

# GLOBAL HEALTH CORPORATE APPLICATION FORM



Please complete this form in block capitals using black ink

## YOUR BROKER DETAILS

If you were introduced to William Russell Limited through a broker, please state their name and company:

Name of broker:

Company name:

## COMPANY DETAILS

Company name:

Address for correspondence:

Telephone No:

Fax No:

Email:

Type of business:

## CONTACT NAME(S) AT COMPANY

Contact 1:

Position in company:

Telephone No:

Fax No:

Email:

Contact 2:

Position in company:

Telephone No:

Fax No:

Email:

## GLOBAL HEALTH ELITE PLAN REQUIRED

Gold  Silver  Bronze

### Optional benefits required:

- Semi-private room discount** Only available to residents of Hong Kong with Global Health Elite Area 1 cover.
- Out-patient direct billing in Hong Kong and China on the Gold and Silver plans** Available to residents of Hong Kong with a nil excess. Available to residents of China with a nil or \$50/£30/€45 excess. A 7.5% premium surcharge will apply in China.

### Available with Gold plans:

- Complex dental care cover:  \$2,000/£1,250/€1,780 with 10% co-insurance
- Optical care cover:  \$200/£125/€178

### Available with Silver plans:

- Routine dental care cover:  \$1,500/£940/€1,335 with 10% co-insurance, or  \$1,000/£625/€890 with 10% co-insurance
- Complex dental care cover\*:  \$1,500/£940/€1,335 with 10% co-insurance

\*Please note that the optional complex dental care cover is only available when the optional routine dental care cover is selected

- Maternity care cover:  \$5,000/£3,125/€4,450 with 20% co-insurance
- Complex maternity care cover:  Complications of pregnancy - full refund, Emergency c-section - \$20,000/£12,500/ €17,800 and Cover for Newborns - \$50,000/£31,250/ €44,500

### Area of cover required:

- Area One** provides world-wide cover excluding the United States of America.
- Area Two** provides world-wide cover, subject to cover in the USA being limited to US\$100,000 during temporary trips of not more than 45 days duration.
- Area Three** provides world-wide cover, subject to cover in the USA being limited to US\$250,000 during temporary trips of not more than 90 days duration.
- Area Four** provides cover in Africa & the Indian Sub-continent, plus cover for unforeseen emergency treatment, covered by your plan, and received during temporary trips of up to 90 days duration outside Africa & the Indian Sub-continent (up to US\$100,000, £62,500 or €88,750). **No cover is provided in this Area of Cover for any treatment received in the USA, Canada, all Caribbean countries and islands, or within the London area.**

## OR, GLOBAL HEALTH ESSENTIAL PLAN REQUIRED

Essential Care Plus  Essential Care

### Optional benefits required:

#### Available with Essential Care Plus plans only:

- Routine dental care cover:  \$500 with 25% co-insurance, or  \$250 with 25% co-insurance
- Maternity care cover:  \$5,000 with 20% co-insurance
- Optical benefit:  \$75

### Area of Cover

The Global Health Essential plans are available to expatriates everywhere outside Australia, Canada, all Caribbean countries and islands, Europe, New Zealand, Orchid countries, and the United States of America.

Emergency cover only is provided for unforeseen treatment, covered by your plan, and received during temporary trips of up to 90 days duration to any EU country, Andorra, Australia, Bali, Channel Islands, China, Gibraltar, Greenland, Hong Kong, Iceland, Japan, Liechtenstein, Macau, Monaco, New Zealand, Norway, San Marino, Singapore, Switzerland and Taiwan (up to US\$50,000).

**No cover is provided for any treatment received in the USA, Canada, all Caribbean countries and islands, and within the London area.**

## EXCESS REQUIRED

The excess will be applied per claim unless otherwise specified in your Plan Agreement or indicated as 'per annum' in the list below.

- Nil** Standard excess for Bronze and Essential Care. Available for Gold, Silver and Essential Care Plus with a 7.5% premium loading.
- \$50/£30/€45** Standard excess for Gold, Silver and Essential Care Plus. Not available for Bronze and Essential Care.
- \$100/£60/€90** Available for Gold and Silver only. Not available for Bronze and Essential plans.
- \$250/£150/€225 per annum** Available for Gold, Silver, Bronze, Essential Care Plus and Essential Care plans. This is the only per annum excess available, all other excesses are on a per claim basis.
- \$1,600/£1,000/€1,500** Available for Gold, Silver and Bronze. Not available for Essential Plans.

If you select a higher excess than the standard option for your plan, a discount will be applied to your premium.

