

INDIVIDUAL APPLICATION FORM

Please complete this form in block capitals using black ink



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:

YOUR 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:

Male Female

Country of residence:

Nationality (Please enclose a certified copy of your passport):

CURRENCY REQUIRED

Please state the currency in which you wish your plan benefits to be denominated: US dollars AED dirhams

The currency in which you choose your plan benefits to be denominated will be the currency in which you must pay your premium.

GLOBAL LIFE PLAN APPLICATION

Do you require a Global Life plan? YES NO If YES, please state the amount of life cover you require:

Reason for cover: Family protection To cover a loan Business insurance Other - please give details:

Have you previously held a policy, or do you currently hold a policy, with William Russell or Dubai Insurance Company? YES NO

If YES, please state the previous/current policy number:

Date of expiry of policy:

Have you previously been insured, or are you currently insured, with another insurer providing life cover? YES NO

If YES, please state the amount(s) and the insurer(s):

Your total life cover, including any other life insurance cover you may have, must not exceed 20 times your current annual salary.

The maximum benefit available under the Global Life plan is US\$1,500,000, or AED5,505,000.

GLOBAL ACCIDENT APPLICATION

Do you require a Global Accident plan? YES NO If YES, please state the amount of accident benefit you require:

You can only apply for a Global Accident plan if you are applying for Global Life, and your Global Accident benefit must not exceed your Global Life plan benefit. The maximum benefit available is US\$500,000 or AED1,835,000. If you are also applying for a Global Income plan the maximum benefit available is US\$335,000 or AED1,229,000. The total combined benefit of your Global Life and Global Accident plan cannot exceed US\$1,500,000, or AED5,505,000. If you are aged 55 or more, the maximum benefit you can apply for is US\$160,000, or AED587,000.

GLOBAL INCOME PLAN APPLICATION

Do you require a Global Income plan? YES NO If YES, please state the amount of annual income benefit you require:

The benefit we pay will be restricted to 80% of your pre-disability salary, less any other income you are entitled to receive whilst you are disabled.

The maximum benefit available is US\$144,000 or AED528,000.

Please state the deferment period you require: 3 months 6 months

Have you previously held a policy, or do you currently hold a policy, with William Russell or Dubai Insurance Company? YES NO

If YES, please state the previous/current policy number:

Date of expiry of policy:

Have you previously been insured, or are you currently insured, with another insurer providing income protection? YES NO

If YES, please state the amount(s) and the insurer(s):

YOUR OCCUPATION

Occupation:

Are you self-employed? YES NO

Please state your current annual salary and its currency (Proof of your salary will be required in the event of a claim):

Please give the name and address of your company or the company you work for:

Is your occupation 100% office based? YES NO If NO, please provide a full job description:

Do you ever work offshore? YES NO If YES, please give full details:

Do you participate in hazardous activities? YES NO If YES, please give full details of any hazardous activities you participate in, and how often:

BENEFICIARY NOMINATION

If you are applying for Global Life insurance (and Global Accident), we strongly recommend that you nominate a beneficiary.

I hereby nominate the following person/s as beneficiary/ies of the Global Life plan and Global Accident plan (if applicable) in the event of my death:

Full name:	Address:	Relationship to insured person:	% of benefit to be paid:

If one or more of the above beneficiaries dies, we will divide the proceeds proportionately among the surviving beneficiaries. If this is not your wish, or if you would like to appoint an alternative beneficiary/ies in the event of the demise of the above beneficiary/ies, please state your wishes here:

PLEASE GIVE DETAILS OF YOUR CURRENT/LAST REGISTERED DOCTOR, OR THE DOCTOR YOU LAST CONSULTED

Name:

Date last consulted:

Practice Name:

Address:

Telephone No:

HEALTH DECLARATION

Please ensure you give a full answer to every question. An incomplete form will delay your application.

1. Your height (cms): Your weight (kgs): Your height (feet & inches): Your weight (lbs):

Please answer each of the following questions by ticking the appropriate box.

2. Have you ever:

- A. Been absent from work for more than five consecutive days in the last five years?..... YES NO
- B. Consulted a doctor within the last three years?..... YES NO
- C. Undergone a surgical operation?..... YES NO
- D. Been a patient in a hospital, clinic or sanatorium?..... YES NO
- E. Been advised to have any medical tests or investigations?..... YES NO

