



WILLIAM RUSSELL

Peace of mind wherever you are



EMPLOYEE MEMBERSHIP PLAN AGREEMENT

For all corporate Global Health Elite plan clients whose period of cover starts on or after **1st January 2010**

GLOBAL HEALTH ELITE

YOUR EMPLOYEE MEMBERSHIP PLAN AGREEMENT



Welcome to William Russell

We want to provide you with an insurance plan you can rely on, so it is important that you fully understand the scope of the cover we provide. In this plan agreement we explain what is – and what is not – covered by your Global Health Elite plan.

This agreement also contains important information about how to make a claim and what to do in an emergency.

Please spend time looking through your agreement to ensure that the cover we are providing meets your requirements.

PRE-AUTHORISATION OF IN-PATIENT AND DAY-PATIENT TREATMENT

It is a condition of the Global Health Elite **plan** agreement that **we** only pay for **in-patient** or **day-patient hospital treatment** costs that have been authorised by **us** in advance. By in advance, **we** mean BEFORE **you** have been admitted to **hospital**.

As soon as **you** know **you** need to be admitted to **hospital** **you** must contact **us** for pre-authorisation. If it is a medical emergency that occurs outside UK and Malaysian working hours, **you** must contact the **Assistance Service** on + 44 1243 621155. Full instructions about this procedure are stated on **your** Global Health Membership Card.

If you do not contact us in advance, we reserve the right to decline your claim, or to pay only 80% of the eligible in-patient benefits. In the case of an emergency, where it is not reasonably possible for you to contact us in advance, you must contact us within 72 hours to ensure that no payment penalty will apply to your claim.

Upon receipt of **your** call **we**, or the **Assistance Service**, will, when appropriate, authorise the proposed **treatment** and issue any necessary guarantee to the **hospital** and make arrangements to settle **your hospital** bill direct.

WILLIAM RUSSELL LIMITED

William Russell Limited is the administrator of **your** Global Health Elite **plan**. William Russell Limited is authorised and regulated by the UK Financial Services Authority.

The insurers of **your** Global Health Elite **plan** are as stated on **your** Certificate of Insurance.

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The Assistance Service

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INDEX

Global Health Elite membership plan agreement

4

[Click on the index entry to go straight to the page content](#)

1. THE GLOBAL HEALTH ELITE PLAN MEMBERSHIP AGREEMENT

Eligibility to join your employer’s Global Health plan	7
Bold words	7
The purpose of your plan	7
Your obligation to disclose all facts relating to your own, and to your dependants’ medical history	7
Completing your Global Health Elite application form	8
Pre-existing conditions and related conditions	8
Age limits	8
Applying for cover for your eligible dependants	8
Commencement of your cover	8
If the USA is or becomes your country of residence	9

2. THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN

Cover for chronic conditions	9
Reasonable and customary charges	9
Medically necessary and medically supervised treatment	9
The benefits provided by each Global Health Elite plan	9
The benefits we provide if you are treated in or at a hospital in the London area	10
Table of Benefits	11
Plan limits	22
The excess – if your plan is insured by Hauteville Insurance Company Limited	22
The excess – if your plan is insured by Dubai Insurance Company psc	22
How excesses, co-insurance and limits work together	22
Post hospital treatment	23

3. YOUR AREA OF COVER

Standard (Area One)	23
Orchid (Area One)	23
World-wide with USA (Area Two)	23
World-wide Plus with USA (Area Three)	23
Continuing your cover when you return to your home country	23
Returning home to the United States of America	23

[Click on the index entry to go straight to the page content](#)

Returning home to Canada (applicable only to persons whose date of entry is after 1st January 2010) _____ 24

4. MAKING A CLAIM

Obtaining pre-authorisation for all hospital treatment _____ 24

Obtaining pre-authorisation for all cancer treatment _____ 24

Obtaining pre-authorisation for all psychiatric treatment _____ 25

Obtaining pre-authorisation for all home nursing _____ 25

Making a claim for out-patient treatment _____ 25

Claiming your well-being benefit _____ 25

Claiming your well-child benefit _____ 26

Making a claim for compassionate home travel _____ 26

Important points to remember when submitting your claim _____ 26

Important requirement if you are admitted to hospital _____ 27

Settling your claim _____ 27

Exchange rates _____ 27

If you are making a claim for an accident _____ 27

Claims for an illness or injury caused by a third party _____ 27

If you are covered by another insurance plan _____ 28

Our right to cancel your plan if we have been misled _____ 28

5. IF YOU NEED TO BE EVACUATED FOR EMERGENCY TREATMENT

Contacting the Assistance Service _____ 28

6. COSTS WE DON'T COVER

Exclusions – A list of medical conditions and events we do not provide cover for _____ 29

7. POLICY ADMINISTRATION

Global Health Elite premiums _____ 36

Unpaid or late premiums _____ 36

Child premium discounts _____ 36

Changing your plan type, area of cover or excess _____ 36

Adding a new eligible dependant _____ 38

Adding newborns _____ 38

Renewing your Global Health Elite plan _____ 38

INDEX

Global Health Elite membership plan agreement

6

[Click on the index entry to go straight to the page content](#)

Our renewal premium invoice _____	38
Unpaid or late renewal premiums _____	38
Changing your address and country of residence _____	39
In the event of the death of an insured person _____	39
When your employment terminates _____	39
Arbitration / applicable law _____	39
Complaints procedure _____	39

8. DEFINITIONS

A clear explanation of certain terms used within this agreement _____	40
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1. THE GLOBAL HEALTH ELITE PLAN MEMBERSHIP AGREEMENT

The Global Health Elite **plan agreement** is subject to the agreement between **us** and **your employer**.

Any cover we provide **you** with is subject to the terms, conditions and exclusions of the **Master Certificate of Insurance we** issue to **your employer**. A copy of the **Master Certificate of Insurance** is available from **your employer**.

Cover is also subject to the terms and conditions and exclusions contained within this **agreement**, and to any **special terms** stated on **your Certificate of Insurance**.

Eligibility to join your employer's Global Health plan

Eligibility to join **your employer's** Global Health **plan** is as stated on **your employer's** application form.

If **you** are eligible to join **your employer's** Global Health **plan**, **you** must join the **plan** at the first available opportunity.

By the **first available opportunity we** mean:

- At the commencement date of **your employer's plan** or on the date on which **you** commence employment with **your employer** if later, or,
- On the date on which **you** receive a promotion to a position within the company which entitles **you** to join **your employer's plan**.

Your eligible dependants must also join at the same time as **you** join.

If **you** or **your dependants** do not join **your employer's plan** at the first available opportunity **we** reserve the right to refuse cover or to only offer cover at **special terms**.

Bold words

Words written in **bold type** have a specific meaning relevant to this **agreement**. Such words are defined within the definitions section of this **agreement**.

The purpose of your plan

Insurance policies provide cover against an unexpected event happening after the start of **your** policy i.e. **your date of entry**. With health insurance this means cover for the cost of private medical treatment for unforeseen medical conditions first manifesting themselves after **your date of entry**.

Your plan is not intended to cover conditions which **you** already have before **your date of entry**, or which are related to conditions **you** have had before **your date of entry**. These are called **pre-existing conditions** and **related conditions**.

Your obligation to disclose all facts relating to your own, and to your dependants' medical history

We rely on the information **you** supply to **us** in **your application 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 on joining the Global Health **plan**, or on transfer to another Global Health **plan** or **area of cover**.

We may accept **your** application with or without **special terms**, or **we** may refuse to accept **your** application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

If **you** submit a claim for the **treatment** of any **pre-existing condition** or **related medical condition** which **you** omitted to tell **us** about on **your application form**, or **you** omitted to tell **us** everything about, **we** will refuse to pay that claim

If **your application form** omits facts or contains materially incorrect or incomplete facts, **we** have the right to declare **your** Global Health **plan** void. Alternatively **we** may impose **special terms** on **your** particular **plan** which will apply from **your date of entry**.

GLOBAL HEALTH ELITE PLAN MEMBERSHIP AGREEMENT

Global Health Elite membership plan agreement

8

Please therefore take the greatest care to ensure that not only is **your application form** completed fully and accurately, but also that **you** have not withheld any facts which may have some effect on the terms upon which **we** accept **your** application for cover.

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 or in the state of health of any of **your** dependants, **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**.

Completing your Global Health Elite application form

Your completed, signed and dated **application form** is an integral and crucial part of **your** Global Health **plan agreement** with **us** and the cover **we** provide.

When **you** apply for cover under the Global Health **plan you** must ensure that **your application form** has been fairly, fully and accurately completed, and that **you** have made a full disclosure of all the facts relating to **your** health and to the health of all **your** dependants for whom cover is required.

Your Global Health **plan** will not cover medical conditions, or any **related conditions** for which symptoms have appeared prior to the commencement of cover, irrespective of whether any medical **treatment** or advice was sought. If **you** or any of **your** dependants are suffering from any symptoms at the time of making **your** application **you** must declare these. **We** will not pay benefit for any medical **treatment** subsequently required to investigate or treat any condition relating to symptoms suffered prior to joining the Global Health **plan**.

Once **your** Global Health Essential application has been submitted to **us** it will become **our** property and cannot be returned.

