Bupa Arabia Online Guide

- Visit **Bupa Arabia** website http://www.bupa.com.sa and a username and password will be provided to the group secretary by membership team as shown below or login if you've already registered.

Agenda:

Introduction:

We've established the online services for all our customers to ensure all their information; regarding policy and network list is safely secured and easily accessible at any time of the day. As a Group Secretary, you can reach us easily online and enjoy a variety of different services. Services is adding/deleting employees or changing class of the employees within one platform.

All our services are made to save you effort and time.

How to access the online services?

- Visit **Bupa Arabia** website http://www.bupa.com.sa and a username and password will be provided to the group secretary by membership team as shown below or login if you've already registered.

  . You'll find the login and Registration pages on the homepage menu.

Register if new customer /Login if already registered

Username Log in:

- **Here are the steps to enter the services before selecting any function:**

1-To log in to the Online services,Choose 'Group Secerty' from the drop down list.

2-Then enter your user name and password which will be provided to you by the membership team upon RM request:

To log in to the Online Services please follow the below steps:
1- Choose from the drop down list what category are you.
2-Type your log in ID.
3-Type your password.

After you log in seccessfully, you will find the below main screen for the Online Services. Here you'll find a range of services you can benefit from.

Online Services "My Services"

Addition of a new employee and dependent: this function will allows you to add an employee to the insurance policy.

Addition of a Dependent: allow you to add a new dependent to the insurance policy for an insured employee to add Spouse\Child and others.

Deletion: this function will allow you to delete the Employee or the dependent from the insurance policy

Change Class: this function will allow you to upgrade or downgrade the class

Change Branch: this function will allow changing the branch of the member in case of update. *or having more than one branch

Track info: This function will allow you to track any submitted request through a unique Reference No.

Replace card data correction: This function will allow you is to order a replacement for the membership card in case the card got lost or damaged or needs to be modified + Data Correction on the card.

Required supporting document list: the necessary documents needed for any transactions of the service

This will only be used in case a request has been submitted but rejected due to missing documents then you can submit it using this function

Add employee	Add dependent	Delete Employee	Delete Dependent	Change class	Change Branch
Replace Card Data Correction	Track info	Submit Required Supporting Document	Required Supporting Document List		
My Details	My Coverage	My Network	Certificate	SR Claim History	Preauth History
Online Invoice	Account Statements	SR Submit reimbursement			

A variety of functions to check the eligibility of the member and other medical services within the coverage
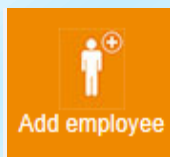
Add Employee:

(1) Click this button to add an employee. It will reflect mandatory fields that are related to the main employee such as; to fill in order

Fields marked with asterisk [*] are mandatory.

Employee Details

*Level of cover	1 - VIP
*Member Type	Employee
*ID Type	-Select-
	-Select- / National ID / Iqama / Border Entry — Drop down list to select the type
*Saudi ID/ Iqama ID/ Border Entry	
*Sponsor Id	The company Sponsor No.
*Hijri Year of Birth	

Need to press "Proceed" in order to continue to next page

Proceed

Addition Requirements:

1. Addition of Saudi Beneficiaries and their Dependents:

A. Fill up the Electronic request form.

B. Attach copy of the Saudi ID.

C. Attach copy of the Saudi Family ID (Only if enrolling Dependents)

2. Addition of Non-Saudi Beneficiaries and their dependents:

A. Fill up the Electronic request form

B. Attach copy of the Employee ID/Iqama and the Dependents.

3. *Addition of outside KSA Beneficiaries:

A. Fill up the Electronic request form.

B. Attach copy of employee/Dependents Passport/s.

C. Provide the company with copy of the CR that proves the commercial relationship.

4. *Addition of beneficiaries who obtained temporary visas (Business/Commercial)

A. Fill up the Electronic request form.

B. Attach copy of the Passport (First page and Visa page).

*Note: No addition will be approved for Dependents under different sponsorship/s
*Note: Bupa Arabia pre-approval is required for item no. 3 & 4 before addition

