

# Global Health Plans

## Individual Upgrade Form (Full Medical Underwriting)

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.

### Your personal details

**IMPORTANT:** This form must be completed by the plan holder in respect of all persons wishing to upgrade.

Name of plan holder: ..... Plan number: .....

Please choose the **Global Health plan** and/or **optional benefits** you now require, and to which you wish to upgrade:

### Elite plans

- | Plan:         | Excess required:             |   |  |  |
|---------------|------------------------------|---|--|--|
| <b>GOLD</b>   | <input type="checkbox"/> Nil | <input type="checkbox"/> \$50/£30/€45 per claim<br><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 |
| <b>SILVER</b> | <input type="checkbox"/> Nil | <input type="checkbox"/> \$50/£30/€45 per claim<br><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 |
| <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 |  |

### Additional benefits available with the Elite plans

- Complex dental benefit** – only available with Gold.
- Optional routine & complex dental benefit** – 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/£40/€30 excess. A 7.5% 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.
- 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 eligible, unforeseen emergency treatment received during temporary trips of up to 90 days outside Africa & the Indian Subcontinent up to \$100,000/£62,500/€88,750. No cover is provided for any treatment in the USA, Canada, all Caribbean countries and islands, or within the London area.

### 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**

Full cover is provided everywhere, except in the following restricted or excluded countries/regions.

Cover is restricted to eligible 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.

**Optional benefits available with the Elite and Essential plans**

**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 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

**Is your occupation 100% office based?**  Yes  No

If NO, please provide a job description, or full details of your non-office-based activities and how often you participate in them:

**Do you participate in any hazardous activities?**  Yes  No

If YES, please provide full details of the activities you participate in and indicate how often:

The Global Personal Accident plan does not cover accidents as a result of hazardous activities/occupations. Cover for hazardous activities/occupations may be subject to a premium loading, special terms, or we may decline to offer cover.

Hazardous activities include off-piste skiing, scuba diving to a depth of more than 30 metres (or any unsupervised scuba diving), rock climbing or mountaineering, pot-holing, hang-gliding, parachuting (including tandem), bungee jumping, kite surfing/ windsurfing, hunting on horseback, driving or riding in any kind of race or competition, flying other than as a passenger in a commercial aircraft, riding a motorcycle (or riding pillion), motor scooter, moped or quad bike, or any other activity that places you in a similar degree of danger as any of those mentioned here.

**Health Declaration**

**IMPORTANT:** You must make a complete and honest declaration concerning your state of health, and the state of health of all persons for whom an upgrade is required.

Please answer the following questions in full and continue on a separate sheet if necessary.

**① Are all insured persons upgrading cover?**  Yes  No

If NO, please give the names of the persons wishing to upgrade:

**② Has any person for whom an upgrade is required:**

a) Suffered from, been diagnosed with, been advised to have any medical investigations or tests, or been treated or prescribed drugs for, any illness or injury since the original application form was signed?  Yes  No

If YES, please provide full details of the symptoms, diagnosis, tests and/or treatment received or planned, and who this is in respect of:

b) Suffered from any symptoms or abnormal signs, or had any abnormal medical test results since the original application form was signed?  Yes  No

If YES, please provide full details of the symptoms, abnormal signs, abnormal test results, when they first appeared, and details of any tests and/or treatment received or planned, and who this is in respect of:

.....  
.....

**③ Is any person for whom an upgrade is required:**

a) Aware of any symptoms or abnormal signs or had any abnormal medical test results which may require medical advice and/or treatment?  Yes  No

If YES, please provide full details of the symptoms, abnormal signs, abnormal test results, when they first appeared, and who this is in respect of:

.....  
.....

b) Currently taking any medication and/or receiving medical treatment and/or medical advice?  Yes  No

If YES, please provide full details of the medication, medical treatment and/or advice being received, and who this is in respect of:

.....  
.....

**④ Please provide the name(s) and contact details of any physician who has been consulted by any person for whom an upgrade is required since their date of entry:**

a) Name of physician: .....

Address: .....

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

How long have you been known to this physician? .....

b) Name of physician: .....

Address: .....

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

How long have you been known to this physician? .....

**Declaration for your Global Health plan**

**Please read this section carefully and sign below.** I hereby apply for my Global Health plan cover to be upgraded upon receipt of this declaration and upon payment of the appropriate premium due. I declare that, to the best of my knowledge and belief, all information provided in this form is accurate and complete. I understand that cover in respect of medical conditions first arising between my date of entry to the Global Health plan and the date of the upgrade, will be restricted to the benefits available under my previous plan. I have confirmed the information (including medical information) relating to all persons named in this application form with them. I give William Russell Limited authorisation to correspond with me by email regarding my application. I understand that these emails may contain reference to medical conditions in respect of each person included in my plan.

**Name of applicant:** .....

**Signature of applicant:** ..... **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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