Pre-existing conditions and related conditions

The Global Health **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:

1. **You** have received medication, advice or **treatment**; or
2. **You** have experienced symptoms;

whether the condition has been diagnosed or not at the time of **your date of entry** to the Global Health **plan**.

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**.

Age limits

You must be under 65 years of age at the commencement date of **your** Global Health **plan**.

Applying for cover for your eligible dependants

Provided **your** dependants are also eligible to join **your employer's plan**, **you** may apply for cover on behalf of **your** spouse or partner, (provided they are under 65 years of age), and/or on behalf of **your** unmarried children, (provided they are aged less than 18 years old, or less than 25 years old if in continuous full-time education). **We** reserve the right to request and receive proof of a dependent child being in full-time education. If **you** apply to add **your** new spouse or partner and/or dependent children after **your date of entry**, **you** must complete a new **application form** on their behalf.

Commencement of your cover

Subject to **you** being eligible to join **your employer's plan**, **your** Global Health **plan** cover will commence from the **date of entry** stated on **your certificate of insurance**. **We** will not commence **your** cover until **we** have accepted **your application** and until **we** have received payment of **your premium**, as invoiced by **us**, from **your employer**.

THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN

Global Health Elite membership plan agreement

9

If the USA is or becomes your country of residence

Under the terms of this **agreement** cover is not available to **you** if the United States of America is **your country of residence**, irrespective of **your** nationality. If the USA becomes **your country of residence** during **your annual period of cover** you must tell **us**. **We** may offer **you** limited cover in the USA up until **your next renewal date** at **our** sole discretion. **We** will not be able to offer **you** renewal at **your next renewal date**.

2. THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN

Your Global Health Elite **plan** insures **you** against the cost of the necessary, **recognised medical treatment** of **acute conditions** covered by **your plan** and received during **your period of cover**.

An **acute condition** means a disease, injury or illness that is likely to respond quickly to **treatment**, which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Cover for chronic conditions

Your Global Health Elite **plan** covers **treatment** of an **acute** exacerbation of a **chronic condition**. However, **you** are not covered for the cost of **treatment** that is aimed at maintaining or controlling a **chronic condition** except as stated in the **Table of Benefits** in respect of the Silver, Gold and Platinum **plans**.

Reasonable and customary charges

We will only pay **reasonable and customary** charges. **Reasonable and customary** means the charge that would typically be made for **your treatment** by medical service providers in the country in which **you** receive **your treatment**. If the cost of **your treatment** is more than the charge that would typically be made by medical service providers, in the country in which **you** receive **your treatment**, **we** will only pay up to the amount which is typically charged in that country. In the event of a dispute, **we** will identify the amount typically charged for **your treatment** by medical service providers in the country in which **you** receive it, by obtaining three quotations and taking a mean average of these three quotations.

Medically necessary and medically supervised treatment

We will only pay for **treatment** received during **your period of cover** that is **medically necessary** and supervised by a **medical doctor**. By **medically necessary** **we** mean **treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this **agreement**, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used for the purpose will be those published by the National Institute for Health and Clinical Excellence in the UK.

We will only pay for **treatment** carried out by a qualified **medical doctor** or qualified **medical practitioner** to whom **you** have been referred by a **medical doctor**.

The benefits provided by each Global Health Elite plan

The following **Table of Benefits** sets out the cover provided by each Global Health Elite **plan**. Global Health Elite offers four levels of cover - the Platinum **plan**, the Gold **plan**, the Silver **plan** and the Bronze **plan**. The **plan** **your employer** has bought for **you** is as stated on **your certificate of insurance**. Please familiarise **yourself** with the benefits that apply to **your plan**. **We** will pay only for the benefits stated in the **Table of Benefits** of the Global Health Elite **plan** **your employer** has bought. If **you** incur costs for benefits not covered by the Global Health Elite **plan** **your employer** has bought, **you** will have to pay these costs **yourself**. The maximum amount **we** will pay for certain benefits is limited. If **you** incur costs in excess of the limits stated in the **Table of Benefits** of the Global Health Elite **plan** **your employer** has bought **you** will have to pay the difference.

Where the term **full refund** appears, please note that this is subject to the charges being **reasonable and customary** which means that if the cost of **your treatment** is more than **we** would reasonably have expected to pay in the country

THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN

Global Health Elite membership plan agreement

10

where **you** are being treated, for the **treatment you** have received, **we** will only pay the amount which is customarily charged in that country and **you** will have to pay the rest. **Full refund** also means **full refund** subject to any annual and/or life-time limits.

There are life-time limits on the amount **you** can **claim** in respect of the following benefits – psychiatric treatment, compassionate home travel, hospice care, and, if **you** have the Platinum **plan**, the well-child benefit. This means that the life time limit is the maximum amount **we** will pay in respect of that particular benefit during **your** life-time. If **your** cover ceases for any reason, **your** entitlement to benefit ceases from the date on which **your** cover ceases. Claims **you** make from any life-time limit are subject to the overall annual **plan** limit for the **plan you** are insured by.

Your plan's benefits and the explanatory notes show which **treatment** costs and benefits **you** are covered for, subject always to the terms, conditions, definitions and exclusions stated in this **agreement** and on **your certificate of insurance**.

All the benefit limits in the following **Table of Benefits** and the explanatory notes are set out in sterling, United States dollars, euros and UAE dirhams. The currency in which **your employer** pays **us your premiums** is the currency that applies to **your** cover. For example, if **your employer** pays **us your premiums** in sterling, the sterling benefit limits will apply.

The benefits we provide if you are treated in or at a hospital in the London area

If **you** have **your treatment** in or at a **hospital** located within the **London area** **we** will pay only 80% of **your** total eligible **treatment** costs. Please note that this co-insurance applies in respect of all **in-patient, day-patient** and **out-patient treatment you** have in a **London area hospital**, including the **hospital's** accommodation charge.

However, the co-insurance will not apply if **you** are insured by the Platinum **plan**.

All **treatment** in a **London area hospital** must be authorised in advance by **us** or the **Assistance Service**.

TABLE OF BENEFITS

Global Health Elite membership plan agreement

	BRONZE	SILVER	GOLD	PLATINUM
TOTAL ANNUAL BENEFIT LIMIT PER INSURED PERSON				
This is the overall maximum limit to the amount that you can claim during any one period of cover .	£625,000 or \$1,000,000 or €940,000 or AED 3,670,000	£1,125,000 or \$1,800,000 or €1,690,000 or AED 6,606,000	£1,560,000 or \$2,500,000 or €2,340,000 or AED 9,175,000	£1,560,000 or \$2,500,000 or €2,340,000 or AED 9,175,000
IN-PATIENT & DAY-PATIENT BENEFITS				
In-patient and day-patient treatment when it is medically necessary for you to occupy a hospital bed to receive treatment which is covered by your plan . We pay for hospital accommodation charges, surgeons', anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, theatre charges and intensive care, pathology, X-Rays, scans, oncology, diagnostic tests and physiotherapy. The hospital accommodation charges we pay are limited to the hospital's charge for a standard single room with an en-suite bathroom. We do not pay for personal items such as telephone calls, newspapers, and guest meals. We will only pay hospital charges for the period that it is medically necessary for you to stay in hospital .	Full refund of costs that have been authorised in advance by William Russell Limited or the Assistance Service	Full refund of costs that have been authorised in advance by William Russell Limited or the Assistance Service	Full refund of costs that have been authorised in advance by William Russell Limited or the Assistance Service	Full refund of costs that have been authorised in advance by William Russell Limited or the Assistance Service
In-patient emergency dental treatment This means emergency restorative dental treatment required to sound, natural teeth following an accident which necessitates your admission to hospital for at least one night. The dental treatment must be received within 15 days of the accident .	Up to £3,000 or \$4,800 or €4,500 or AED 17,616 per period of cover	Up to £5,000 or \$8,000 or €7,500 or AED 29,360 per period of cover	Up to £8,000 or \$12,800 or €12,000 or AED 46,976 per period of cover	Full refund
Parent accommodation whilst a child is in hospital When a child under 18 years of age receives treatment that is covered by their plan the hospital accommodation costs of one parent will also be covered provided the parent is also covered by a Global Health plan .	Full refund	Full refund	Full refund	Full refund

TABLE OF BENEFITS

Global Health Elite membership plan agreement

12

	BRONZE	SILVER	GOLD	PLATINUM
IN-PATIENT & DAY-PATIENT BENEFITS CONTINUED				
<p>Hospital cash benefit Payable for each night spent in a hospital where you receive treatment that would have been covered by your plan and where no charge is made by the hospital. Benefit is restricted to a maximum of 60 nights during any period of cover.</p>	£25 or \$40 or €37.50 or AED 147 per night	£50 or \$80 or €75 or AED 294 per night	£100 or \$160 or €150 or AED 588 per night	£200 or \$320 or €300 or AED 1,175 per night
ORGAN & BONE MARROW TRANSPLANTS				
<p>Heart, Kidney, liver, lung, and Heart and lung only We will pay for the cost of a heart, kidney, liver, lung, or heart and lung transplant including all costs incurred whilst hospitalised, and all related out-patient treatment required prior to and after the transplant. We do not cover any costs associated with the acquisition of the organ, or any of the donor's costs. We only pay for transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines.</p>	Full refund	Full refund	Full refund	Full refund
ONCOLOGY				
<p>Oncology We will pay for:</p> <ul style="list-style-type: none"> - Oncology (i.e. any treatment for cancer) required on an in-patient or day-patient basis, - Radiotherapy, and - Chemotherapy. 	<p>Full refund in respect of all eligible costs that have been authorised in advance by William Russell Limited</p>	<p>Full refund in respect of all eligible costs that have been authorised in advance by William Russell Limited</p>	<p>Full refund in respect of all eligible costs that have been authorised in advance by William Russell Limited</p>	<p>Full refund in respect of all eligible costs that have been authorised in advance by William Russell Limited</p>
<p>Out-patient follow up consultations and tests We will pay for medically necessary follow up consultations and tests received for cancer within your period of cover for Silver, Gold and Platinum and within the maximum period specified for Bronze. All costs must be authorised in advance by William Russell Limited.</p>	<p>Full refund for a maximum period of one year from the later of:</p> <ul style="list-style-type: none"> - the date of surgery, or - the completion of chemotherapy or radiotherapy 	Full refund	Full refund	Full refund