Sponsor Id	1000000000		
		' Mobile No	
ID Expiry Date		'Branch Code	-Select-
Marital Status	-Select-	'Joining date with company	
Nationality	Saudi Arabia	'Start date for medical cover	
Title	-Select-	Employee No	
Gender	-Select-	Department Code	
Complete Name (First, Middle, Last)		☐ Has the member or any of its dependents previously been covered by BUPA ?	
Date Of Birth		Previous Membership No.	
Profession	-- Select --	Join reason	-Select-
District	-Select-		
Mobile No			

- After filling up all the above mandatory fields for the addition of an employee or a dependent, an icon will be available at the end of the page that is only for uploading any documents related to the member or the process and the format of the files should be of the following (.pdf, .jpg, .jpeg, .gif, .png and .pmp). After uploading the supporting documents you must press on 'Upload' to upload the documents. Please note that files should not exceed 5 MB.

- Finally, after filling up the information and supporting documents you need to press 'Submit Request' to submit your request successfully for an addition or an employee or a dependent.

Upload Supporting Documents   Required Document List
Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

[_____] [Browse...]   [**Upload**]

Max individual file upload size is 5 MB. Note that attempting to upload large files over a slow internet connection may result in a timeout.
الحد الأقصى لحجم كل ملف يراد تحميله 5 ميجا بيت (MB). لاحظ أن محاولة تحميل ملفات كبيرة عبر اتصال إنترنت بطيء قد يؤدي إلى قطع اتصالك بالموقع

[**Submit Request**]

- **Bedun Nationalities:** a pop up massage will appear in the addition page in case the member is Bedoun then use the link to download the form and send it to MembershipEmail@Bupa.com.sa

🛈 Bedon Nationality

To add "Bedoun" member please use Bupa Arabia Maintenance
Form and send it to MembershipEmail@Bupa.com.sa

لإضافة عضو من فئة "بدون" الرجاء إستخدام نموذج بوبا العربية للإضافة

والحذف وإرسال الطلب إلى MembershipEmail@Bupa.com.sa

[Close]

+ Add Dependent

Upload Supporting Documents   Required Document List
Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

[   ]   Browse...   Upload

Max individual file upload size is 5 MB. Note that attempting to upload large files over a slow internet connection may result in a timeout.
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Submit Request

(2) Adding a depending is of the same process of adding Employee press the highlighted **+Add Dependent** before submitting a request\uploading the member

- Once a request has been submitted on the online services, a <u>Reference Number</u> will generate automatically to track your request. You may also use the number provided as a unique reference code.

Add Employee and Dependent

✓ The request has been submitted successfully.

Thank you for submitting your request. We are now validating the submitted file. Your reference no. is 3675804.

(3) Reference No
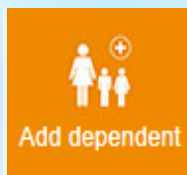
Add Dependent:

Click on this button to enable the function of adding a dependent. You will then have a field for the main membership number and then press 'Get Details' to go to the next stage of adding the new dependent as shown:

Employee Details

* Membership Number [   ] **Get Details**

(1) Press 'Get Details' after entering the Membership number

Upload Supporting Documents   Required Document List

Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

[   ] Browse...   **Upload**

(2) Upload required documents

Max individual file upload size is 5 MB. Note that attempting to upload large files over a slow internet connection may result in a timeout.

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(3) Submit ──────────────▶ **Submit Request**

After clicking on 'Get Details', the mandatory fields will need to be filled such as; Full name, Date of Birth DOB, Saudi ID number or Iqama number..etc) then click on '<u>Submit Request</u>'. Please make sure all the information you have entered is filled correctly.

1-in the first 3 months for delivery the only documents needed is a Birth Certificate Or Birth notification when adding a new born.
2- Activation date for dependent must be the latest of all the following dates: (Birth Date + Contract inception date + effective date of the employee).
3- In case of birth outside the kingdom there must be an entry number special for him\her and must be added in the addition process.
4- The Coverage level OR class should match the same as the main member (Employee).

Delete Employee:

Delete Employee

Press this icon to enable the function of deletion, a page will show a field to enter the membership number related to the deletion transaction. After adding the number press **Retrieve Member Details** as shown:

Delete Employee

Fields marked with asterisk [*] are mandatory.

*Membership Number   **Retrieve Member Details**

Membership No.

