

# Global Health Plans

## Corporate Application Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email, fax or post. You can find our contact details at the end of this form.

### Broker/intermediary details

If you were introduced to William Russell through an intermediary/broker, please state their name and company.

Name of broker: ..... Name of company: .....

### Company details

Company name: ..... Type of business: .....

Address: .....

Email: ..... Telephone number: .....

### Contact(s) at company

Contact 1: ..... Position in company: .....

Telephone number: ..... Email: .....

Contact 2: ..... Position in company: .....

Telephone number: ..... Email: .....

### Start date required

**When would you like your Global Health plan to start?**

On acceptance of your application  Specific date: .....

Please note that your application is only valid for 28 days from the date we receive it. Cover cannot be backdated.

### Eligibility for cover for your plan

Cover must be provided and paid for by the company on a compulsory basis. The company must apply for cover for ALL employees, or ALL employees of a certain category (e.g. managers, executives, expats). If cover for dependants of employees is required, the company must apply for cover for ALL eligible dependants.

Total number of employees in your company: ..... Total number of employees to be covered in this plan: .....

**If cover is required only for a certain category of employees, or if different levels of cover are required for different categories of employees, please define those categories below.**

Category	Eligibility criteria	Level of cover	Cover required for all eligible dependants?

### Choose your health insurance plan

Please choose either **A) an Elite plan** or **B) an Essential plan**, then select the **optional benefits** you require.

If you have one, please state the quote illustration ID for the quote you wish to accept: .....

## A) Elite plans

Plan:	Excess required:			
<b>GOLD</b>	<input type="checkbox"/> Nil	<input type="checkbox"/> \$50/£30/€45 per claim <input type="checkbox"/> \$100/£60/€90 per claim	<input type="checkbox"/> \$250/£150/€225 per annum <input type="checkbox"/> \$1,600/£1,000/€1,500 per claim	<input type="checkbox"/> \$5,000/£3,000/€4,500 per claim
<b>SILVER</b>	<input type="checkbox"/> Nil	<input type="checkbox"/> \$50/£30/€45 per claim <input type="checkbox"/> \$100/£60/€90 per claim	<input type="checkbox"/> \$250/£150/€225 per annum <input type="checkbox"/> \$1,600/£1,000/€1,500 per claim	<input type="checkbox"/> \$5,000/£3,000/€4,500 per claim
<b>BRONZE</b>	<input type="checkbox"/> Nil	<input type="checkbox"/> \$250/£150/€225 per annum	<input type="checkbox"/> \$1,600/£1,000/€1,500 per claim	<input type="checkbox"/> \$5,000/£3,000/€4,500 per claim

### Optional benefits available with the Elite plans

- Medevac plus** – only available with Area One cover.
- Dental plus** – available with Silver only if Dental basic is also selected, and on Gold.
- Dental basic** – only available with Silver.
- Semi-private room discount** – only available to residents of Hong Kong with Area One cover.
- Out-patient direct billing in Hong Kong and China** – only available with Silver and Gold. Available to residents of Hong Kong with nil excess, and to residents of China with a nil or \$50/£30/€45 excess. A surcharge applies in China.

### Choose your Elite Area of Cover

- Area One** Worldwide cover, excluding the USA.
- Area Two** Worldwide cover, with cover in the USA limited to \$100,000 during temporary trips of not more than 45 days. This limit is increased to \$250,000 for unforeseen emergency treatment.
- Area Three** Worldwide cover, with cover in the USA limited to \$250,000 during temporary trips of not more than 90 days.
- Area Four** Cover in Africa & the Indian Subcontinent, plus cover for unforeseen emergency treatment received during temporary trips of up to 90 days outside Africa & the Indian Subcontinent up to \$100,000 or £62,500 or €88,750. No cover is provided for any treatment in the USA, Canada, all Caribbean countries and islands, or within the London area.

## B) Essential plans

Plan:	Excess required:		
<b>ESSENTIAL CARE PLUS</b>	<input type="checkbox"/> Nil	<input type="checkbox"/> \$50 per claim	<input type="checkbox"/> \$250 per annum
<b>ESSENTIAL CARE</b>	<input type="checkbox"/> Nil	<input type="checkbox"/> \$250 per annum	

### The Essential Area of Cover

Cover is provided everywhere, except in the following restricted or excluded countries/regions. Cover is restricted to treatment for accidents or unforeseen illnesses only, and limited to \$50,000 per period of cover if you travel to any European country, Bali, Japan, Hong Kong, Macau, China, Taiwan, Singapore, Australia or New Zealand. No cover at all is provided in the USA, Canada, any Caribbean country or island, and any hospital in the London area.

**Add-ons available with your health insurance plan**

- GLOBAL TRAVEL PLAN**  You  Spouse/partner  Family
- GLOBAL PERSONAL ACCIDENT PLAN**  You  Spouse/partner

Please answer the following questions **ONLY** if you have opted for **Personal Accident cover**. If you have opted for cover for your spouse/partner, we also require details of their occupation and any hazardous activities.