## OPTIONAL PLANS REQUIRED

**Global Travel** Who do you require cover for:  **Employee**  **Partner**  **Whole family**

**Global Personal Accident** Who do you require cover for:  **Employee**  **Partner**

Please select the benefit limit:

- \$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**

NB: The Global Personal Accident plan does not cover accidents arising out of hazardous occupations and hazardous activities. When personal accident benefit cover is required for an employee whose occupation is not 100% office based and/or who participates in hazardous activities of any kind, a detailed job description and/or details of their hazardous activities must be submitted to us. Cover for hazardous occupations/activities may be subject to a premium loading, and/or special terms.

## UNDERWRITING BASIS

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
- Continued Personal Medical Exclusions (3+ employees)
- Moratorium
- Medical History Disregarded (5+ employees)

## ELIGIBILITY FOR COVER

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 (for example all employees who are managers). If cover for employees' dependants is required, the company must apply for cover for ALL eligible dependants.

Please state the total number of persons employed by the company: \_\_\_\_\_

Please state here the eligibility criterion for membership of your plan:

- 1. Cover is for **ALL** employees of the company  **YES**  **NO** If YES, is cover required for their eligible dependants?  **YES**  **NO**
- 2. Cover is **ONLY** for a certain category of employee  **YES**  **NO** If YES, is cover required for their eligible dependants?  **YES**  **NO**

If the answer to question 2 is YES, please state the category of employee to be insured: \_\_\_\_\_

## MEDICAL QUESTIONS

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

**A. Been admitted to hospital?**  **YES**  **NO**

If YES, give details: \_\_\_\_\_

**B. Suffered from any serious\* health problems?**  **YES**  **NO**

If YES, give details: \_\_\_\_\_

\*By serious, we mean conditions such as, (but not limited to), cancer, heart condition, stroke, back problems, depression, serious injury or disability, multiple sclerosis, 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, give details: \_\_\_\_\_

**B. Currently pregnant?**  **YES**  **NO**

If YES, give details as follows:

Name: \_\_\_\_\_

Expected delivery date: \_\_\_\_\_

**3. Are all employees actively at work at the time of application?**  **YES**  **NO**

If NO, please make a full declaration as follows:

Name: \_\_\_\_\_

Date last worked: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

## CONTINUING DUTY OF DISCLOSURE

If, after completing, signing and dating this application form, any changes occur in the facts you have given us, such as a change in the state of health of your employees and/or their dependants, you must tell us in writing about the change. If any changes occur in the facts you have given us, we reserve the right to decline to accept your application or to accept your application with special terms.

## CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

Please state the currency in which you wish to pay premiums:\*  US Dollars  GBP Sterling  Euros

\*NB: Essential plans are ONLY available in US Dollars. The currency in which you pay your premium will be the currency in which your plan benefits and excess are denominated.

### Method and frequency of payment options available

Please note that semi-annual health, travel and personal accident premiums include a 3% surcharge, and quarterly and monthly health, travel and personal accident premiums include a 5% surcharge.

1. **Cheque:**  **Annually** Payable to William Russell Limited and drawn on a UK bank account.

2. **Bank transfer:**  **Annually**

3. **Direct debit\*:**  **Annually**  **Semi-annually**  **Quarterly**  **Monthly**

\*NB: Only available if you pay sterling premiums from a UK bank account. An original completed and signed direct debit mandate will be required before we can commence your cover. A direct debit mandate is available from our web site or by contacting William Russell Limited.

4. **Credit/debit card:**  **Annually**  **Semi-annually**  **Quarterly**  **Monthly**

A credit/debit card authorisation form is attached.

## START DATE

Date on which you wish your Corporate Global Health plan to commence:

**On acceptance**  **Other** (Please state): \_\_\_\_\_

Please note that application forms are only valid for 28 days and that we cannot commence your plan until we have accepted your application form and have received payment of your first annual, semi-annual, quarterly or monthly premium in accordance with the terms of the Global Health plan agreement. Cover cannot be backdated.

## THE INSURERS

The insurer of the Global Health plan is Allianz Nederland Schadeverzekering NV. Coolingsingel 139, Postbus 64, NL-3000 AB Rotterdam, Netherlands. Allianz Nederland Schadeverzekering NV is an E E A insurer registered in the Netherlands.

The insurer of your Global Travel plan and/or Global Personal Accident plan is SHUS Insurance PCC Limited - Cell SHUS. SHUS Insurance PCC Limited is a Guernsey registered Protected Cell Company under The Companies (Guernsey) Law 2008. A creditor of one cell is not entitled to claim against the assets of another cell. In the absence of a specific written recourse agreement a creditor will not have the right of recourse to any core assets. This transaction is with designated Cell SHUS. SHUS Insurance PCC Limited - Cell SHUS is licensed and regulated by the Guernsey Financial Services Commission.