After pressing **Retrieve Member Details** a profile page will show related to the member and there are two fields needs to be fill, First, *Reason of deletion and the Second is to select the date of expiry related to the member.

- After making sure that all fields are sumbitted press on **Delete Member** to sumbit the request of deletion:

Delete Employee

Fields marked with asterisk [*] are mandatory.

*Membership Number   4742382   **Retrieve Member Details**

Please review the details below and enter the required fields

Membership no:	xxxxxx
Member name:	FIRST, SECOND and LAST name
Saudi ID/Iqama no:	xxxxxxxxxxx
Date of birth:	DD/MM/YYYY

*Reason for deletion: -Select- ▼   **(1)Reason of Deletion**

*Effective date: 27/11/2013 ▾   **(2)Effective Deletion**

*Note: Deleting the main member will cause to delet all the dependet automaticlly

(3)Submit deletion request   **Delete Member**

Delete Dependent:

Press this icon to enable the function of deletion, a page will show a field to enter the membership number related to the deletion transaction. After adding the number press **Retrieve Member Details** as shown:

Delete Dependent

Fields marked with asterisk [*] are mandatory.

*Membership Number   [   ]   **Retrieve Member Details**

Membership No.

After pressing **Retrieve Member Details** a profile page will show related to the dependant and there are two mandatory fields needs to be fill, First, *Reason of deletion and the Second is to select the *date of expiry related to the member.

Delete Employee

Fields marked with asterisk [*] are mandatory.

*Membership Number   4742382   **Retrieve Member Details**

Please review the details below and enter the required fields

Membership no:	xxxxxx
Member name:	FIRST, SECOND and LAST name
Saudi ID/Iqama no:	xxxxxxxxxxx
Date of birth:	DD/MM/YYYY

*Reason for deletion: -Select- ▼   ←   **Reason of Deletion**

*Effective date: 27/11/2013 ▼

Effective Deletion ↑

Submit deletion → **Delete Member**

Deletion Requirements:

1. Deletion of Saudi Beneficiaries and their Dependents:

A. Fill up the Electronic request form for fax and email requests.

B. Attach copy of the resignation or termination letter.

2. Deletion of Non-Saudi Beneficiaries:

A. Fill up the Electronic request form.

B. Attach the documents that prove the validity of deletion which is as follow:

3. Final Exit:

A. Copy of final exit visa stamped from the exit port (Issued by Jawazat or Muqeem Services).

B. Copy of proof of final exit from Muqeem Services or Personal Resident Print Out from Jawazat.

C. The insured shall record the actual exit date on the form as the transaction effective date (Not more Than 30 days back).

D. In case the exit visa doesn't hold exit port stamp, the customer shall provide a confirmation letter states the employee name, ID No. & actual exit date from KSA.

4.OutSide KSA Runaway (Exit no Return):

A. Attestation of no return (Must be stamped by Jawazat) .

B. Resident Information print-out from Muqeem.

C. Copy of the new Iqama shows the new sponsor name.

D. Proof of another approved medical insurance from (CCHI) E-Services website.

5. Death:
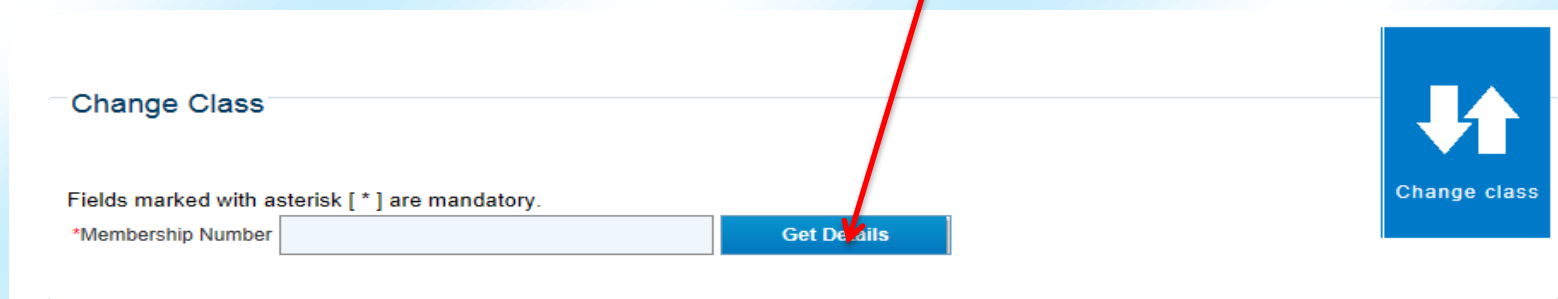
A. Copy of death certificate.

B. Availability of another approved medical insurance:

C. Proof of another approved medical insurance coverage from (CCHI) E-Services.

C. All the deletion conditions applicable to the beneficiaries

 Change Class:

