

EMPLOYEE APPLICATION FORM (MORATORIUM)

Please complete this form in block capitals using black ink



GLOBAL HEALTH®
Health Insurance for Expatriates



دبي للتأمين
DUBAI INSURANCE

SECTION 1: TO BE COMPLETED BY THE EMPLOYER

EMPLOYER/EMPLOYEE DETAILS

Employer: _____ Group no: _____
Employee name: _____ Mr/Dr/Mrs/Ms/Miss
Date of employment: _____

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.

SECTION 2: TO BE COMPLETED BY THE EMPLOYEE

PERSONAL DETAILS

First name: _____ Surname: _____ Mr/Dr/Mrs/Ms/Miss

Address: _____

Telephone No (for correspondence): _____ Telephone No (other): _____ Fax No: _____

Email (home): _____ Email (other): _____

Date of birth: _____ Nationality: _____ Male Female

Country of residence: _____ How long have you lived here: _____

Occupation: _____

Do you and/or your partner participate in any hazardous activities? Yes No

If Yes, please give full details: _____

PREVIOUS/CURRENT INSURANCE

Have you previously held a policy, or do you currently hold a policy, with William Russell or Dubai Insurance Company?

Yes No

Previous/current policy number: _____ Date of expiry of policy: _____

Have you previously been insured, or are you currently insured, with another health insurer?

Yes No

Name of Insurer: _____

FAMILY MEMBERS TO BE INCLUDED IN THE PLAN

Please enter the names and details of all dependants for whom cover is required. You may include your partner and children, up to age 18 or up to age 25 if in full-time education - proof will be required. Children aged 18 or over who are not in full-time education must make their own application for cover.

First name(s)	Surname	Date of birth dd/mm/yy	Relationship to applicant	Country of residence	Occupation/ Full-time education
Partner					
Child 1					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4					<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL DECLARATION OF GOOD HEALTH

1. Your height (cms): Your weight (kgs): Your partner's height (cms): Your partner's weight (kgs):

2. Have any persons named in this application ever:

- A. Suffered from, been diagnosed with, treated or prescribed drugs for any form of cancer, or heart disease, or any other serious or chronic illness that requires regular medication and/or monitoring?..... Yes No
- B. Been tested HIV and/or Hepatitis C positive?..... Yes No
- C. Had an application for insurance turned down or accepted at special terms?..... Yes No

If you answered YES to any question, please state the name(s) of the person(s) and details:

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

PRE-EXISTING MEDICAL CONDITIONS AND RELATED CONDITIONS

The Global Health plans do not cover the treatment of pre-existing medical conditions and related conditions. A pre-existing medical condition means any disease, illness or injury for which you have received medication, advice or treatment, or for which you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the date on which your Global Health plan starts.

After two years of continuous cover, some pre-existing medical conditions will become eligible for benefit, subject to the terms and conditions of your plan, provided you have not consulted any doctor or medical practitioner for medical treatment or advice (including check-ups), or taken medication, (including injections), or been advised to follow a special diet, or suffered symptoms for that medical condition, or for any related condition, for a continuous period of two years.

Examples of pre-existing conditions that will never be covered include diabetes, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol levels), ischemic heart disease, cancer, thyroid disease, and auto-immune disorders. If you have suffered from any of these conditions, or any other condition for which it is generally accepted medical advice that it be monitored in any way, then that condition – and any related conditions – will never be covered. Examples of related conditions are raised cholesterol levels and heart disease and stroke. If you have suffered from high cholesterol before your date of entry to the plan you will never be covered for cardiac problems or strokes.

DOCTOR'S CONTACT DETAILS

1. Please give details of the doctor who is most familiar with your medical history and the medical history of your family members.

Name: _____ Practice name: _____
Address: _____
Telephone No: _____ Fax No: _____ Email: _____
Length of time you have known this doctor: _____ If less than two years, please complete question 3.

2. If this doctor does not treat all persons named in this application, please supply additional information.

Name: _____ Practice name: _____
Address: _____
Telephone No: _____ Fax No: _____ Email: _____
Who does this doctor treat?

Length of time the patient has known this doctor: _____

3. If you or your family member(s) have known the doctor(s) above for less than two years, please provide details of the previous doctor(s).

Name: _____ Practice name: _____
Address: _____
Telephone No: _____ Fax No: _____ Email: _____
Who did this doctor treat?

Length of time the patient has known this doctor: _____
Date of last consultation _____

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

I hereby apply for cover on behalf of all the persons named in this application form under my employer's Global Health plan as specified above. I declare that all the persons named in this application form are in good health, and not aware of any symptoms or pre-existing medical conditions that may give rise to a claim under the Global Health plan.

I fully understand that pre-existing conditions as defined in the Global Health plan agreement shall not be covered by the insurance plan. I authorise any doctor who has ever treated or advised any of the persons named in this application to provide Dubai Insurance Company psc with any information they may require in connection with treatment related to any claim under this plan. I declare that the information given in this application is true and complete.

If my employer has applied for a travel insurance plan, I declare that at the time of purchasing this insurance or at the time of booking any future trip(s), I am aware of no reason why any journey or trip should be cancelled or curtailed or expense be incurred.

Signature of employee:

Date:

Signature of employee's partner:

Date:

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.

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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