## DECLARATION AND AUTHORISATION

We hereby apply for a Corporate Global Health plan as specified above. We have read and understood the Corporate Global Health plan agreement and agree to accept the insurance as contained therein.

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 declaration we have made above (Eligibility for cover), subject to acceptance by William Russell Limited on behalf of the insurers. 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 and agree that no cover will be provided under the proposed insurance plan until the applications for all eligible employees and their eligible dependants have been accepted by William Russell Limited, and until the appropriate premium has been received by William Russell Limited.

If we have indicated that we wish to pay by credit or debit card, we agree that William Russell Limited may debit our account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by William Russell Limited until we give written notice that we wish to terminate this agreement. We understand that our cover will terminate in accordance with the terms of the Corporate Global Health plan agreement if William Russell Limited are unable to collect our premium – for whatever reason – and we do not provide William Russell Limited with an alternate method of payment immediately.

We hereby give William Russell Limited authorisation to send our insurance documents in pdf format by email to the email address we have stated in this application. If we have applied through an intermediary, we hereby give William Russell Limited authorisation to send our insurance documents in pdf format by email to our intermediary.

We understand that our company data will be processed in accordance with the Data Protection Act (1988) and the EU Data Protection Directive 95/46/EC.

We understand that William Russell Limited will hold and process our company data for the purposes of processing our Corporate 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 Corporate 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 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 consent to William Russell Limited processing personal and sensitive data about the company and employees included on this application and policy. We understand that all company data we supply must be accurate.

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

Signed (on behalf of the Employer): \_\_\_\_\_

Date: \_\_\_\_\_

Position in Company: \_\_\_\_\_

**IMPORTANT:**

1. Please ensure you have given an answer to every question. An incomplete form will delay your application.
2. If you are applying for a fully underwritten or moratorium policy, every employee must complete an application form. Forms are available from [www.william-russell.com/useful-docs/useful-documents-bus-health](http://www.william-russell.com/useful-docs/useful-documents-bus-health) or from William Russell Limited.
3. If you are applying for a policy with continued personal medical exclusions, we will require a copy of each employees current insurance certificate along with a copy of the current group insurance certificate and table of benefits.
4. This application form will be valid for 28 days from the date on which it is signed. If cover is not commenced within 28 days, we reserve the right to request that a new application form is completed.

**William Russell Limited**  
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**WilliamRussell**  
Expatriate Insurance Specialists

ANS/BUSHE/APP/2014 v1.7

# GLOBAL PLANS CREDIT/DEBIT CARD AUTHORISATION FORM



**William Russell**  
Expatriate Insurance Specialists

Please complete this form in block capitals using black ink

## APPLICANT/POLICY-HOLDER DETAILS

Full name of applicant/policyholder: \_\_\_\_\_

Policy number: \_\_\_\_\_

## CREDIT/DEBIT CARD DETAILS

I would like to pay my plan premium to William Russell Limited by the following credit/debit card:

Mastercard     VISA     American Express     Switch     Visa Delta

Credit/debit card number: \_\_\_\_\_

Start date: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Issue number (Switch): \_\_\_\_\_

Name as on card: \_\_\_\_\_

Address to which card is registered: \_\_\_\_\_  
\_\_\_\_\_

## AUTHORISATION - TO BE SIGNED BY THE APPLICANT/POLICY HOLDER

I hereby authorise that the card account specified above may be debited with the appropriate annual/monthly premium(s) due, and all subsequent renewal premiums due as notified by William Russell Limited, until I give notice in writing that I wish to terminate my plan agreement.

I understand that my premiums may increase at each plan renewal date. I understand that premiums due under the plan must be received by William Russell Limited on or before their due date and, should any attempt by William Russell Limited to debit the above card be declined, I understand that my plan cover will cease from the day before the unpaid premium due date, and that William Russell Limited will not be liable for any lapse in cover.

Signature of applicant/policyholder: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORISATION - TO BE SIGNED BY THE CARD HOLDER WHEN THE HOLDER OF THE ABOVE CARD IS NOT THE APPLICANT/POLICY HOLDER

I hereby authorise that the card account specified above may be debited with the appropriate annual/monthly premium(s) due, and all subsequent renewal premiums due as notified by William Russell Limited to the applicant/policy holder named above, until I give notice in writing that I wish to terminate this arrangement.

Signature of card holder: \_\_\_\_\_

Date: \_\_\_\_\_

**William Russell Limited**  
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