	BRONZE	SILVER	GOLD	PLATINUM
PSYCHIATRIC TREATMENT				
<p>Life-time limit for psychiatric treatment This limit applies in respect of in-patient and out-patient treatment combined.</p>	Up to £25,000 or \$40,000 or €37,500 or AED 146,800	Up to £30,000 or \$48,000 or €45,000 or AED 176,160	Up to £40,000 or \$64,000 or €60,000 or AED 234,880	Up to £50,000 or \$80,000 or €75,000 or AED 293,600
<p>In-patient psychiatric treatment We pay for in-patient and day-patient treatment in a recognised psychiatric unit of a Hospital. Cover is limited to 30 days per period of cover. This benefit is available after you have been insured by the Global Health plan for a continuous period of 24 months. No benefit will be paid in respect of any psychiatric treatment that has not been pre-authorised by us. All treatment must be administered under the direct control of a registered psychiatrist.</p>	Up to the life-time limit for psychiatric treatment in respect of eligible costs that have been authorised in advance by William Russell Limited	Up to the life-time limit for psychiatric treatment in respect of eligible costs that have been authorised in advance by William Russell Limited	Up to the life-time limit for psychiatric treatment in respect of eligible costs that have been authorised in advance by William Russell Limited	Up to the life-time limit for psychiatric treatment in respect of eligible costs that have been authorised in advance by William Russell Limited
<p>Out-patient psychiatric treatment We pay for specialist psychiatric consultations with a registered psychiatrist when you have been referred by a medical doctor. Cover is limited to 10 consultations per period of cover. This benefit is available after you have been insured by the Global Health plan for a continuous period of 24 months. All treatment must be authorised in advance by William Russell Limited. NB: We do not pay for drugs prescribed for out-patient psychiatric treatment.</p>	Full refund if post-hospital treatment within the life-time limit for psychiatric treatment	Full refund within the life-time limit for psychiatric treatment	Full refund within the life-time limit for psychiatric treatment	Full refund within the life-time limit for psychiatric treatment
ROAD AMBULANCE CHARGES				
<p>We will pay for the cost of a private road ambulance if you need in-patient or day-patient treatment for which you are covered by your plan and it is medically necessary for you to travel to the hospital by local road ambulance.</p>	Full refund	Full refund	Full refund	Full refund

TABLE OF BENEFITS

Global Health Elite membership plan agreement

14

	BRONZE	SILVER	GOLD	PLATINUM
OUT-PATIENT TREATMENT				
Emergency ward treatment Emergency treatment received at a hospital when it is not necessary for you to be admitted as an in-patient or day-patient .	Not covered	Full refund	Full refund	Full refund
Out-patient surgical procedure	Full refund	Full refund	Full refund	Full refund
GP and Specialist consultations, prescribed drugs and dressings, pathology, scans, radiology and diagnostic tests received as an out-patient .	Full refund if post hospital treatment.	Full refund	Full refund	Full refund
Advanced diagnostic Tests MRI, CAT and PET scans. NB. We will only pay for PET scans performed on the advice of a specialist .		Full refund	Full refund	Full refund
Treatment by a Chiropractor, Osteopath, Homeopath, or acupuncturist We will only pay for these treatments when you have been referred for treatment by a medical doctor . The medical doctor's referral letter will be required. The referral letter is only valid for the same or related condition for a period of three months from the date that the letter was issued. Cover is limited to a maximum of TEN sessions per period of cover in respect of ALL treatment types. If your condition becomes chronic and on-going treatment is aimed at maintaining it rather than curing it, no further payments will be made.	Covered only if post-hospital treatment (maximum of 10 sessions)	Full refund (maximum of 10 sessions)	Full refund (maximum of 10 sessions)	Full refund (maximum of 10 sessions)
Traditional Chinese medicine Limited to traditional Chinese medicine practitioners registered to practice in China only.	Not covered	Up to £20 or \$32 or €30 or AED 118 per consultation, and a maximum of ten consultations per period of cover .	Up to £20 or \$32 or €30 or AED 118 per consultation, and a maximum of ten consultations per period of cover .	Up to £20 or \$32 or €30 or AED 118 per consultation, and a maximum of ten consultations per period of cover .

	BRONZE	SILVER	GOLD	PLATINUM
<p>OUT-PATIENT TREATMENT CONTINUED</p> <p>Physiotherapy We will pay for treatment by a fully qualified and registered physiotherapist only when you have been referred for treatment by a medical doctor. The medical doctor's referral letter will be required. The referral letter is only valid for the same or related condition for a period of three months from the date that the letter was issued.</p> <p>We will pay for a maximum of TEN standard sessions per claim. After ten standard sessions of physiotherapy treatment has been administered we will only pay for further sessions relating to the same condition if they have been authorised in advance by us. A further doctor's report will be required after each 10th session. We will not pay more than the benefit limit stated opposite, regardless of the number of physiotherapy sessions received, or the number of conditions treated.</p> <p>If your condition becomes chronic and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.</p>	<p>Up to £250 or \$400 or €375 or AED 1,468 per period of cover for post-hospital treatment only</p>	<p>Up to £500 or \$800 or €750 or AED 2,936 per period of cover</p>	<p>Up to £1,000 or \$1,600 or €1,500 or AED 5,872 per period of cover</p>	<p>Up to £2,500 or \$4,000 or €3,750 or AED 14,680 per period of cover</p>
<p>Well-being benefit Once you have been insured by the same plan type for a continuous period of twelve months we will pay towards the cost of the following preventive health checks:- a general annual medical check-up as per our well-being medical examination report form, an annual cervical smear test and mammogram for women, an annual prostate cancer test for men. The Well-being benefit is not available to children insured as dependants under your policy.</p>	<p>Not covered</p>	<p>Up to £150 or \$240 or €225 or AED 881 per period of cover</p>	<p>Up to £250 or \$400 or €375 or AED 1,468 per period of cover</p>	<p>Up to £300 or \$480 or €450 or AED 1,762 per period of cover</p>

TABLE OF BENEFITS

Global Health Elite membership plan agreement

16

	BRONZE	SILVER	GOLD	PLATINUM
OUT-PATIENT TREATMENT CONTINUED				
<p>Well-child benefit Once a child insured as a dependant under your policy has been insured by the Platinum plan for a continuous period of 12 months (“the waiting period”) we will pay towards the cost of routine vaccinations and developmental check-ups. We will pay towards the cost of routine vaccinations and developmental check-ups (without any waiting period) for a child added to the plan as an insured person within the first 28 days of life and born to a mother who has been insured on the Platinum plan for a continuous period of 12 months.</p>	Not covered	Not covered	Not covered	Full refund up to a lifetime limit of £310 or \$500 or €460 or AED 1,835
<p>Chronic conditions We will pay for regular consultations, with a medical doctor, tests and prescribed medication required to monitor and maintain the stability of a chronic condition that is not a pre-existing condition, up to the annual benefit limit stated opposite. The chronic conditions benefit is limited to the above treatments and does not include other medical treatments, e.g., physiotherapy aimed at maintaining stability. If you have more than one chronic condition, the limit opposite applies to all claims for chronic conditions, and not to each chronic condition. For example, if you have a dollar Silver plan and you develop diabetes and asthma, the total you can claim in respect of both conditions during your period of cover is a maximum amount of \$1,000. The treatment of an acute exacerbation of a chronic condition that is not a preexisting condition is not subject to this limit.</p>	Not covered	Up to £600 or \$1,000 or €900 or AED 3,670 per period of cover	Up to £1,600 or \$2,500 or €2,400 or AED 9,175 per period of cover	Full refund