Please select the level of **Personal Accident benefit** you require:

- \$75,000/£50,000/€75,000  \$150,000/£100,000/€150,000  \$225,000/£150,000/€225,000
- \$300,000/£200,000/€300,000  \$375,000/£250,000/€375,000

**Underwriting options**

Underwriting is the process by which we decide on what terms we will accept people for cover, and the cover (if any) we provide for pre-existing medical conditions. The following options are available:

- Fully underwritten  Moratorium  Continued personal medical exclusions (3+ employees only)
- Medical history disregarded (10+ employees only)

**Health declaration (please skip this section if you require cover for more than 50 employees)**

**① In the past three years, have any of your employees or their dependants:**

**a) Been admitted to hospital?**  Yes  No

If YES, please give details: .....

.....

**b) Suffered from any serious health problems?\***  Yes  No

If YES, please give details: .....

.....

\*By serious, we mean conditions such as cancer, heart conditions, strokes, back problems, depression, serious injuries or disabilities, multiple scleris, or liver or kidney problems. If you are in any doubt as to what constitutes a serious medical condition, please declare it.

**② Are any of your employees or their dependants:**

**a) Currently undergoing a course of medical treatment?**  Yes  No

If YES, please give details: .....

.....

**b) Currently pregnant?**  Yes  No

If YES, please give details: .....

.....

**③ Are all employees actively at work at the time of application?**  Yes  No

If NO, please make a full declaration (e.g. name, date last worked, reason for absense): .....

.....

**Paying for your plan**

Please select the currency in which you would like to pay your premiums:

- US Dollars  GBP Sterling  Euros

Your plan benefits and excess will be denominated in the currency in which you pay your premiums. The Essential plans are only available in US Dollars.

**Please select your payment method and frequency:**

- Credit/debit card**       Annually                       Half-yearly\*\*                       Quarterly\*\*\*                       Monthly\*\*\*
- Direct debit\***               Annually                       Half-yearly\*\*                       Quarterly\*\*\*                       Monthly\*\*\*
- Bank transfer**               Annually
- Cheque**                       Annually (payable to William Russell Ltd., and must be drawn on a UK bank account)

\*Direct debit payments are only available when you pay in Sterling from a UK bank account.

\*\*Half-yearly premiums are subject to a 3% surcharge.

\*\*\*Quarterly or monthly premiums are subject to a 5% surcharge.

**How we use your employees' information**

By submitting this application, you consent to William Russell Limited processing the personal data of each employee named in this application, including sensitive medical information. We will use this data strictly within the provisions of the Data Protection Act 1998, and for the purposes of underwriting, administering your plan, and processing claims only.

In certain cases, it may be necessary to pass your employees' data to the insurers and reinsurers of your plan, cost control agents, banks, your appointed intermediary (if any), and our emergency assistance service providers. If your employees require emergency assistance or treatment outside the European Economic Area (EEA), we may pass their data to parties outside the EEA. If required, we will pass their data to legal or regulatory bodies, and to relevant parties in the interests of fraud prevention.

**We will never share your employees' data with a third party not strictly necessary to the administration of your plan or the processing of their claims.**

**Declaration for your Global Health plan**

**Please read this section carefully and sign below.**

We understand that this application is subject to written acceptance by William Russell Limited. We declare that to the best of our knowledge and belief the above information supplied in respect of our employees and their dependants is true and complete.

We understand that we must inform William Russell Limited, in writing, of any changes in the facts provided in this application, including any change in health of any employees and dependants occurring before the start date of the plan.

We confirm that membership of the corporate Global Health plan is compulsory, with all eligible employees and their eligible dependants being insured in accordance with the eligibility criteria we have provided in this application form.

We understand that William Russell Limited will hold and process our company data for the purposes of processing our Global Health plan, processing any claims submitted under the plan, and providing other related services, which may include sharing our company data with the insurers of the plan, doctors and other medical professionals involved in the treatment or care of the employees insured under the Global Health plan, William Russell Limited's emergency assistance providers and other agents. We understand that this may include the transfer of company data to countries outside of the European Union, and in signing this form we consent to such transfer and use.

We also understand that our company data may be disclosed to any regulatory body that may require William Russell Limited to disclose it and that, in the event of fraud or suspected fraud, our company data may be disclosed to other parties including but not limited to the appropriate law enforcement agencies.

We authorise William Russell Limited to send all insurance documents as PDF files to the email address we have provided on this form. If we have applied through a broker or intermediary, we give consent for these documents to be sent via email to that broker or intermediary.

We understand that telephone calls to and from William Russell Limited may be recorded and monitored.

We understand that, upon receipt of the insurance documents, if we are not entirely satisfied, we can cancel the application from inception and receive a full refund of the premium paid, provided we notify William Russell Limited within 30 days of the plan start date, and provided no claim has been made.

**Important notes**

- Your completed application form is valid for 28 days from the date you signed the form. If cover is not commenced within 28 days, we reserve the right to request that you complete a new application form.
- If the health of any employee named on this form changes after you submit this form, but before your plan starts, you must let us know immediately.
- We are unable to accept electronic signatures below.

**Name of authorised company representative:** .....

**Position in company:** .....

**Signature of authorised company representative:** ..... **Date:** .....

The Global Health plans are insured by Allianz Benelux N.V., an EEA insurer registered in the Netherlands.

The Global Travel plans and Global Personal Accident plans are insured by SHUS Insurance PCC Limited – Cell SHUS, a Guernsey-based Protected Cell Company registered under the Companies (Guernsey) Law 2008.

William Russell Limited is the administrator of the Global Health plan range, and is authorised and regulated by the Financial Conduct Authority, registration number 309314.

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