

GLOBAL LIFE & GLOBAL INCOME EMPLOYEE APPLICATION FORM

Please complete this form in block capitals using black ink



WILLIAM RUSSELL
Peace of mind wherever you are

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:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of residence:	Nationality:	

YOUR OCCUPATION/HAZARDOUS ACTIVITIES

Name of your employer:	
Occupation	Current salary: (Proof of your salary will be requested in the event of a claim)
Is your occupation 100% office based? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide a full job description:
Do you ever work offshore? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
Do you participate in any hazardous activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give full details of any hazardous activities you participate in including how often you participate:	

The Global Life (and Accident), and/or Global Income Protection cover may be affected if your occupation is not 100% office based and/or you participate in hazardous activities. You must provide a full job description if your occupation is not 100% office based and must provide full details of any hazardous activities you participate in including how often you 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 and/or the underwriters reserve the right to decline cover depending on your 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.

PREVIOUS/CURRENT INSURANCE

Have you previously held a policy, or do you currently hold a policy, with William Russell Limited or Dubai Insurance Company psc? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please state the previous/current policy number:	Date of expiry of policy:
Are you currently, insured with another insurer providing life and/or accident and/or income protection? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please state the amount(s) and the insurer(s):	

PRE-EXISTING MEDICAL CONDITIONS AND RELATED CONDITIONS

IMPORTANT:

The Global Life and/or Accident, and/or Global Income Protection plans do not cover the treatment of pre-existing conditions and related conditions. A pre-existing condition means any disease, illness or injury for which you have received medication, advice or treatment, or you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the start of your cover. A related condition is any disease, illness or injury that is caused by a pre-existing condition or results from the same underlying cause as a pre-existing condition.

We rely on the information that you give us in this form when we decide whether or not to accept your application, and whether or not we need to apply special terms. Special terms are exclusions or conditions that we may apply to your cover. If you submit a claim relating to a pre-existing condition or related condition which you omitted to tell us about here or you omit to tell us everything about, we will refuse to pay that claim. We also have the right to declare your Global Life and/or Accident, and/or Global Income Protection plan void, or we may impose special terms on your plan which will apply retrospectively. Please therefore take the greatest care to ensure that this application form is completed fully and accurately.

If you are uncertain about whether any particular fact needs to be disclosed, you should include it.

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, 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.

HEALTH DECLARATION

Please give full details about each condition by answering the questions in the following health declaration accurately and in as much detail as possible. Please continue on a separate sheet if necessary. We cannot accept your application if this health declaration is incomplete.

If someone else completes this form for you (for example your partner or financial adviser) you must check that all the details are correct before you sign the declaration.

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

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 or been advised to undergo a surgical operation (including any cosmetic surgery or any refractive laser eye surgery)?..... 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
- F. Had any abnormal medical test results?..... Yes No
- G. Had an application for insurance turned down or accepted at special terms?..... 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
e.g. glaucoma, cataracts, retinal or other eye disorders, tonsillitis, ear infections, loss of hearing, loss of sight, sinus problems
- B. Any high blood pressure, heart or circulatory conditions?..... Yes No
e.g. angina/chest pains, heart attack, abnormal heartbeat, palpitations, varicose veins, stroke, deep vein thrombosis, high cholesterol
- C. Diabetes or any other endocrine disorder?..... Yes No
e.g. underactive/overactive thyroid, goitre, hormonal problems
- D. Any musculo-skeletal conditions..... Yes No
e.g. inter vertebral disc problems, osteoporosis, back pain, neck pain, sciatica, tendon or ligament problems, fractures, rheumatoid arthritis, osteoarthritis, gout, inflammatory conditions
- E. Any respiratory conditions? Yes No
e.g. asthma, bronchitis, chest infections, shortness of breath, tuberculosis, emphysema, other lung conditions
- F. Genito-urinary or renal conditions? Yes No
e.g. prostate problems, incontinence, urinary retention, kidney stones, kidney failure, urinary tract infection
- G. Conditions of the digestive system (stomach, intestine, liver, gallbladder)..... Yes No
e.g. indigestion, gastric/peptic ulcers, irritable bowel system, Crohn's disease, hepatitis, cirrhosis, gallstones, rectal bleeding, haemorrhoids (piles)
- H. Cancer, growths or tumours?..... Yes No
e.g. benign growths, any type of cancer, pre-cancerous conditions
- I. Any skin conditions?..... Yes No
e.g. acne, eczema, rashes including allergic rashes, psoriasis, cysts, dermatitis, changing moles, warts
- J. Any gynaecological or breast conditions?..... Yes No
e.g. heavy or irregular periods, ovarian cysts, fibroids, endometriosis, infertility, breast lumps/cysts, abnormal smears
- K. Any physical defect, infirmity or congenital illness? Yes No
- L. Psychiatric conditions? Yes No
e.g. anxiety, bi-polar disorder, schizophrenia, stress, depression, eating disorders
- M. Any alcohol and/or drug dependency problem?..... Yes No
- N. Any neurological conditions (brain and central nervous system)?..... Yes No
e.g. epilepsy, multiple sclerosis, repeated headaches, migraines, neuralgia, fits, stroke, fainting, paralysis
- O. Any other type of disease, injury or medical condition?..... Yes No
- P. Any pre or post natal complications, complications of childbirth or suffered any miscarriage?..... Yes No