3. Have you any reason to believe that a surgical operation will be required in the near future?..... YES NO

4. Are you aware of any symptoms or abnormal signs which may give rise to a claim?..... YES NO

5. Are you currently taking any drugs or medication?..... YES NO

6. Have you ever suffered from, been diagnosed with, treated or prescribed drugs for:

- A. Conditions of the eyes, ears, nose or throat?..... YES NO
- B. Fainting, blackouts or fits?..... YES NO
- C. Any high blood pressure, heart or circulatory conditions?..... YES NO
- D. Diabetes or any endocrine disorder (including gout)?..... YES NO
- E. Any rheumatic or arthritic condition?..... YES NO
- F. Any spine, bone, muscle or joint conditions?..... YES NO
- G. Asthma, respiratory, pulmonary or allergic condition?..... YES NO
- H. Genito-urinary or renal conditions?..... YES NO
- I. Stomach, liver or bowel conditions?..... YES NO
- J. Cysts, tumour or cancer?..... YES NO
- K. Any skin conditions?..... YES NO
- L. Any gynaecological or breast conditions?..... YES NO
- M. Any pre or post natal complications, complications of childbirth or suffered any miscarriage? YES NO
- N. Any physical defect, infirmity or congenital illness?..... YES NO
- O. Any nervous, mental or psychiatric condition?..... YES NO
- P. Any alcohol and/or drug dependency problem?..... YES NO
- Q. A higher than normal cholesterol level?..... YES NO
- R. Any neurological conditions, including migraine and/or headaches?..... YES NO
- S. Any other type of disease, injury or medical condition?..... YES NO

7. Have you ever been tested for the HIV and/or Hepatitis C virus?..... YES NO

If the answer to this question (# 6) is YES, was the result positive?..... YES NO

If you have answered YES to any question, please give full details below. Please continue on a separate sheet if necessary.

Question No.	Diagnosis of illness and the name and address of the treating physician	Date on which first diagnosed	Full details of treatment and tests received, and test results (attach medical reports where possible)	Dates of treatment and/or tests	Your present state of health with regard to this ailment. If treatment is still being received, please give full details

METHOD AND FREQUENCY OF PREMIUM PAYMENT

Method and frequency of payment options available (Please note that semi-annual, quarterly and monthly 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).

CONTINUING DUTY OF DISCLOSURE

If after completing, signing and dating your application form any changes occur in the facts you have given us, such as a change in your state of health or in 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 to accept your application or to accept your application with special terms.

THE INSURER

The Insurer of your plan will be Dubai Insurance Company psc. The administrator of your plan will be William Russell Limited.

DECLARATION

I hereby apply for cover under the Global Life plan, and Global Accident plan (if applicable), and/or Global Income plan. I declare to the best of my knowledge and belief that the information I have given in this application form is true and complete. I understand that upon receipt of my Global Life plan, and Global Accident plan (if applicable), and/or Global Income plan documents, if I am not entirely satisfied, I can cancel my application from inception and receive a full refund of the premium I have paid, provided I return the documents to Dubai Insurance Company psc within 30 days of the start of the policy, and provided I make no claim.

I agree that Dubai Insurance Company psc may rescind the policy and release themselves from any liability whatsoever if it is proved that I have omitted to declare any relevant information, or have given any incorrect, incomplete or misleading information.

I authorise any doctor named above and any other doctor or medical practitioner who has attended me, to provide Dubai Insurance Company psc with any information they may require in connection with this application and/or in connection with any claim on my Global Life plan, and Global Accident plan (if applicable), and/or Global Income plan.

If I have indicated that I wish to pay by credit/debit card or by direct debit, I authorise Dubai Insurance Company psc to debit my account with the appropriate premiums 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 policy. I understand that Dubai Insurance Company psc cannot be liable if my policy is lapsed because my account could not be debited.

I understand that Dubai Insurance Company psc will give me 4 weeks notice of renewal, and that premiums will vary each year.

I declare that I am actively at work, i.e. consistently working my contracted hours, undertaking my normal duties, and not working contrary to medical advice. In the event of a claim, I authorise my employer or accountant to release information to Dubai Insurance Company psc regarding my salary.

In the event of my death, I hereby instruct Dubai Insurance Company psc or their authorised representative to distribute the proceeds of my Global Life plan and Global Accident plan (if applicable) in accordance with the instructions I have given above. I understand I am cancelling any and all previous Designation of Beneficiary. I understand that I may change this beneficiary appointment at any time by completing a new Beneficiary Nomination form.

I hereby give Dubai Insurance Company psc authorisation to send my insurance documents in PDF format by email to the email address I have stated in this application. If I have applied through an intermediary I hereby give Dubai Insurance Company psc authorisation to send my insurance documents in PDF format by email to my intermediary.

Signature of applicant: _____

Date: _____

IMPORTANT: AN INCOMPLETE FORM WILL DELAY YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE GIVEN AN ANSWER TO EVERY QUESTION.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- Original certified passport copy
- Original utility bill (less than 4 months old) which confirms your residential address

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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