	BRONZE	SILVER	GOLD	PLATINUM
<p>HOME NURSING</p> <p>We will pay for the medical services of a qualified nurse to nurse you in your own home when it is medically necessary and relates directly to an illness or injury covered by your plan. Cover for nursing at home is restricted to a maximum of 12 weeks per year. We do not pay for nursing at home that is required for domestic reasons.</p>	<p>Full refund of costs that have been authorised in advance by William Russell Limited up to a maximum of 12 weeks per year</p>	<p>Full refund of costs that have been authorised in advance by William Russell Limited up to a maximum of 12 weeks per year</p>	<p>Full refund of costs that have been authorised in advance by William Russell Limited up to a maximum of 12 weeks per year</p>	<p>Full refund of costs that have been authorised in advance by William Russell Limited up to a maximum of 12 weeks per year</p>
<p>HOSPICE & PALLIATIVE CARE</p> <p>We will pay towards the palliative care of a medical condition up to the following life-time limits:</p>	<p>Up to £10,000 or \$16,000 or €15,000 or AED 58,720</p>	<p>Up to £15,000 or \$24,000 or €22,500 or AED 88,080</p>	<p>Up to £20,000 or \$32,000 or €30,000 or AED 117,440</p>	<p>Up to £30,000 or \$48,000 or €45,000 or AED 176,160</p>
<p>PREGNANCY & CHILDBIRTH BENEFITS</p> <p>Complications of pregnancy After you have been covered by the same plan for a continuous period of 12 months we will cover in-patient treatment necessary as a direct result of a complication of pregnancy. There is no cover for treatment received within the first 12 months of your plan.</p> <p>NB: No cover is provided for childbirth or emergency caesarean section.</p> <p>Routine maternity care and childbirth After you have been covered by the Elite Gold or Platinum plan for a continuous period of 12 months, we will pay towards the cost of routine pre-natal and post natal treatments and examinations, and towards the cost of natural childbirth or childbirth by elective or emergency caesarean section. For a list of treatment that is covered by this benefit, please refer to the Maternity section of our website www.william-russell.com/maternity/</p> <p>There is no cover for costs incurred within the first 12 months of your plan.</p>	<p>Up to £3,000 or \$4,800 or €4,500 or AED 17,616 per period of cover</p>	<p>Up to £4,000 or \$6,400 or €6,000 or AED 23,488 per period of cover</p>	<p>Up to £6,000 or \$9,600 or €9,000 or AED 35,232 per period of cover</p>	<p>Full refund</p>
	<p>Not covered</p>	<p>Not covered</p>	<p>80% of costs up to a maximum of £4,000 or \$6,400 or €6,000 or AED 23,488 per pregnancy</p>	<p>Full refund up to £7,500 or \$12,000 or €11,250 or AED 44,040 per pregnancy</p>

TABLE OF BENEFITS

Global Health Elite membership plan agreement

18

	BRONZE	SILVER	GOLD	PLATINUM
PREGNANCY & CHILDBIRTH BENEFITS CONTINUED Cover for newborns We will pay the hospital accommodation and treatment charges and in-patient and day-patient treatment charges of a child born to a mother who has been insured by the Elite Platinum plan or the Elite Gold plan for at least 12 months. Cover will be restricted to the first 28 days of life. After that an application form and neonatal questionnaire must be completed and submitted to us in respect of the newborn child. During the first 28 days of life we will pay for any necessary in-patient and day-patient treatment required relating to birth defects and congenital abnormalities. In the event of a multiple birth, the limit stated opposite is the maximum amount that can be claimed regardless of the number of children born.	Not covered	Not covered	Up to £25,000 or \$40,000 or €37,500 or AED 146,800	Up to £30,000 or \$48,000 or €45,000 or AED 176,160
OUT-PATIENT DENTAL BENEFITS Emergency out-patient dental treatment We will pay only for restorative dental treatment required to treat or replace sound, natural teeth lost or damaged following an accidental injury to the mouth. The dental treatment must be carried out by a dentist in a hospital emergency room or dental surgery, and it must be received within 72 hours of the accident . We do not pay for treatment that is required as a result of biting on food. We do not pay for damage sustained to crowns, dentures, bridge work or false teeth.	Not covered	Up to £250 or \$400 or €375 or AED 1,468 per period of cover	Up to £500 or \$800 or €750 or AED 2,936 per period of cover	Up to £750 or \$1,200 or €1,125 or AED 4,404 per period of cover

	BRONZE	SILVER	GOLD	PLATINUM
OUT-PATIENT DENTAL BENEFITS CONTINUED				
<p>Routine dental treatment After you have been insured under the Elite Gold or Platinum plan for 6 months you are covered for routine dental treatment, as set out below, subject to the excess stated in your certificate of insurance and up to the limits specified opposite. There is no cover during the first six months of your cover.</p> <p>Routine dental treatment means:</p> <ul style="list-style-type: none"> - Screening (twice per year), i.e., the assessment of diseased, missing and filled teeth, including X-rays where necessary, - Preventive scaling, polishing, and sealing (once per year), - Fillings* (standard amalgam or composite fillings) and extractions, and - Root-canal treatment (but not the fitting of a crown following root-canal treatment). <p>No other treatment is covered under the routine dental treatment benefit.</p> <p>*NB: We do not pay for gold or ceramic fillings.</p>	Not covered	Not covered	Up to £600 or \$1,000 or €900 or AED 3,670 per period of cover	Up to £1,200 or \$2,000 or €1,800 or AED 7,340 per period of cover in total for routine dental treatment and complex dental treatment
<p>Complex dental treatment After you have been insured under the Platinum plan for a continuous period of 12 months you are covered for the following dental treatment, subject to the excess shown in your certificate of insurance. Complex dental treatment means crowns, inlays and bridges. No other treatment is covered by the complex dental treatment benefit.</p>	Not covered	Not covered	Not covered	



TABLE OF BENEFITS

Global Health Elite membership plan agreement

20

	BRONZE	SILVER	GOLD	PLATINUM
EMERGENCY EVACUATION BENEFIT				
Overall maximum amount that can be claimed for the following benefits for costs that have been authorised in advance by the Assistance Service .	Up to £500,000 or \$800,000 or €750,000 or AED 2,936,000	Up to £500,000 or \$800,000 or €750,000 or AED 2,936,000	Up to £500,000 or \$800,000 or €750,000 or AED 2,936,000	Up to £500,000 or \$800,000 or €750,000 or AED 2,936,000
Emergency evacuation If you , or any child covered by the Newborn benefit within the first 28 days of life, have a life-threatening condition covered by your plan which requires immediate in-patient treatment that cannot be adequately provided locally, the Assistance Service will arrange for you to be moved by air and/or by surface transportation, to the nearest hospital within your area of cover where appropriate medical treatment is available. The Assistance Service retains the absolute right to decide whether your medical condition is life-threatening , whether or not the treatment could be adequately provided locally, where you are evacuated to and the means and method of the evacuation. We will only pay for your evacuation if all the arrangements have been authorized and made by the Assistance Service . We do not pay for any other costs related to your evacuation such as hotel accommodation charges. We do not pay for evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht.	Full refund	Full refund	Full refund	Full refund
Return airfare We will also pay for your economy return airfare for you to return to your country of residence following an emergency evacuation covered by your plan .	Full refund	Full refund	Full refund	Full refund

	BRONZE	SILVER	GOLD	PLATINUM
EMERGENCY EVACUATION BENEFIT CONTINUED				
Travelling expenses of a companion We will also pay for the transportation costs of another person to accompany you on an emergency evacuation provided the Assistance Service has also authorised this in advance. We will also pay for their economy airfare back to your country of residence .	Full refund	Full refund	Full refund	Full refund
Accommodation expenses of a companion If your companion is required to stay with you whilst you receive in-patient treatment at a hospital we will pay towards their hotel accommodation. This benefit is limited to a maximum of 15 nights during your period of cover .	Up to £45 or \$72 or €67.50 or AED 265 per night	Up to £60 or \$96 or €90 or AED 353 per night	Up to £75 or \$120 or €112.50 or AED 441 per night	Up to £100 or \$160 or €150 or AED 588 per night
Compassionate home travel If a close family member dies during your period of cover and after you have been covered by your Global Health Elite plan for at least 12 months, we will pay for your return economy airfare to attend the funeral. Travel must take place within 28 days of the date of death. A close family member means your spouse, parent, brother, sister, child or grand-child. This benefit is limited to a life-time limit of one claim per insured person .	Full refund	Full refund	Full refund	Full refund
Repatriation or burial of mortal remains If you die as the result of a condition that is covered by your plan whilst you are outside your home country we will pay for you to be buried or cremated at the place where you died, or we will pay for the Assistance Service to transport your body or ashes to your home country or country of residence . We will only pay for costs that have been authorized in advance by the Assistance Service . We do not pay for the costs of a religious practitioner. There is no cover if you die in your home country .	Up to £5,000 or \$8,000 or €7,500 or AED 29,360	Up to £7,000 or \$11,200 or €10,500 or AED 41,104	Up to £10,000 or \$16,000 or €15,000 or AED 58,720	Up to £12,500 or \$20,000 or €18,750 or AED 73,400



THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN

Global Health Elite membership plan agreement

22

Plan limits

The limits shown above are the maximum amounts **we** will pay after the application of any excess and co-insurance.

The excess – if your plan is insured by Hauteville Insurance Company Limited

The **excess** shown on **your certificate of insurance** is the amount **you** will have to pay towards the cost of **your treatment**.

Your excess is applied to each **claim you** submit. A **claim** is defined as a course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy.

However, if **your claim** is in respect of the **chronic conditions** benefit or for **out-patient** follow up consultations and tests received for cancer, **your excess** will be applied once per condition per **period of cover**.

If **your claim** is in respect of the well-being benefit or the well-child benefit, **your excess** will be applied once per **period of cover**.

The excess – if your plan is insured by Dubai Insurance Company psc

The **excess** shown on **your certificate of insurance** and on **your** Global Health card is the amount **you** will have to pay towards the cost of **your treatment**.