click on this icon to enable the function change class the member, it will show the below page a field to enter the main membership number that needs to change the class, after submitting the number press **Get Details** as shown below:

Change Class

Fields marked with asterisk [*] are mandatory.
*Membership Number [_____] **Get Details**

After pressing **Get Details** it will reflect the details page related to main member that needs a class change, then please fill up the below fields to proceed with the change class and then submit required documents attached with the request as supporting documents and finally press **Submit Request**.

Change Class Requirements:
1. Fill up the Electronic request form.
2. Attach copy of the documents that support the Change Class which is as follow:
A. **Upgrade:** Copy of the Promotion Letter.
B. **Downgrade:** A letter clarifies the downgrade letter.

Change Class

Fields marked with asterisk [*] are mandatory.

*Membership Number	4742382	**Get Details**
*Complete Name(First, Middle, Last)	Rabei Sami Regragi	
*Old Class	3 - Silver B	
*New Class	Please select from the list ▼	→ New Class
*Reason for change	Select from the list ▼	→ Reason for Change
*Effective Date		→ Effective new class change date

Upload Supporting Documents

Required Document List → Supporting Documents

Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

| | Browse... | **Upload** |

Max individual file upload size is 5 MB. Note that attempting to upload large files over a slow internet connection may result in a timeout.

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Submit Request → **Submit Request**

Change Branch:

press this icon to enable the function change branch for the employees, a page will show to enter the membership number that needs to change the branch and then press **Get Details** as shown below:

Change Branch

Fields marked with asterisk [*] are mandatory.

*Membership Number [   ] **Get Details**

After getting the details a page will show information related to the member that needs a branch change, to complete the transaction some documents are required to proceed with the transaction successfully. After submitting the supporting documents click on **Submit Request** as shown below:

Change Branch

Fields marked with asterisk [*] are mandatory.

*Membership Number 4742382   **Get Details**

*Complete Name(First, Middle, Last)   Rabei Sami Regragi

*Old Branch

*New Branch   Please select from the list ▼ ← New Branch

*Reason for change   -Select- ▼ ← Reason for Change

*Effective Date   [   ] ← Effective new Branch change

Upload Supporting Documents

Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

[Browse...] [Upload]

Required Document List

Max individual file upload size is 5 MB. Note that attempting to upload large files over a slow internet connection may result in a timeout.

الحد الأقصى لحجم كل ملف يراد تحميله 5 ميجا بايت (MB). لاحظ أن محاولة تحميل ملفات كبيرة عبر اتصال إنترنت بطيء قد يؤدي إلى قطع اتصالك بالموقع

Supporting Documents

Submit Request → [**Submit Request**]

Change Branch Requirements:

1. Fill up the Electronic request form.
2. Specify the transaction effective date.

* Note: Currently there are no documents requirements to perform "Change Branch" however; the documents upload function will be optionally available.
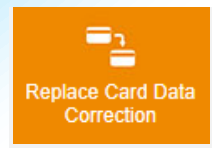
Replace Card Data Correction:

Press this icon to enable the function change\correction details and the replacement reasons on the card for the employees, a page will show to enter the membership number that needs to change the card details and then press [**Get Details**] as shown below:

Replace Card and Data Correction

Batch Upload

Depending on the chosen reason the web will reflect the fields that need to be amended.

Fields marked with asterisk [*] are mandatory.