7. **Have you ever been tested for the HIV and/or Hepatitis C virus**..... Yes No

If the answer to this question (7) 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

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

Name: _____ Date last consulted: _____

Practice Name: _____

Address: _____

Tel No: _____

IMPORTANT

If we need to contact you for additional information, please give us the personal contact number we may use

Email: _____ Telephone: _____ Fax: _____

BENEFICIARY NOMINATION**IMPORTANT NOTICE REGARDING PAYMENT OF DEATH BENEFITS:**

Your Global Life & Income Protection plan is subject to the law of Dubai. You are strongly advised to consider completing a Beneficiary Nomination form if you 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.

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 that the death of the above beneficiary/ies precedes your own death, please state your wishes here:

THE INSURER

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

DECLARATION AND AUTHORISATION

I hereby apply for cover for a Global Life and/or Accident, and/or Global Income Protection plan as specified above. I have made a full and complete disclosure about my medical history and I fully understand that pre-existing conditions shall not be covered by the insurance plan.

I agree that Dubai Insurance Company psc and/or William Russell Limited or the insurer 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 also understand that I must notify Dubai Insurance Company psc and/or William Russell Limited of any changes in the facts contained in this application form, such as a change in the state of my health. I authorise any doctor who has ever treated or advised me to provide Dubai Insurance Company psc and/or William Russell Limited 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.

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

I understand that Dubai Insurance Company psc and/or William Russell Limited may rely on this information to administer my policy and claims and to determine policy coverage according to applicable laws and regulations.

I understand that if I leave my current employment my eligibility to this group scheme will no longer be valid, therefore my cover on the plan will cease with immediate effect. I understand that if I wish to take out an individual policy with Dubai Insurance Company psc and/or William Russell Limited, I will need to reapply, and new terms will be issued.

I hereby give Dubai Insurance Company psc and/or William Russell Limited 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 and/or William Russell Limited authorisation to send my insurance documents in pdf format by email to my intermediary.

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

I understand that Dubai Insurance Company psc and/or William Russell Limited will hold and process my personal data for the purposes of processing my Global Life and/or Accident, and/or Global Income Protection plan, processing any claims submitted under my Global Life and/or Accident, and/or Global Income Protection plan and providing other related services, which may include sharing my personal data with the insurers of my plan, doctors and other medical professionals involved in my treatment or care and other agents. I understand that this may include the transfer of personal data to countries outside the European Union and in signing this form I consent to such transfer and use.

I also understand that my personal 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, my personal data may be disclosed to other parties, including but not limited to, the appropriate law enforcement agencies.

I consent to Dubai Insurance Company psc and/or William Russell Limited processing personal and sensitive data about me and other persons included on this application form. I understand that all personal data I supply must be accurate.

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

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

I understand that I may ask to review my personal or healthcare information and request amendments, to the extent allowed by law, and that I may revoke this authorisation at any time.

This authorisation shall remain valid for the term of my Global Life and/or Accident, and/or Global Income Protection plan, including any periods of cover following subsequent renewals, or for so long as allowed by law.

ACTIVELY AT WORK DECLARATION

I declare that I am actively at work, i.e. consistently working my contracted number of hours and undertaking my normal duties and I am not working contrary to medical advice.

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

Signature of employee:

Date:

Signed on behalf of the employer:

Date:

Position in company:

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