# BANK TRANSFER AUTHORIZATION FORM FOR CLAIM REIMBURSEMENT

| 1. POLICYHOLDER INFORMATION | | | |
|---|---|---|---|
| Full name | Last First M.I. | | |
| Policy number | | DOB | MM/DD/YY |
| Address | | | |
| | | | |
| E-mail address | | | |
| Work phone | | Home phone | |
| Cell phone | | Fax | |

| 2. PREFERRED METHOD OF REIMBURSEMENT (PLEASE √) |
|---|
| ☐ Please transfer the reimbursement to my bank account in the USA |
| ☐ Please transfer the reimbursement to my bank account outside the USA |

| 3. BANK ACCOUNT INFORMATION | | | |
|---|---|---|---|
| Account holder | | | |
| Account number | | ☐ Checking ☐ Savings | |
| Beneficiary bank | | | |
| ABA number (ACH transfers) | (for banks in the USA only) | SWIFT code | (for banks outside the USA only) |
| Branch number | | | |
| Branch address | | | |
| FINAL ACCOUNT IF ANY | | | |
| Name | | | |
| Account number | | | |
| INTERMEDIARY BANK (PLEASE COMPLETE FOR TRANSFERS TO BENEFICIARY BANKS OUTSIDE THE USA) | | | |
| Name of bank | | ABA number | |
| SWIFT code | | Other | |
| Address | | | |
| Account number | | | |

With my signature below, I agree to have all claim reimbursements transferred to the bank account indicated in this form, unless I inform Bupa and/or its affiliates in advance and in writing of any change in the account information provided herein.

| | | | |
|---|---|---|---|
| Policyholder's name (in BLOCK LETTERS) | Last First M.I. | | |
| Policyholder's signature | | Date | MM/DD/YY |

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