If **your excess** is \$15 or Dh55 or \$30 or DH110, **your excess** will be applied to towards each consultation **you** have with a **medical doctor**. The **excess** will be applied to **your** initial consultation, and to each subsequent consultation for which a charge is made. **You** must pay the **excess** amount shown on **your** card to the provider at the time of **your** consultation.

The **excess** will also be applied to **your** claim in respect of each visit **you** make to a **dentist**, if **you** are eligible for cover for dental **treatment** under **your plan**.

If **your excess** is greater than \$15 or Dh55 or \$30 or DH110, **your excess** will be applied to each **claim you** submit. A **claim** is defined as a course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy.

However, if **your claim** is in respect of the **chronic conditions** benefit or for **out-patient** follow up consultations and tests received for cancer, **your excess** will be applied once per condition per **period of cover**.

If **your claim** is in respect of the well-being benefit or the well-child benefit, **your excess** will be applied once per **period of cover**.

How excesses, co-insurance and limits work together

If **your** policy has an **excess** and the benefit **you** are claiming for has co-insurance and/or limits, **we** will apply the co-insurance first, then the **excess**, then the limit.

For example, if **you** have Elite Gold cover (which has 80% co-insurance and a limit of \$6,400 for routine maternity) and **you** have a \$100 **excess**, **we** will calculate payment on the following basis:

- If **your** covered routine maternity care costs total \$8,500
- \$8,500 (medical costs) x 80% (co-insurance) = \$6,800 - \$100 (**excess**) = \$6,700.
- Amount left exceeds \$6,400 (limit)
- Payment = \$6,400
- If **your** covered routine maternity costs are \$7,500
- \$7,500 (medical costs) x 80% (co-insurance) = \$6,000 - \$100 (**excess**) = \$5,900
- Amount left is less than \$6,400 (limit)
- Payment = \$5,900

Post hospital treatment

Post hospital treatment is **medically necessary** follow-up consultations, tests and/or **treatment** required on an **out-patient** basis following **in-patient** or **day-patient** surgery covered by **your plan** and received within the 90 day period following the date **you** are discharged from **hospital**.

3. YOUR AREA OF COVER

Your cover is restricted to the **area of cover** stated on **your certificate of insurance**. The available **areas of cover** are as stated below.

Standard (Area One)

Standard (Area One) provides world-wide cover excluding the United States of America.

Orchid (Area One)

If **you** live in Bali, China, Hong Kong, Macau, Taiwan, Singapore or Japan and **you** require Standard cover **you** must tell us and **you** must pay the Orchid rate.

World-wide with USA (Area Two)

World-wide with USA (Area Two) provides world-wide cover excluding the United States of America. However **we** will cover **you** in the United States during **temporary trips you** make to the USA during **your** annual **period of cover**.

A **temporary trip** means a trip **you** take to the United States of America for business or pleasure of not more than 45 days duration. Any trip of longer than 45 days is not a **temporary trip** and will not be covered by this insurance.

Cover is only provided in accordance with the benefits of the **plan** stated on **your certificate of insurance** and no cover will be provided for **treatment** relating to a **pre-existing condition**.

The maximum amount **we** will pay in respect of **treatment** received in the USA is US\$100,000 in any one **period of cover**.

World-wide Plus with USA (Area Three)

World-wide Plus with USA (Area Three) provides world-wide cover excluding the United States of America. However **we** will cover **you** in the United States during **temporary trips you** make to the USA during **your** annual **period of cover**.

A **temporary trip** means a trip **you** take to the United States of America for business or pleasure of not more than 90 days duration. Any trip of longer than 90 days is not a **temporary trip** and will not be covered by this insurance.

Cover is only provided in accordance with the benefits of the **plan** stated on **your certificate of insurance** and no cover will be provided for **treatment** relating to a **pre-existing condition**.

The maximum amount **we** will pay in respect of **treatment** received in the USA is US\$250,000 in any one **period of cover**.

It is a condition of this agreement that all treatment costs incurred in the USA must be authorised in advance by William Russell limited. We will not pay for any treatment costs that have not been authorized in advance by us.

Continuing your cover when you return to your home country

If **you** return to **your home country you** may continue to renew **your** cover provided that the local laws in **your home country** permit **you** to do so, and provided that **we** agree to offer cover in that country. **We** reserve the right to refuse to offer cover in certain countries.

Returning home to the United States of America

If **your home country** is the USA, **your** cover will automatically terminate from the date on which **you** return to **your home country** on a permanent basis

MAKING A CLAIM

Global Health Elite membership plan agreement

24

Returning home to Canada (applicable only to persons whose **date of entry** is after 1st January 2010)

If **your home country** is Canada, **your cover** will automatically terminate from the date on which **you** return to **your home country** on a permanent basis.

4. MAKING A CLAIM

Obtaining pre-authorisation for all hospital treatment

It is a condition of the Global Health Elite **plan agreement** that **we** will only pay for **in-patient** or **day-patient hospital treatment** costs that have been authorised in advance by **us**, or, if it is an emergency, by the **assistance Service**. By in advance **we** mean BEFORE **you** have been admitted to **hospital**. If **you** do not obtain pre-authorisation for **in-patient** or **day-patient treatment we** reserve the right to decline **your claim** or to pay only 80% of the eligible **in-patient** or **day-patient treatment** cost. If it was not reasonably possible for **you** to contact **us** in advance, provided **you** contact **us** within 72 hours of **your** admission, no treatment penalty will be applied.

To obtain pre-authorisation, as soon as **you** know **you** need to be admitted to **hospital** as an **in-patient** or **day-patient** **you** must immediately contact **us** on:-

+ 44 1276 486455 (during UK working hours)

+ 6 03 2171 2071 (during Malaysian working hours)

If it is outside working hours contact the **Assistance Service** on + 44 1243 621155.

Upon receipt of **your** call **we** will immediately contact the **hospital** to obtain a 'Notification of Admission Form' which **we** require before **we** can confirm **your** cover and guarantee **your hospital treatment** costs.

Upon receipt of a satisfactory "Notification of Admission" form from the **hospital** and any other information **we** may reasonably require, **we** can confirm whether or not the proposed **treatment** is covered by **your plan**, and if it is, **we** will confirm this to the **hospital** and authorise the **treatment** costs. **We** will then arrange for the authorised costs to be settled direct to the **hospital**, provided that **your treatment** takes place during **your** current **period of cover**. If **your treatment** is due to take place after **your** current **period of cover** expires, **we** cannot authorise **your treatment** costs until after **you** have paid **your** renewal premium. If the proposed **treatment** is not covered by **your plan** **you** will be responsible for paying the treatment costs yourself.

IMPORTANT NOTE – If **we** or the **Assistance Service** authorise costs which subsequently turn out to have been related to a condition which is not covered by **your** **Global Health plan** such as treatment for a pre-existing condition, **you** will be responsible for all the costs incurred and if **we** have made any settlement on **your** behalf, **you** will be responsible for repaying to **us** the amount **we** have paid.

Obtaining pre-authorisation for all cancer treatment

Before **you** embark on a course of **treatment** for cancer **you** must contact **us** prior to **treatment** on:-

+ 44 1276 486455 (during UK working hours)

+ 6 03 2171 2071 (during Malaysian working hours).

If it is outside working hours contact the **Assistance Service** on + 44 1243 621155.

We will not pay for cancer **treatment** which has not been authorised by **us** in advance.

Obtaining pre-authorisation for all psychiatric treatment

Before **you** embark on a course of psychiatric **treatment you** must contact **us** prior to **treatment** on:-

+ 44 1276 486455 (during uK working hours)

+ 6 03 2171 2071 (during Malaysian working hours).

If it is outside working hours contact the **Assistance Service** on **+ 44 1243 621155**.

We will not pay for psychiatric **treatment** which has not been authorised by **us** in advance.

Obtaining pre-authorisation for all home nursing

Before **you** embark on a course of home nursing **you** must contact **us** prior to **treatment** on:-

+ 44 1276 486455 (during UK working hours)

+ 6 03 2171 2071 (during Malaysian working hours)

If it is outside working hours contact the **Assistance Service** on **+ 44 1243 621155**

We will not pay for home nursing which has not been authorised by **us** in advance.

Making a claim for out-patient treatment

Out-patient treatment does not need to be pre-authorised by **us** in advance, however **we** strongly recommend that **you** contact William Russell Limited BEFORE **you** incur any costs to check that the course of **treatment your doctor** or **dentist** recommends is covered by **your plan**.

If **you** have a **claim** for **out-patient treatment**, please pay the medical bills and submit **your claim** to **us** in the following way:

We will require a fully completed claim form. **You** must complete Sections A and B of **our** Global Health claim form, and **your doctor** or **dentist** must complete and sign Section C.

We advise that **you** take a claim form with **you** when **you** visit **your doctor** or **dentist**. The **doctor** or **dentist** must fully complete all relevant parts of section C of the claim form and sign the declaration at the end.

The fully completed claim form must be sent to **us** by post together with the ORIGINAL itemised invoices AND receipts.

We cannot settle **your claim** without having a fully completed claim form and the original invoices and receipts for the expenditure for which **you** are claiming.