*Replacement Reason   -Select- ▼

Membership #   4742382   **Get Details**

After getting the details a page will show information related to the member that needs to change\correct card information, to complete the transaction some documents are required to proceed with the transaction successfully. After submitting the supporting documents click on

Submit Request   as shown below:

*Replacement Reason	-Select- ▼
Membership # 4742382	**Get Details**
Complete Name(First, Middle, Last)	Rabei Sami Regragi
Current Gender	Male
Current Nationality	Saudi Arabia
Current Title	
Current Date of Birth	05/03/1985
Current Iqama ID	1031086919
Current Sponsor ID	7001571327
Current Employee ID	1197
Correct Gender	-Select- ▼
Nationality	-Select- ▼
Correct Title	-Select- ▼
Correct Name	
Correct Date of Birth	
Correct IqamaID	
Correct SponsorID	
Employee No.	

Reason to amend the card

Upload Supporting Documents

Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

[Browse...] [Upload]

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Required Document List

Supporting Documents

[Submit Request]

Submit Request

Card Replacement and Data Correction
1. Fill up the Electronic request form.
2. Choose the desired Replacement/Correction reason and upload the support documents as mentioned bellow:
o Lost Card: No documents required.
o Damaged Card: No documents required.
o Wrong Member Name: Copy of Saudi ID/Iqama.
o Wrong Date of Birth: Copy of Saudi ID/Iqama.
o Wrong Employee No: No documents required.
o Wrong Nationality: No documents required.
o Wrong Saudi ID/Iqama: Copy of Saudi ID/Iqama.
o Wrong Gender: Copy of Saudi ID/Iqama.
o Change Entry Number to Iqama: Copy of the Entry Visa and Iqama.
o Wrong Member Type: Copy of the Family ID Card/Iqama/Entry Visa.
o Wrong ID Type: Copy of the correct ID.

o Wrong ID Expiry Date: Copy of the ID.
o Wrong Profession: Copy of the Iqama/Entry Visa.
o Wrong District: No documents required.
o Wrong Mobile: No documents required.
o Complete New CCHI Requirements: Copy of the ID/Iqama/Entry Visa

Track Info:

This function will enable the client to track any submitted requests or transaction related to the employees, then a page will reflect fields to submit any of the following numbers to track with, either with the provided reference number after submitting the request or the data of submission or even the staff number as shown below:

Track Info

Reference Number		Search by Reference	←	Reference #
Date Submitted		Search by Date	←	Date of submission
Staff Number		Search by Staff No.	←	Search by staff\employee number

After submitting the required search method a page will show related information only to the member as shown below:

Track Info

Reference Number		Search by Reference	
Date Submitted		Search by Date	
Staff Number	1345	Search by Staff No.	

Ref.No	M.ship No	Member Name	Class Name	Branch Name	Process Date	Submit Date	Adjustment Type	Status	Rejection Reason	Rejection Reason(Arabic)
1189806	6206277	Khaled Abdullah	3	10594900	25/06/2011	22/06/2011	Add Member	Success		

Submit Required & Supporting Documents:

If there is a transaction rejected due to missing document this icon will reflect the needed documents in order to proceed successfully with the services used in the web. You can simply add the missing documents referring the number as shown below and then press submit

Submit Required Documents

Back

Reference Number [   ]   Submit

My Details:

This icon will enable you to view personal profile and policy related to your staff and employees and you can search by either entering the

Membership No. or Staff No if available in the system and press and it will reflect the information related to the member.

My Coverage:

This function will enable you to view your coverage and reflect the policy benefits by search with the **Membership no. Or staff** no of the

employee as shown below, once typing the number press to show the coverage related to the main member.
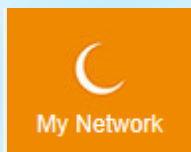
My Network:

This function will allow you to view your providers under your network and the eligibility of getting the health care needed from any of the shown providers. You can search by the membership no. and staff no of the employee as shown below, once typing the number press

 to show network coverage related to the member.

My Network

	⦿ Membership No.	○ Staff No.	Search

Certificates:

By clicking on this function it will enable you to print certificates for health insurance related to the member, after that a page will reflect a space

to enter either membership number or staff no. related to the member, after putting the number in the field press

Certificate of Membership

	⦿ Membership No.	○ Staff No.	Search

After that a page will show two fields needs to be entered in order to proceed. in this first field you have to indicate what is the purpose of having the certificate and the 2nd field you have to enter the membership number related to the member in order to reflect these information

in the certificate and then press **View Certificate**

Please choose the purpose of your request   ⟵ Type of certificate

Select member   ⟵ Membership No.

