

CORPORATE APPLICATION FORM

Please complete this form in block capitals using black ink



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 PLAN REQUIRED

Global Health Essential

 Essential Care **Essential Care Plus**

Global Health Elite

 Bronze **Silver** **Gold** **Platinum** **Bespoke (50+ employees)**

Area of cover required for Global Health Elite plan:

 Standard – Area 1 World-wide excluding the USA. **World-wide** – Area 2 World-wide with cover in the USA limited to temporary trips of up to 45 days and a benefit limit of US \$100,000. **World-wide Plus** – Area 3 World-wide with cover in the USA limited to temporary trips of up to 90 days and a benefit limit of US \$250,000.

Optional dental and maternity benefits

Only available with the Essential plans and the Elite Bronze and Silver plans.

Optional dental care cover: **\$500/AED 1,835 with 25% co-insurance** **\$250/AED 917.50 with 25% co-insurance**Optional maternity care cover: **\$5,000/AED 18,350 with 20% co-insurance** **\$2,500/AED 9,175 with 20% co-insurance**

Required excess

The standard excess is Nil for Essential Care and Bronze, and \$15/AED 55 for Essential Care Plus, Silver, Gold and Platinum.

 Nil **\$15/AED 55** (n/a for Essential Care or Bronze) **\$30/AED 110** (n/a for Essential plans or Bronze)

Other, please state: _____

OPTIONAL GLOBAL TRAVEL PLAN REQUIREMENTS

 All employees **Employees and their partners** **Employees, their partners and dependants**

OPTIONAL GLOBAL PERSONAL ACCIDENT BENEFIT REQUIREMENTS

 All employees **Employees and their partners**

Exclusions apply in respect of hazardous occupations and hazardous sports. When Personal Accident Benefit cover is required for an employee whose occupation is not 100% office based, 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.

CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

Currency options available: Dollars UAE dirhams

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.

The following options are available:

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

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

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

Not available if you pay UAE dirhams. A credit card authorisation form is available from our web site or by contacting William Russell.

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

Moratorium

Continued Personal Medical Exclusions (10+ employees)

Medical History Disregarded (20+ employees)

MEDICAL QUESTIONS

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

Been admitted to hospital? Yes No

If yes, please give details _____

Suffered from any serious* health problems? Yes No

If yes, please give details _____

*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? Yes No

If yes, please give details _____

About to embark on or aware of the need of medical treatment? Yes No

If yes, please give details _____

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 _____

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).

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 William Russell Limited any amount claimed which subsequently turn out to be ineligible.

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 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 William Russell Limited, and until the appropriate premium has been received by William Russell Limited.

We hereby understand and agree that any misuse of individual insurance membership cards, including claims for conditions that subsequently turn out to be ineligible under our plan, and claims from our ex-employees and/or their dependants after their cover has been terminated, and which result in expenditure being incurred, will be our full responsibility and we agree that we will repay to William Russell Limited any such ineligible amounts claimed.

Signed (on behalf of the Employer): _____

Date: _____

Position in Company: _____

William Russell Limited

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WILLIAM RUSSELL
Peace of mind wherever you are