

CORPORATE APPLICATION FORM

Please complete this form in block capitals using black ink



GLOBAL HEALTH[®]
Health Insurance for Expatriates

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:

Area 1 World-wide excluding the USA.

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.

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.

Semi-private room discount Only available to residents of Hong Kong and Singapore.

Direct billing in Hong Kong and China Available to residents of Hong Kong with a nil excess. Available to residents of China with a nil or \$50 / £30 excess. A 7.5% premium surcharge will apply in China.

Optional dental and maternity benefits

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

Optional dental care cover: **\$500/£275/€500 with 25% co-insurance**

\$250/£138/€250 with 25% co-insurance

Optional maternity care cover: **\$5,000/£2,750/€5,000 with 20% co-insurance**

\$2,500/£1,388/€2,500 with 20% co-insurance

Required excess

The standard excess is nil for Essential Care and Bronze, and \$50/£30/€45 for Essential Care Plus, Silver, Gold and Platinum.

Nil **\$50/£30/€45** (n/a for Essential Care or Bronze) **\$100/£60/€90** (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

Sterling

Euros

NB: Essential plans are ONLY available in Dollars.

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. Direct debit:

Annually

Semi-annually

Quarterly

Monthly

Only available if you pay sterling premiums from a UK bank account. An original completed and signed direct debit mandate will be required before we can commence your cover. A direct debit mandate is available from our web site or by contacting William Russell.

4. Credit/debit card:

Annually

Semi-annually

Quarterly

Monthly

A credit/debit 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 Continued Personal Medical Exclusions (3+ employees)
 Moratorium Medical History Disregarded (10+ 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:

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.

Signed (on behalf of the Employer): _____

Date: _____

Position in Company: _____



WILLIAM RUSSELL
Peace of mind wherever you are

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