

CORPORATE APPLICATION FORM

Please complete this form in block capitals using black ink



GLOBAL HEALTH[®]
Health Insurance for Expatriates



دبي للتأمين
DUBAI INSURANCE

YOUR BROKER DETAILS

If you were introduced to Dubai Insurance Company 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 ESSENTIAL PLAN REQUIRED

Essential Care

Essential Care Plus

Optional benefits required:

Dental care cover: \$500/AED1,835 with 25% co-insurance, or

\$250/AED917.50 with 25% co-insurance

Maternity care cover: \$5,000/AED18,350 with 20% co-insurance, or

\$2,500/AED9,175 with 20% co-insurance

Area of cover:

The Global Health Essential plans are available to expatriates everywhere outside Australia, Canada, the Caribbean, Europe, New Zealand, Orchid countries, and the United States of America. Emergency cover only is provided for unforeseen emergency 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, Cyprus, 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, the Caribbean, and within the London area.

OR, GLOBAL HEALTH ELITE PLAN REQUIRED

Bronze

Silver

Gold

Platinum

Optional benefits required:

Available with Bronze and Silver plans:

Dental care cover: \$500/AED1,835 with 25% co-insurance, or

\$250/AED917.50 with 25% co-insurance

Maternity care cover: \$5,000/AED18,350 with 20% co-insurance, or

\$2,500/AED9,175 with 20% co-insurance

Available with Gold plan:

Maternity Plan: Routine maternity care, out-patient complications of pregnancy, childbirth & caesarean delivery \$6,400/AED23,488 with 20% co-insurance. Cover for newborns (first 28 days of life) \$40,000/AED146,800.

Available with Platinum plan:

Maternity Plan: Routine maternity care, out-patient complications of pregnancy, childbirth & caesarean delivery \$12,000/AED44,040. Cover for newborns (first 28 days of life) \$48,000/AED176,160.

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). No cover is provided for any treatment received in the USA, Canada, the Caribbean, or within the London area.

EXCESS REQUIRED

To view higher excess options, please visit our web site or contact the Global Plans Team at Dubai Insurance Company.

- Nil** Standard excess for Essential Care and Bronze. Available for Essential Care Plus, Silver, Gold and Platinum with a 20% loading.
- \$15/AED55** Standard excess for Essential Care Plus, Silver, Gold and Platinum. Not available for Essential Care or Bronze.
- \$30/AED110** Available for Silver, Gold and Platinum with a 5% discount. Not available for Essential plans or Bronze.
- Other** (Please state): _____

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 / AED275,250** **\$150,000 / AED550,500** **\$225,000 / AED825,750**
- \$300,000 / AED1,101,000** **\$375,000 / AED1,376,250**

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.

CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

Please state the currency in which you wish to pay premiums:* **US Dollars** **AED Dirhams**

*NB: 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 or bank draft:** **Annually** Payable to Dubai Insurance Company psc and drawn on a UAE bank account.

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

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

A credit/debit card authorisation form is attached

NB: You can only pay your premium on a semi-annual, quarterly or monthly basis if you have selected the US dollar currency. AED dirham premiums must be paid annually by cheque, bank draft or transfer (the first premium before the start of your cover and, thereafter, before your renewal date).

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** (10+ employees)

MEDICAL QUESTIONS

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

Been admitted to hospital? If yes, please give details below.

Yes **No**

Suffered from any serious* health problems? If yes, please give details below.

Yes **No**

*By serious, we mean conditions such as, (but not limited to), cancer, heart disease, stroke, back problems, 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:**

Currently undergoing a course of medical treatment? If yes, please give details below.

Yes **No**

About to embark on or aware of the need of medical treatment? If yes, please give details below.

Yes **No**

3. **Are all employees actively at work at the time of application?** If no, please make a full declaration below.

Yes **No**

Name: _____

Date last worked: _____

Reason for absence: _____

START DATE

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

Please note that we cannot commence your plan until we have accepted your application form and the application forms submitted by your employees and until we have received payment of your first annual, semi-annual, quarterly or monthly premium in accordance with the terms of the Corporate Global Health plan agreement. Cover cannot be backdated.

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:

OUR RIGHT TO RECOVER THE COST OF INELIGIBLE CLAIMS FROM THE COMPANY

Any misuse of individual insurance membership cards, including claims for conditions that subsequently turn out to be ineligible under your plan, and claims from ex-employees, and/or their dependants, will be the responsibility of the company, and the company must repay to Dubai Insurance Company psc any amount claimed which subsequently turn out to be ineligible.

THE INSURER

The insurer of your Global Health plan will be Dubai Insurance Company psc. The administrator of your plan will be William Russell Limited.

DECLARATION AND AUTHORISATION

We hereby apply for cover on 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 declare that to the best of our knowledge and belief the above information and the information supplied in respect of our employees and their eligible dependants, is true and complete. 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).

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 Dubai Insurance Company psc, and until the appropriate premium has been received by Dubai Insurance Company psc.

We have read and understood the section above headed 'Our right to recover the cost of ineligible claims from the company', and agree to repay Dubai Insurance Company psc any amounts paid by them, on their behalf, which are ineligible under the terms and conditions of the Global Health plan.

Signed (on behalf of the Employer):

Date:

Position in Company:

IMPORTANT:

- Please ensure you have given an answer to every question. An incomplete form will delay your application.
- If you are applying for a fully underwritten or moratorium policy, every employee must complete an application form. Forms are available from www.globalplans.ae/webworks or from the Global Plans Team at Dubai Insurance Company.
- 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.



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DUBAI INSURANCE

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CREDIT/DEBIT CARD AUTHORISATION

Please complete this form in block capitals using black ink



PLEASE NOTE: UAE dirham payments are NOT accepted by credit/debit card. If you wish to pay by UAE dirhams, you must contact us to pay annually by cheque, bank draft or bank transfer.

APPLICANT/POLICY-HOLDER DETAILS

Full name of applicant/policyholder: _____

Policy number: _____

CREDIT/DEBIT CARD DETAILS

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

Mastercard VISA American Express

Credit/debit card number: _____

Start date: _____

Expiry date: _____

Name as on card: _____

Address to which card is registered: _____

AUTHORISATION - TO BE SIGNED BY THE APPLICANT/POLICY HOLDER

The insurers of your Global Plan will be Dubai Insurance Company psc. The administrators of your Global Plan will be William Russell Limited.

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 Dubai Insurance Company psc, 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 Dubai Insurance Company psc on or before their due date and, should any attempt by Dubai Insurance Company psc 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 Dubai Insurance Company psc 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 Dubai Insurance Company psc 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: _____



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