCOUNT (ACH)



Financial institution				
Bank contact				
Account number		Routing/ABA number		
Telephone number		Amount to debit	US\$	
Policyholder's name			Policy number	
Policyholder's address				
City		State		ZIP code
Email address				
Account holder's signature		Policyholder's signature		
Date		Date		
		MM / DD / YY		MM / DD / YY

IMPORTANT NOTE

To process your request, please attach a voided check.

In payment for the insurance coverage provided to me by Bupa Insurance Company, I hereby authorize Bupa Worldwide Corporation (hereinafter "Bupa") to initiate a debit entry to the checking account identified above, at the financial institution named above, for the amount indicated herein. I hereby acknowledge that all Automated Clearing House (ACH) transactions must comply with the provisions of U.S. law.

This authorization may be revoked by me with written notice to Bupa, which will be effective seventy-two (72) hours after receipt by Bupa. I hereby acknowledge and agree that Bupa has no control over said revocation and, accordingly, has no liability whatsoever regarding said revocation.

The undersigned hereby indemnifies and holds Bupa harmless from any claims, demands, causes of action, liabilities, damages, judgments, including the cost of defending or appealing any action against Bupa, as well as any attorney's fees incurred in the process. I further agree and acknowledge that Bupa shall not be held liable or responsible for inquiring into the propriety of any transfers of funds processed pursuant to this authorization.

AUTOMATIC DEBIT FOR FUTURE RENEWALS

I hereby authorize Bupa Worldwide Corporation (hereinafter "Bupa"), the managing general agent of Bupa Insurance Company, to directly debit my bank account, identified above, for the payment of insurance premiums for my health insurance policy, as specifically indicated in this authorization form. I understand that if there are any changes to my insurance policy, the amount of the premium may also change from the above-stated amount. I further understand that a true and correct copy of this authorization will be forwarded to my banking institution and, by my signature on this document, I request and instruct them to allow Bupa to directly debit my bank account for the payment of health insurance premiums until I instruct otherwise in writing. I acknowledge that, in the event that the direct debit of my account for payment of my health insurance policy is rejected or declined for any reason, it will become my personal responsibility to immediately pay the premiums for my health insurance policy, or my policy may lapse, be terminated and/or cancelled.

With my signature below, I am authorizing automatic deduction for future renewals.

Account holder's		Policyholder's signature	
Date		Date	
		MM / DD / YY	

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