

GLOBAL LIFE & GLOBAL INCOME CORPORATE APPLICATION FORM

Please complete this form in block capitals using black ink



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: _____

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: _____

ELIGIBLE EMPLOYEES

Is cover required for ALL employees? YES NO

If NO, please confirm the category(ies) of employee(s) for whom cover is required:

CURRENCY REQUIRED

Please state the currency in which you wish your plan benefits to be denominated: US Dollars UAE 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 (only complete if Global Life cover is required)

Select the life insurance benefit required up to 5 x salary

1 x salary 2 x salary 3 x salary 4 x salary 5 x salary

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

GLOBAL ACCIDENT APPLICATION (only complete if Global Accident cover is required)

Tick this box if you wish to include double indemnity cover if death occurs as a result of an accident

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

GLOBAL INCOME APPLICATION (only complete if Global Income cover is required)

The income protection benefit is available as a percentage of salary. You can insure up to 80% of your employee's salaries.

Please confirm the percentage of salary you wish to insure: _____ % of salary

Please also confirm the deferment period you require: 3 months 6 months

The benefit we pay will be restricted to 80% of the employee's pre-disability salary, less any other income they are entitled to receive whilst they are disabled. The maximum benefit available under the Global Income Protection plan is \$144,000 or AED528,000. The deferment period is the waiting period during which no benefit is paid.

OCCUPATIONS/HAZARDOUS ACTIVITIES

The Global Life (and Accident), and/or Global Income Protection cover may be affected if any of your employee's occupations are not 100% office based and/or any of the employees participate in hazardous activities. Employees must provide a full job description if their occupation is not 100% office based and must provide full details of any hazardous activities they participate in including how often they participate. Cover for higher risk occupations or hazardous activities may be subject to a premium loading and/or special terms. Dubai Insurance Company psc and/or William Russell Limited reserve the right to decline cover for an employee depending on their occupation and activities.

Hazardous Activities include (but are not limited to) off-piste skiing, scuba diving to a depth of more than 30 metres and/or unsupervised scuba diving, rock-climbing or mountaineering normally involving the use of ropes or guides, pot-holing, hang-gliding, parachuting, bungee-jumping, hunting on horseback, driving or riding in any kind of race or competition, flying other than as a passenger on a commercial aircraft, riding or pillion on motorcycles, motor scooters or mopeds or any other activity which has a similar degree of danger as any of those mentioned here. If you are uncertain about whether an occupation is higher risk, or whether an activity would be classed as hazardous, please provide the information as requested and we will confirm if we require anything further.

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).

- Cheque or bank draft:** **Annually** Payable to Dubai Insurance Company psc and drawn on a UAE bank account.
- Bank transfer:** **Annually**
- 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 corporate plan to commence: **On acceptance** **Other**

Please note that we cannot commence your plan until we have accepted all 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 Global Life and Global Income agreement. Cover cannot be back-dated.

THE INSURER

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

DECLARATION AND AUTHORISATION

We hereby apply for cover under the Global Life and/or Global Income plan.

We confirm that membership of the corporate plan is compulsory, with all eligible employees being insured. We declare that to the best of our knowledge and belief the above information supplied in respect of our employees, 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 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.

We declare that all employees are actively at work, i.e. consistently working their contracted hours, undertaking their normal duties, and not working contrary to medical advice.

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 Life and Income 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 Global Life and/or Global Income 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 Global Life and/or Global Income plan 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: PLEASE ENCLOSE AN APPLICATION FORM IN RESPECT OF EACH EMPLOYEE FOR WHOM COVER IS REQUIRED.

IMPORTANT NOTICE REGARDING PAYMENT OF DEATH BENEFITS:

The Global Life & Income Protection plan is subject to the law of Dubai. We strongly advise your employees to consider completing a Beneficiary Nomination form if they wish to avoid the possibility that any death benefit payable under the plan might be distributed in accordance with the inheritance laws of Dubai, applicable if no beneficiary has been nominated and based on the Sharia law of inheritance.



Global Plans Team
Dubai Insurance Company psc
PO Box 3027, Dubai, UAE.
T + 971 4 2697706
F + 971 4 2691304
sales@globalplans.ae
www.globalplans.ae



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: _____



Global Plans Team
Dubai Insurance Company psc
PO Box 3027, Dubai, UAE.
T + 971 4 2697706
F + 971 4 2691304
sales@globalplans.ae
www.globalplans.ae