SR Claim History **Claim history:**

by clicking on this function it will enable you to view your claims history related to the member, after that a page will reflect a space to enter

either membership number or staff no. related to the member, after putting the number in the field press **Search**

Claim History

○ Membership No.   ○ Staff No.   **Search**

Note: the claim request will remain pending until Bupa receives the original copy of the invoices in order to proceed.

Pre-auth History:

This function allows you to view your pre-auth medical history related to the employee in the company after that a page will reflect a space to enter either membership number or staff no. related to the member, after putting the number in the field press [Search] as shown below:

Review Online Invoices:

click on this button and it will enable you to get information on the financial invoices related to the company and then it will reflects fields related to the invoice such as type of invoice date of the invoice, branch details and then press [Search] to get information related to the invoice as shown below:

Invoice

Fields marked with asterisk [*] are mandatory.

Type of Invoice:

○ Installment   ○ Amendment   ○ Sundry

* Search Criteria   ☑ Date Range: ☐ Invoice No:

*Date From   *Date To

* Invoice Number

* Branch

All branches ▼

Search

Account Statements:

By pressing this function it enables you in case there are account statements reports needed either by full, premium, sundry or short statements. In case of requesting the full statements it will reflect all the transactions even pain invoices and by choosing short statements it will reflect the un-pain statements only and then press **Print** as shown below:

Statement of Accounts

Type of Statement:

- (•) Premium
- (•) Full Statement
- ( ) Sundry
- ( ) Short Statement

1. Full Statement means all transactions including fully settled payments.
2. Short statement means only outstanding /unsettled transactions.

Branch

All branches ▾

[**Print**]

Premium Statement of Account

Customer Name	: Swipe Cards - Dummy
Customer No.	: 10594900
Branch/Division/Cost Centre	:
Date	: 03/12/2013

Date	Reference	Description	Debits	Credits	Balance
		Total Movement	0.00	0.00	0.00

Submit Reimbursement:

- <u>Submitting a successful claim is based on two important steps:</u>

1st step

Fill the claim form accurately and correctly

       1- Reading the instructions very carefully and understand them before starting.
       2- Writing the correct name of the member (the one in the invoices).
       3- Writing the correct membership number.
       4- Writing the correct IBAN (24 number). Ex: SA1234567891011121314151617
       5- Writing the total amount of the claim.

2nd step

Knowing the required documents for each type of claim

Optical claim

1- Submitting the original invoices showing the date (not more than 180 days' from treatment date) and itemization for the frame and lenses.
2- Submitting the eye test report stamped and signed by ophthalmologist. (Hospital or clinic)
3- Submitting the claim by yourself or authorized person.
4- Cash receipt

Note: *unauthorized submission will not be reimbursed.
The claim request will remain pending until Bupa receives the original copy of the invoices in order to proceed.

Dental claim

1- Submitting the original invoices showing the date (not more than 180 days' from treatment date) & itemization for the services done and the tooth number for which tooth treatment was done.
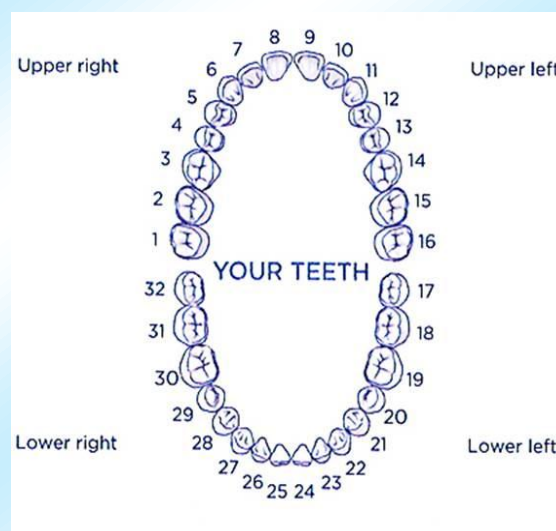
2- Panoramic X-rye.

3- Medical report from a dentist   4- Cash receipt

Out Patient

1- Medical Report.

2- Laboratory and images (x-ray & CT scan & MRI and Ultrasound) report.

3- - Submitting the original invoices showing the date (not more than 180 days' from treatment date) & itemization for the services done.