If **you** are claiming for physiotherapy, chiropractic **treatment**, acupuncture, homeopathy, osteopathy or **out-patient** psychiatric **treatment**, **you** must also send **us** the written referral letter signed by **your medical doctor**. If **you** are claiming for a PET scan, **you** must send **us** the written referral letter signed by **your specialist**.

If **you** receive **your treatment** within the Asia-Pacific region, please send **your claim** to **our** Malaysia office. If **you** receive **your treatment** elsewhere, please send to **our** UK office.

Upon receipt of **your original claim** documents and any other information **we** may reasonably require, **we** will confirm whether or not **your claim** is covered by **your plan** and, if it is, **we** will arrange reimbursement of all eligible expenses in accordance with the instructions **you** give us in Section B of **your** claim form.

Claiming your well-being benefit

You may make a **claim** for the well-being benefit once **you** have been insured by the Platinum **plan**, the Gold **plan** or the Silver **plan** for a continuous period of 12 months.

The well-being benefit may be claimed once during any annual **period of cover** towards the cost of an annual medical examination carried out in accordance with our **well-being medical examination report form**, and the following additional tests: an annual cervical smear test and mammogram for women, and an annual prostate cancer test for men.

MAKING A CLAIM

Global Health Elite membership plan agreement

26

To make a **claim**, **you** must first contact William Russell Limited for a copy of **our well-being medical examination report form**. **We** can mail this to **you**, or send it by fax or by e-mail. When **you** have received the form **you** must take it along to **your doctor**. The **doctor** who examines **you** must complete the **medical examination report form** and return it to **us**. **We** will only make reimbursement in respect of those examinations listed on **our well-being medical examination report form** and the additional tests stated above.

Upon receipt of the **medical examination report form** and the original receipts for the medical examination and the additional test(s) performed or any clinical tests **we** require **we** will make reimbursement to **you** in the normal way.

The benefit **we** pay is limited to a maximum annual amount of £150, \$240, €225 or AED 881 under the Silver **plan** and £250, \$400, €375 or AED 1,468 under the Gold **plan** and £300, \$480, €450 or AED 1,762 under the Platinum **plan**.

We will total **your** eligible costs, deduct **your excess**, and make settlement to **you**.

The well-being benefit is not available to children insured as dependants under **your plan**.

Claiming your well-child benefit

You may make a **claim** for the well-child benefit once **your** child has been insured by the Platinum **plan** for a continuous period of 12 months.

To make a **claim**, **you** must first contact William Russell Limited for a copy of **our** well-child claim form. **We** can mail this to **you**, or send it by fax or by email.

Upon receipt of the completed well-child claim form and the original receipts for the medical examination and the vaccination(s) **we** will make reimbursement to **you** in the normal way.

The benefit **we** pay is subject to a lifetime limit of £310 or \$500 or €460 or AED 1,835 under the Platinum **plan**.

We will total **your** eligible costs, deduct **your excess**, and make settlement to **you**.

Making a claim for compassionate home travel

If **you** need to submit a claim for compassionate home travel **you** will need to submit **your** claim with the following documents:-

- A certified true copy of **your** relative's death certificate,
- **Your** travel documents which must bear the costs of the tickets.

Important points to remember when submitting your claim

Your claim form must be fully and accurately completed and signed. **We** will not settle **your claim** if Section C has not been fully completed and signed by **your medical doctor** (or **dentist**).

We will not settle **your claim** unless **we** have the original invoices for the **treatment you** have received.

We will not pay **claims** which are received by **us** more than six months after the date of **treatment**, unless it was not reasonably possible for **you** to submit the **claim** within six months.

You must provide any information or proof **we** may reasonably require to support **your claim**. For example **we** may ask **you** for a medical report. If **we** do, **you** will have to provide the medical report at **your** own expense. **You** must, if requested to do so by **us**, provide **your** consent for **us** to obtain medical reports and medical records from any **medical doctor** or **medical practitioner** who has ever treated **you** or any **hospital** or clinic that **you** have ever been treated in. If **you** do not provide **your** consent, or any other information or proof **we** may reasonably require to support **your claim**, **we** will not pay **your claim**.

We do not pay **doctor's** fees for completing **your** claim form.

If after **you** have sent **us your** claim form **you** incur more invoices relating to the same illness or injury, send these to **us** quoting **your** certificate number and advising **us** that they relate to an on-going **claim**.

If **your treatment** continues for more than six months **we** reserve the right to ask **you** to submit a new claim form or an up-to-date medical report at **your** own expense.

When **we** are assessing the amount of benefit to which **you** are entitled, the amount **we** pay will not exceed the cover provided by the **plan you** have bought as stated on **your certificate of insurance**.

We have the right to appoint and pay for an independent **medical doctor** or **medical practitioner** to medically examine **you** and/or perform clinical tests and advise **us** on the medical issues relating to any **claim**. If **you** do not agree to have an independent examination or any clinical tests **we** request **we** will not pay **your claim**.

Important requirement if you are admitted to hospital

If **you** are admitted to **hospital we** will require a medical report before or as soon as reasonably possible after **you** are admitted to **hospital**. This medical report must be completed by the **medical doctor** in charge of **your treatment** and must contain an exact diagnosis, details about the **treatment you** have received so far, what **treatment you** are going to have in the future and the date **you** are expected to leave **hospital**.

Settling your claim

After **you** have received **your treatment**, and upon receipt of **your claim**, **we** will send **you** an acknowledgement by e-mail or by fax or by letter. Provided **we** have a fully completed claim form with all the information **we** require, and the original bills for the **treatment you** have received, **we** will settle **your claim** without any unnecessary delay.

All documents submitted in relation to **your claim** will become **our** property immediately upon settlement of **your claim** and the original documents cannot be returned.

Our preferred method of settlement is by bank transfer direct to **your** bank account, or, if **we** are paying the **hospital** direct, direct to the **hospital's** bank account. Alternatively **we** can issue a foreign currency draft, (provided **our** bankers are able to issue a draft in the currency **you** require), or a sterling, US dollar or euro cheque. **We** can also make payment in **your plan** currency to **your** visa card.

If **you** have an **excess** or co-insurance and **you** ask **us** to settle the **hospital's** or **doctor's** bills directly, **we** will deduct the **excess** or co-insurance amount and **you** will be responsible for paying the **excess** or co-insurance amount to the **hospital** or **doctor** yourself.

Exchange rates

We will settle **your claim** in the currency of **your plan** unless **we** are specifically requested to do otherwise. If **we** have to make a conversion from one currency to another **we** will use the exchange rate on the date **you** have **your treatment**. If **your** bill relates to **treatment** that lasts more than one day, **we** will calculate the average exchange rate between the first and the last dates of **treatment**. However, when **we** have placed a Guarantee of Payment, the exchange rate will be the date applicable on the date **we**, or the **Assistance Service**, issue the guarantee. **We** will use oanda.com to calculate exchange rates.

We are not responsible for any loss **you** may incur due to fluctuations in exchange rates, or for any bank charges **you** may suffer when **you** cash a foreign currency draft, a cheque or when **you** receive a bank transfer from **us**. **We** are not responsible for any loss incurred due to fluctuations in exchange rates, or for any bank charges incurred by a **hospital**, **medical doctor**, **medical practitioner** or any other medical service provider when they cash a foreign currency draft, a cheque or receive a bank transfer from **us**.

If you are making a claim for an accident

If **you** are making a **claim** for injuries incurred as the result of an **accident you** must submit to **us** all relevant documentation including the police report, the ambulance report and any other report or documentation that would have been completed at the time, before **we** will settle **your claim**.

Claims for an illness or injury caused by a third party

If **you** are claiming for an illness or injury that was caused by some other person or organisation (a third party) **you** must let **us** know in writing straight away, or tell **us** on **your** claim form. **We** will then pay benefit in accordance with the terms

IF YOU NEED TO BE EVACUATED FOR EMERGENCY TREATMENT

Global Health Elite membership plan agreement

28

of this **agreement** provided that **you** take all necessary steps **we** ask **you** to take to assist **us** in recovering our outlay from the person or organisation at fault (such as through their insurance company) the cost of the **treatment** paid for by **us**, plus interest, at **your** own expense. If **you** are able to recover the cost of any **treatment** for which **we** have paid, **you** must repay that amount (plus any interest) to **us**. If such repayment is not made **we** have the right to recover the expenses from **you**.

If you are covered by another insurance plan

If **you** have any other insurance cover for the cost of the **treatment** or benefit **you** have claimed from **us** **you** must tell **us** in writing as soon as possible or tell **us** on **your** claim form.

If **you** do have other insurance cover, **we** will only pay our share of the cost of the **treatment**.

Our right to cancel your plan if we have been misled

We can cancel **your** Global Health **plan** if **you** have misled **us** or been in breach of this **agreement**, given **us** incorrect, incomplete or misleading information, withheld any information, failed to provide any reasonable information which **we** have asked for, conspired with a third party to obtain benefit from this **plan**, or if **you** submit a **claim** which is in any respect fraudulent or unfounded. In any of these circumstances **we** have the right to cancel **your** cover from **your date of entry** and recover from **you** any benefit **we** have paid in relation to any claim. **We** also have the right to retain any **premium your employer** has paid to **us**.

