

GLOBAL HEALTH CORPORATE APPLICATION FORM

Please complete this form in block capitals using black ink



WILLIAM RUSSELL
Peace of mind wherever you are

YOUR BROKER DETAILS

If you were introduced to Dubai Insurance Company psc 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 ELITE PLAN REQUIRED

Platinum

Gold

Silver

Bronze

Optional benefits required:

Out-patient direct billing in UAE, Bahrain, Kuwait, Oman and Qatar on the Platinum, Gold and Silver plans Available to residents of UAE, Bahrain, Kuwait, Oman and Qatar with a nil or \$15/AED55 excess. Access provided to the Neuron Comprehensive Network.

Available with Silver and Bronze 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

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 in this Area of Cover for any treatment received in the USA, Canada, the Caribbean, or within the London area.**

OR, GLOBAL HEALTH ESSENTIAL PLAN REQUIRED

Essential Care Plus

Essential Care

NB. Out-Patient direct billing in UAE, Bahrain, Kuwait, Oman and Qatar automatically included on the Essential Care Plus plan for employees resident in these countries on a nil or \$15/AED55 excess. Access provided to the Neuron General Network

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 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.

EXCESS REQUIRED

Nil Standard excess for Bronze and Essential Care. Available for Platinum, Gold, Silver and Essential Care Plus with a 5% premium loading.

\$15/AED55 Standard excess for Platinum, Gold, Silver and Essential Care Plus. Not available for Bronze and Essential Care.

\$30/AED100 Available for Platinum, Gold and Silver with a 5% discount. Not available for Bronze and Essential plans.

Other, please state: _____

To view higher excess options, please visit our web site or contact Dubai Insurance Company psc.

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.

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)

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: _____

MEDICAL QUESTIONS

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

A. **Been admitted to hospital?** If YES, please give details: **Yes** **No**

B. **Suffered from any serious* health problems?** If YES, please give details: **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:**

A. **Currently undergoing a course of medical treatment?** If YES, please give details: **Yes** **No**

B. **About to embark on or aware of the need of medical treatment?** If YES, please give details: **Yes** **No**

3. **Are all employees actively at work at the time of application?** If NO, please make a full declaration as follows:..... **Yes** **No**

Name: _____ Date last worked: _____

Reason for absence: _____

CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

Please state the currency in which you wish to pay premiums:*

*NB: The currency in which you pay your premium will be the currency in which your plan benefits and excess are denominated.

- US 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.

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).

START DATE

Date on which you wish your Global Health plan to commence:

On acceptance Other (Please state):

Please note that application forms are only valid for 28 days and that we cannot commence your plan until we have accepted your application form and have received payment of your first annual, semi-annual, quarterly or monthly premium in accordance with the terms of the Global Health plan agreement. Cover cannot be backdated.

THE INSURER

The Insurer of your plan will be Dubai Insurance Company psc.

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 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), subject to acceptance by Dubai Insurance Company psc and/or William Russell Limited on behalf of the insurers. We declare that to the best of our knowledge and belief the above information supplied in respect of our employees and their dependants, is true and complete.

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/or William Russell Limited, and until the appropriate premium has been received by Dubai Insurance Company psc and/or William Russell Limited.

If we have indicated that we wish to pay by credit or debit card, we agree that Dubai Insurance Company psc and/or William Russell Limited may debit our account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by Dubai Insurance Company psc and/or William Russell Limited until we give written notice that we wish to terminate this agreement. We understand that our cover will terminate in accordance with the terms of the Global Health agreement if Dubai Insurance Company psc and/or William Russell Limited are unable to collect our premium – for whatever reason – and we do not provide Dubai Insurance Company psc and/or William Russell Limited with an alternate method of payment immediately.

We hereby give Dubai Insurance Company psc and/or William Russell Limited authorisation to send our insurance documents in pdf format by email to the email address we have stated in this application. If we have applied through an intermediary, we hereby give Dubai Insurance Company psc and/or William Russell Limited authorisation to send our insurance documents in pdf format by email to our intermediary.

We understand that our company data will be processed in accordance with the Data Protection Act (1988) and the EU Data Protection Directive 95/46/EC.

We understand that Dubai Insurance Company psc and/or William Russell Limited will hold and process our company data for the purposes of processing our Corporate Global Health plan, processing any claims submitted under the plan and providing other related services, which may include sharing our company data with the insurers of the plan, doctors and other medical professionals involved in the treatment or care of the employees insured under the Corporate Global Health plan, Dubai Insurance Company psc and/or William Russell Limited's emergency assistance providers and other agents. We understand that this may include the transfer of company data to countries outside the European Union and in signing this form we consent to such transfer and use

We also understand that our company data may be disclosed to any regulatory body that may require Dubai Insurance Company psc and/or William Russell Limited to disclose it and that, in the event of fraud or suspected fraud, our company data may be disclosed to other parties, including but not limited to, the appropriate law enforcement agencies.

We consent to Dubai Insurance Company psc and/or William Russell Limited processing personal and sensitive data about the company and employees included on this application and policy. We understand that all company data we supply must be accurate.

I understand that telephone calls to Dubai Insurance Company psc and/or William Russell Limited may be recorded and monitored.

Signed (on behalf of the Employer):

Date:

Position in Company:

IMPORTANT:

1. Please ensure you have given an answer to every question. An incomplete form will delay your application.
2. If you are applying for a fully underwritten or moratorium policy, every employee must complete an application form. Forms are available from www.william-russell.com/webworks/sales or from Dubai Insurance Company psc.
3. If you are applying for a policy with continued personal medical exclusions, we will require a copy of each employees current insurance certificate along with a copy of the current group insurance certificate and table of benefits.
4. 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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WILLIAM RUSSELL
Peace of mind wherever you are

GLOBAL PLANS CREDIT/DEBIT CARD AUTHORISATION FORM

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

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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