Cash receipt.

Submit reimbursement claims

Member Details

Who's this claim for?

* Enter Membership Number [   ]   **Get Details**

Company name

Member Name [   ]   * Company Name [   ]

Full name of the member

* Mobile Number [   ]   * Email [   ]

(966xxxxxxxx or 971xxxxxxxx)

* Please If the mobile number or email is incorrect, amend it

Valid mobile number

Valid Email Address

Reasons for not using Bupa listed Health Care Providers

☐ Emergency   ☐ Vacation/Business trip outside KSA
☐ Family Doctor   ☐ Service not available in network provider
☐ Personal Choice   ☐ Other (Please specify) [   ]

Claim Details

Please fill the invoices details in the below field and press Add button

Number of Invoices   Total Amount   Currency Code
[   ]   [   ]   [Saudi Arabia – SAR ▼]   **Add**

Number of the claim\invoice

Total Amount of claims

The currency of the claims

Claim Details

Please fill the invoices details in the below field and press Add button

Number of Invoices	Total Amount	Currency Code
		Saudi Arabia – SAR ▼

Add

Payment type Cheque

Payment Details

Payment Type   ● EFT (Electronic Fund Transfer)   ○ Cheque

Bank country name

* Bank Country

Bank Name

* Name of the Bank

* IBAN Number

Valid IBAN No.

Upload invoices and supportive documents

Please upload related documents here (allowed types are: .pdf, .jpg, .jpeg, .gif, .png, .bmp) 5MB limit per file

Browse...   **Upload**

Upload any supporting documents.

- Please read the following declarations and undersigned by pressing the tick that you have read and agreed to Bupa terms and conditions and press Submit.

Max individual file upload size is 5 MB. Note that attempting to upload large files over a slow internet connection may result in a timeout.

الحد الأقصى لحجم كل ملف يراد تحميله 5 ميجا بيت (MB). لاحظ أن محاولة تحميل ملفات كبيرة عبر اتصال إنترنت بطيء قد يؤدي إلى قطع اتصالك بالموقع

Declaration

I, the undersigned, declare that the information above is correct and that reimbursement requested is for expenses paid by me for the treatment of my covered condition. And I hereby authorize Bupa Arabia to pay the eligible expenses directly to the policyholder and in local currency (SR).

I hereby authorize any Doctor, Hospital, Clinic or Medical Provider, any Insurance Company or any other Company, Institution or any other person who has any record or information about me and /or any of my family members to provide Bupa Arabia with the complete information, including copies of their record with reference to any sickness or accident, any treatment, examination, advice or hospitalization or any other information required by Bupa Arabia.

I am fully aware that any person who intentionally makes any false and/or misleading statement and/or information to obtain reimbursement from Bupa Arabia subject to penalization.

☐ I have read and agreed to bupa terms and conditions

أقر أنا الموقع أدناه أن المعلومات المذكورة أعلاه صحيحة وأن التعويض المطلوب هو نظير نفقات دفعت من قبلي لغرض علاج حالتي المغطاة. وأنا بذلك أوافق أن تدفع شركة بوبا العربية النفقات المستحقه مباشرة وبالعملة المحليه (الريال السعودي).

أن أصرح لأي مستشفى، عياده أو مقدم خدمة طبية وأي شركة تأمين أو شركة أخرى، مؤسسة أو أي شخص أخر لديه سجلات أو معلومات عني و/ أو فرد من عائلتي بأن يزود شركة بوبا العربيه بالمعلومات الكاملة والتي تشمل نسخا عن سجلات مع الإشارة إلى أي علة أو حادث، أي علاج، فحص، نصيحة طبية أو مكوت في المستشفى أو أي معلومة أخرى تطلبها شركة بوبا العربية.

أنا على دراية تامة بأن أي شخص يقوم- متعمدا- بتقديم مستندات و/أو معلومات خاطئة و/ أو مضلله لهدف تعويض من بوبا العربية هو عرضه للمحاسبة.

لقد قرأت ووافقت على شروط وأحكام بوبا

Submit

BUPA Arabia for Cooperative Insurance
Membership Dep. | Maintenance Unit Process Manual and Documentation

All the Rules and Regulations listed below are complied with SAMA, CCHI and BUPA Arabia Policy.