5. IF YOU NEED TO BE EVACUATED FOR EMERGENCY TREATMENT

We will only pay for **your** evacuation costs if **you** have a **life-threatening condition** that is covered by **your plan** which requires immediate **in-patient treatment** that is not adequately available locally. The **Assistance Service** retains the right to decide whether **your** medical condition is **life-threatening**, whether the **treatment** available locally is adequate, where **you** are evacuated to, and the means and method of the evacuation.

Contacting the Assistance Service

It is a condition of this **agreement** that **you** contact the **Assistance Service** on + 44 1243 621155 in a medical emergency. If the **Assistance Service** agrees that **your** medical condition is **life-threatening**, is covered by **your plan**, cannot be treated adequately locally, and requires immediate **in-patient treatment**, the **Assistance Service** will make all the necessary arrangements to have **you** moved by air and/or surface transportation to the nearest **hospital** where appropriate medical **treatment** is available.

We will only pay for evacuation costs that have been authorised and arranged by the **Assistance Service**.

We will not pay for **your** evacuation costs if the reason for the evacuation is a medical condition that relates directly or indirectly to a **pre-existing condition**, a **related condition**, a condition which has been specifically excluded on **your certificate of insurance**, or any other medical condition or event specifically excluded in this **agreement**.

6. COSTS WE DON'T COVER

There are some costs and expenses **you** Global Health Elite **plan** does not cover. **You** should also check **your certificate of insurance** for any **special terms** applying to **your** cover. Please read this section carefully as **we** will not pay for any expenses arising from:

Addictive conditions/disorders and alcohol, drug and solvent abuse

We don't pay for any **treatment** for, or arising from, or caused by any addictive condition or disorder, or misuse and/or abuse of drugs and/or alcohol, or substance or solvent abuse, even if it is related to prescribed drugs.

We don't pay for any **treatment** that is necessary as the direct or indirect result of **you** being under the influence of alcohol or drugs.

We do not pay for **treatment** of disease, illness or injuries sustained whilst **you** are under the influence of alcohol and/or drugs.

Alternative treatments and therapies

We do not pay for any alternative **treatments** and therapies such as pilates, yoga, bone-setting, hydrotherapy of any kind, aqua physiotherapy of any kind, kinesiology, colonic irrigation, IDD (Intervertebral Differential Dynamics), Integrated Manual Therapy, myotherapy, cranioelectrical stimulation, chelation therapy, naturotherapy, AIS Stretch Therapy, mesotherapy, craniosacral therapy or Ayurvedic medicine.

Autopsies

We do not pay for autopsies.

Bank charges and administration fees

We do not pay for any bank charges **you** incur as a result of **us** transferring money to **your** account. **We** do not pay administration fees charged by **hospitals, doctors,** or other providers of medical services.

Birth control, sexual problems and sex changes

We don't pay for any **treatment** directly or indirectly arising from or connected with male and female contraception, sterilisation, sex changes, and the **treatment** of sexual problems (including impotence and decreased libido).

Birth defects, congenital conditions and hereditary conditions

We don't pay for any **treatment** for, or arising from birth defects, **congenital conditions** or hereditary conditions.

Congenital conditions are any abnormality, deformity, disease, illness or injury present at birth whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy, or caused during child birth. However, **we** will pay for necessary **treatment** of birth defects or **congenital conditions** received by a new born child or children born to a mother who has been insured by the Platinum, or Gold **plan** for a continuous period of 12 months at the time of the birth. Cover is restricted to **treatment** received during the first 28 days of life and is limited to £25,000 or \$40,000 or €37,500 or AED 146,800, under the Gold **Plan** and to £30,000 or \$48,000 or €45,000 or AED 176,160, under the Platinum **plan** regardless of the number of children born.

Chronic conditions

If **you** are insured under the Bronze **plan you** do not have cover for **chronic conditions**.

If **you** are insured under the Silver **plan, you** do not have cover for **chronic conditions**. However, **we** will pay for consultations, tests and prescribed medication required to monitor and maintain the stability of a **chronic condition** up to £600 or \$1,000 or €900 or AED 3,670 per annual **period of cover**.

COSTS WE DON'T COVER

Global Health Elite membership plan agreement

30

If **you** are insured under the Gold **plan**, **you** do not have cover for **chronic conditions**. However, **we** will pay for consultations, tests and prescribed medication required to maintain the stability of a chronic condition up to £1,600 or \$2,500 or €2,400 or AED 9,175 per annual **period of cover**.

If **you** have more than one **chronic condition**, the annual limit per **period of cover** applies to **all claims** for **chronic conditions**, and not to each **chronic condition**. For example, if **you** have a dollar Silver **plan** and **you** develop diabetes and asthma, the total **you** can **claim** in respect of both conditions during **your period of cover** is a maximum amount of \$1,000.

Circumcision

We do not pay for elective circumcision.

Contamination

We do not pay for the **treatment** of any conditions, or for any **claim** arising directly or indirectly from chemical or biological contamination, however caused, or from contamination by radioactivity from any nuclear material whatsoever, including expenses in any way caused by or contributed to by an act of war or terrorism.

Convalescence, rehabilitation and health spas

We do not pay for **hospital** accommodation if the reason **you** are hospitalised is for the purpose of convalescence, rehabilitation or supervision. **We** do not pay for relaxation or rest treatments, or treatments in nature clinics, health spas and nursing homes.

Cosmetic surgery and treatment

We do not pay for any **treatment** arising from or related to cosmetic, reconstructive or remedial surgery, the removal of fat or surplus tissue from any part of the body, breast enlargement or reduction, or any other **treatment** or procedure to change the shape or appearance of any part of **your** body whether or not it is needed for psychological or medical reasons.

However **we** will pay for a surgical operation to restore **your** appearance after an **accident**, or after surgery for breast cancer, provided the accident and/or breast cancer surgery occurred after **your date of entry** and provided the original **treatment** for the **accident** or breast cancer surgery was paid for by **us**, and provided the surgery takes place within two years of the **accident** or the original breast cancer surgery.

We do not pay for sclerotherapy for spider veins, surgical and non-surgical **treatment** of superficial varicose veins.

We do not pay for botulinum toxin, dermal fillers, or the **treatment** of vitiligo.

Criminal activity

We do not pay for any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.

Dental treatment

We do not pay for dental, gum or oral consultations or **treatment** of any kind other than those **treatments** specified in the **Table of Benefits**.

Developmental problems, learning difficulties, speech disorders and behavioural problems

We will not pay for the **treatment** of or related to developmental delay, learning difficulties, dyslexia, speech disorders, behavioural problems, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder and physical development problems of any kind. **We** will not pay for any consultations or tests required to diagnose any of these conditions.

Dietician

We do not pay for **treatment** and advice by a dietician.

Eating disorders

We do not pay for **treatment** of or related to or caused by eating disorders of any kind. This includes the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result of these conditions.

Excluded conditions and complications from excluded conditions

We do not pay for the **treatment** of any condition that is specifically excluded on **your certificate of insurance**.

We do not pay for any increased **treatment** costs **you** incur because of complications directly caused by a condition which is specifically excluded under the terms of this **agreement**, or which has been specifically excluded on **your certificate of insurance**.

We do not pay for the **treatment** of any condition arising as a consequence of any **treatment you** receive for a condition which is specifically excluded under the terms of this **agreement** or which has been specifically excluded on **your certificate of insurance**.

Experimental drugs and treatments

We do not pay for experimental **treatments** and/or drugs. By experimental **treatment we** mean **treatment** which is not consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used will be those published by the National Institute for Health and Clinical Excellence in the UK.

Eyesight

We do not pay for **treatment** to correct **your** eyesight. **We** do not pay for sight tests, spectacles, and other visual aids.

Failure to follow medical advice

We do not pay for **treatment** arising from or related to **your** unreasonable failure to seek or follow medical advice and/or prescribed **treatment**, or **your** unreasonable delay in seeking or following such medical advice and/or prescribed **treatment**. **We** do not pay for complications arising from ignoring such advice.

Foetal surgery

We do not pay for surgery undertaken on a child whilst it is in its mother's womb.

Foot care

We do not pay for podiatry, chiropody, orthotics and gait scans.

Genetic testing and/or genetic engineering

We do not pay for genetic testing and/or genetic engineering.

Health hydros and nature cure clinics

We do not pay for **treatment** received in health hydros, nature cure clinics or similar establishments or private beds registered as nursing homes attached to such establishments or a **hospital** where the **hospital** has effectively become **your** home or permanent abode.

Hearing

We do not pay for **treatment** for or arising from deafness caused by a congenital abnormality, maturing or ageing. **We** do not pay for hearing tests and hearing aids.

COSTS WE DON'T COVER

Global Health Elite membership plan agreement

32

HIV/AIDS

We do not pay for **treatment** or testing for, or arising from, or related to Human Immunodeficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC), and/or similar infections or illnesses and injuries, including any condition which is related to, or results from HIV or AIDS, no matter how caused.

Hospital treatment costs that have not been authorised

We do not pay for **in-patient** or **day-patient hospital treatment** costs which have not been authorised in advance by **us** or by **the Assistance Service**.

Infertility, IVF and assisted reproduction

We do not pay for testing, diagnosis and **treatment** related to infertility, assisted reproduction (e.g. **IVF treatment**), including establishing pregnancy. There is no cover for **complications of pregnancy** arising from a pregnancy established through assisted reproduction until after the 12-week scan, irrespective of how long **you** have been covered by the **plan**.

