STATEMENT OF RESIDENCE

To be completed by the policyholder
(PLEASE USE BLOCK LETTERS)

If your country of residence has changed since your last declaration, you must complete this Form prior to renewal. Failure to complete this form may result in non-renewal of your Policy.

Please complete the following Statement of Residence Form ("Form") and include any updated information on your Country of Residence and permanent address. Likewise, if any policy member under your Policy has changed their Country of Residence, whether temporary or permanent, you must declare such changes in the space provided on this Form. For the purposes of this Form, a person's Country of Residence is determined as the residence of the insured person for more than one hundred eighty (180) continuous or discontinuous days during a period of three hundred sixty-five (365) days, regardless of the type of visa issued or your immigration status.

Once the Form is completed, send it to bupa@bupalatinamerica.com. If your country of residency has changed, please submit no later than 30 days prior to your Policy's renewal.

1. POLICYHOLDER INFORMATION

Name	Last / First / M.I.		
Date of birth	MM / DD / YY	Policy number	

I declare that my Country of Residence is (country in which I spent at least one hundred eighty (180) continuous or discontinuous days during a period of three hundred sixty-five (365) days)		Since	MM / DD / YY
Permanent address			

Please complete if any insured under this policy resides in a country outside Latin America or the Caribbean (please add additional pages if needed)

Insured's name	Last / First / M.I.		
Country		Type of visa	
☐ Permanent ☐ Temporary: For how long?		After that period, where will the insured establish his/her permanent residency?	
Reason for foreign residency			

Insured's name	Last / First / M.I.		
Country		Type of visa	
☐ Permanent ☐ Temporary: For how long?		After that period, where will the insured establish his/her permanent residency?	
Reason for foreign residency			

2. AUTORIZATION

I understand that Bupa has the right to verify the information declared above at any time, and request copies of any official documents, such as passports and visas. I understand that I have a duty to cooperate with such requests in an effort to validate the residence of all policy members. I understand that my Bupa Policy has eligibility restrictions with respect to residence.

Policyholder's signature		Date	MM / DD / YY