Any attempt to change and/or modify the rules and regulations listed below by any person or entity without the prior written approval from the competent authorities will be dealt with legally.

Additions:	الإضافات
1. Addition of Saudi Beneficiaries and their Dependents:	
A. Fill up the Electronic request form.	
B. Attach copy of the Saudi ID.	
C. Attach copy of the Saudi Family ID (Only if enrolling Dependents)	
2. Addition of Non-Saudi Beneficiaries and their dependants (Under Sponsorship):	
A. Fill up the Electronic request form.	
B. Attach copy of the Employee ID/Iqama and the Dependents.	
*Note: No addition will be approved for Dependents under different sponsorship/s.	
*Note: BUPA Arabia pre-approval is required for item no. 3 & 4 before addition:	
3. Addition of outside KSA Beneficiaries:	

A. Fill up the Electronic request form.
B. Attach copy of employee/Dependents Passport/s.
C. Provide the company with copy of the CR that proves the commercial relationship.
4. Addition of beneficiaries who obtained temporary visas (Business/Commercial)
A. Fill up the Electronic request form.
B. Attach copy of the Passport (First page and Visa page).

Deletion: الإلغاءات

1. Deletion of Saudi Beneficiaries and their Dependents:
A. Fill up the Electronic request form.
B. Attach copy of the resignation or termination letter.
2. Deletion of Non-Saudi Beneficiaries:
A. Fill up the Electronic request form.
B. Attach the document that proves the validity of deletion which is as follow:
▪   **Final Exit:**
o Copy of final exit visa stamped from the exit port (Issued by Jawazat or Muqeem Services)
o Copy of proof of final exit from Muqeem Services or Personal Resident Print Out from Jawazat.
o The insured shall record the actual exit date on the form as the transaction effective date (Not more than 30 days back).
o In case the exit visa doesn't hold exit port stamp, the customer shall provide a confirmation letter states the employee name, ID No. & actual exit date from KSA.
▪   **Out Side KSA Runaway (Exit no Return):**
o Attestation of no return (Must be stamped by Jawazat) or.
o Resident Information print-out from Muqeem.
▪   **Transfer of Sponsorship:**
o Copy of the new Iqama shows the new sponsor name.
o Proof of another approved medical insurance from (CCHI) E-Services website.
o Copy of death certificate.

▪ **Availability of another approved medical insurance:**
○ Proof of another approved medical insurance coverage from (CCHI) E-Services.
C. All the deletion conditions applicable to the beneficiaries under the sponsorship of the insured are applicable for those who are under different sponsorship except (Transfer of Sponsorship).

Change Class: تعديل درجة التغطية

1. Fill up the Electronic request form.
2. Attach copy of the documents that support the Change Class which is as follow:
○ Upgrade: Copy of the Promotion Letter.
○ Downgrade: A letter clarifies the downgrade reason.

Change Branch: تغيير الفرع

1. Fill up the Electronic request form.
2. Specify the transaction effective date.
* Note: Currently there are no documents requirements to perform "Change Branch" however; the documents upload function will be optionally available.

Card Replacement and Data Correction

1. Fill up the Electronic request form.
2. Choose the desired Replacement/Correction reason and upload the support documents as mentioned bellow:
○ Lost Card: No documents required.
○ Damaged Card: No documents required.
○ Wrong Member Name: Copy of Saudi ID/Iqama.
○ Wrong Date of Birth: Copy of Saudi ID/Iqama.
○ Wrong Employee No: No documents required.
○ Wrong Nationality: No documents required.
○ Wrong Saudi ID/Iqama: Copy of Saudi ID/Iqama.
○ Wrong Gender: Copy of Saudi ID/Iqama.

- Change Entry Number to Iqama: Copy of the Entry Visa and Iqama.
- Wrong Member Type: Copy of the Family ID Card/Iqama/Entry Visa.
- Wrong ID Type: Copy of the correct ID.
- Wrong ID Expiry Date: Copy of the ID.
- Wrong Profession: Copy of the Iqama/Entry Visa.
- Wrong District: No documents required.
- Wrong Mobile: No documents required.
- Complete New CCHI Requirements: Copy of the ID/Iqama/Entry Visa.