There is no cover in respect of **treatment** of any newborn child (within the first 28 days of life), born following assisted reproduction treatment (e.g., IVF), in the event of any multiple birth and/or in the event of any birth occurring within 36 weeks of conception.

Kidney dialysis

We do not pay for regular or long-term kidney dialysis in the case of chronic kidney failure, although **we** will pay for short-term kidney dialysis if **you** need this immediately before or after a kidney **transplant** operation covered by **your plan**. **We** will also pay for dialysis if this is needed temporarily for sudden kidney failure resulting from a disease or injury affecting another part of **your** body which is covered by **your plan**.

Menopause, peri-menopause, andropause, ageing, puberty, pre-menstrual tension syndrome, HRT & bone densitometry

We do not pay for **treatment** to relieve symptoms associated with any bodily change such as the menopause, peri-menopause, andropause, puberty, teething, growing, ageing and pre-menstrual tension syndrome which is not due to any underlying disease, illness or injury. **We** do not pay for hormone replacement therapy (HRT) or bone densitometry.

Nasal septum deviation

We do not pay for the **treatment** of nasal septum deviation.

Organ transplant, stem cell harvesting or tissue transplants

We do not pay for any:-

- Organ **transplant**, (other than for kidney, liver, heart, lung, or heart and lung transplants up to the life-time limit specified for **your plan** in the **Table of Benefits**),
 - Stem cell harvesting,
 - Tissue transplants including those from the patient's own body (other than bone marrow transplants),
- or any **treatment** undertaken in anticipation of, prior to or following such transplants.

Palliative care

Other than any benefit payable under the Hospice care benefit specified in the **Table of Benefits** **we** do not pay for palliative **treatment** of a medical condition.

Pre-existing conditions

We do not pay for the **treatment** of any medical condition or **related medical condition** which existed, or which ever required **treatment**, medication or advice from a **medical doctor** or **medical practitioner** or specialist, or which was diagnosed, or for which the symptoms first appeared, prior to **your date of entry** to the Global Health **plan**, or any medical condition that **you** knew about, or should reasonably have known existed, whether or not **you** had consulted a **medical doctor**, or **medical practitioner** at **your date of entry** to the Global Health **plan**.

However, if **you** have given us full and accurate details of a **pre-existing condition** on **your application form** and **we** have not specifically excluded that condition on **your certificate of insurance we** will pay for the **treatment** of that **pre-existing condition** if it recurs.

Pregnancy, childbirth and termination of pregnancy

We do not pay for **treatment** relating to pregnancy and childbirth or any condition arising from pregnancy and childbirth, including termination of pregnancy for whatever reason. **We** do not pay for routine pregnancy testing.

However, **we** will pay for **in-patient hospital treatment** received for **complications of pregnancy** (as defined in this **agreement**) after **you** have been insured by the Global Health Elite **plan** for a continuous period of 12 months. Cover for **complications of pregnancy** is restricted to **in-patient** and **day-patient treatment** received for a medical condition which arises during the antenatal or postnatal stages of pregnancy. The amount **we** pay is limited to the amount shown in the **Table of Benefits** of **your** Global Health Elite **plan**. There is no cover for **treatment** received due to **complications of pregnancy** arising during **your** first twelve months of cover. There is no cover for **treatment** received due to **complications of pregnancy** if **you** act as a surrogate or have anyone else acting as a surrogate for **you**. No cover is provided for childbirth. There is no cover for **complications of pregnancy** arising from a pregnancy established through assisted reproduction until after the 12-week scan, irrespective of how long **you** have been covered by the **plan**.

If **you** have been insured by the Elite Gold **plan** for a continuous period of not less than one year **we** will pay 80% of the cost of routine maternity care. Routine maternity care means pre-natal and post-natal **treatments** and examinations and natural childbirth or childbirth by elective or emergency caesarean section, subject to the benefit limits stated in the **Table of Benefits**.

If **you** have been insured by the Elite Platinum **plan** for a continuous period of not less than one year **we** will pay the cost of routine maternity care and childbirth expenses. Routine maternity care means pre-natal and post-natal **treatments** and examinations and natural childbirth or childbirth by elective or emergency caesarean section, subject to the benefit limits stated in the **Table of Benefits**.

There is no cover for routine maternity care and childbirth expenses if **you** act as a surrogate or have anyone else acting as a surrogate for **you**. There is no cover for ante-natal classes or doulas.

Professional sports and motorised racing

We do not pay for injury or illness arising from participation in any kind of professional sport or professional racing of any kind. By professional **we** mean sport where **you** are being paid to participate. **We** do not pay for injury or illness arising from participation in any kind of amateur racing which involves the use of a motorised vehicle.

Psychiatric conditions

We do not pay for **treatment** of any psychiatric condition or **treatment** of any condition caused by or relating to any psychiatric condition except as below.

There is no cover for **treatment** of any psychiatric **treatment**, condition or **treatment** of any condition caused by or relating to any psychiatric condition until **you** have been insured by the Global Health Elite **plan** for a continuous period of 24 months.

Once **you** have been insured by the Global Health Elite **plan** for a continuous period of 24 months, **we** will pay for **treatment** of psychiatric conditions and **treatment** of conditions caused by or relating to any psychiatric conditions,

COSTS WE DON'T COVER

Global Health Elite membership plan agreement

34

subject to the life-time limit applicable to **your plan**. However, the following exclusions apply to **your** cover permanently, and not just during the first 24 months:

- **We** do not pay for **treatment** of any psychiatric condition or **treatment** of any condition caused by or relating to any psychiatric condition that has not been pre-authorised by **us**.
- **We** do not pay for any **treatment** required as a result of or in connection with addiction to or abuse of alcohol, drugs solvents or tobacco.
- **We** do not pay for any **treatment** required as a result of or in connection with addiction to gambling.
- **We** do not pay for any **treatment** required as a result of or in connection with eating disorders of any kind, including but not limited to anorexia nervosa, bulimia, bariatrics and morbid obesity, and the **treatment** of any resulting physical conditions.
- **We** do not pay for **treatment** of any psycho-geriatric conditions or for any type of dementia.
- **We** do not pay for any **treatment** required as a result of or in connection with sexual dysfunction.
- **We** do not pay for drugs prescribed for **out-patient** psychiatric **treatment**.
- **We** do not pay for hypnotherapy.

Routine and periodic health checks, vaccinations and mole mapping

Apart from any cover available to **you** under the well-being benefit, the well-child benefit and the **chronic conditions** benefit **we** do not pay for health screening such as routine health checks, child development and growth checks, periodic health checks required following **treatment** for a specific illness or injury, routine gynaecological tests, paediatric vaccinations, vaccinations or preventive **treatment** of any kind including mole mapping.

However, if **you** have received **treatment** for an injury or illness (other than cancer) which has been covered by **your plan** and for which it is **medically necessary** that **you** have periodic health checks, **we** will pay for these periodic health checks provided they occur within one year from the end of **your** original **treatment**, (or within 90 days from the date on which **you** were discharged from **hospital** if **you** are covered by the Elite Bronze **plan**).

Scalp and/or hair treatments, wigs and alopecia

We do not pay for any **treatment** of the scalp and/or hair or for wigs, or for the **treatment** of alopecia.

Search and/or rescue

We do not pay for search and/or rescue operations.

Second opinions

We do not pay for second or subsequent medical opinions from a **medical doctor, medical practitioner** or specialist for the same condition unless it has been authorised by **us** in advance. **We** do not pay for any duplication of tests.

Self-inflicted injuries and/or suicide

We do not pay for **treatment** of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

We do not pay for repatriation or burial of mortal remains if **you** commit suicide.

Sexually transmitted diseases

We do not pay for the testing or **treatment** of sexually transmitted diseases such as but not limited to genital warts, syphilis, gonorrhoea, genital herpes, chlamydia, pubic lice or trichomoniasis.

Sleep disorders

We do not pay for diagnostic tests for, or **treatment** of, insomnia, sleep apnoea, snoring, or any other sleep-related problem.

We do not cover diagnosis and **treatment** for obstructive sleep apnoea due to morbid obesity and obesity-hypoventilation syndrome.

Surgical or medical appliances or equipment

We do not pay for supplying, fitting or hiring physical aids and devices (for example crutches, splints, walking sticks and wheelchairs). **We** do not pay for any prostheses, or the preparation for, or the fitting of artificial limbs. However **we** do pay for surgically implanted artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. **We** will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine. **We** do not pay for hot and cold packs and support bandages.

Tourette's Syndrome

We do not pay for the testing or **treatment** of Tourette's Syndrome.

Travel costs

We do not pay for any travel costs including airfares and hotel accommodation except as specified in the Emergency evacuation benefit in **your Table of Benefits**.

Treatment by a family member

We do not pay for **treatment** provided by and/or under the control of and/or on referral from any family member i.e. spouse, partner, parent, brother, sister, child, grand-parent, grand-child, uncle or aunt.

Vitamins, dietary supplements and natural substances

We do not pay for vitamins, dietary supplements and substances which are available naturally and that can be purchased without prescription including, but not limited to, vitamins, minerals and organic substances.

War and terrorism

We do not pay for **treatment** of any condition or **claim** arising directly or indirectly from or as a consequence of war, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, unless **you** are an innocent bystander. However, no cover for war and terrorism will be provided if **you** remain in, or travel to, a country that the British Foreign and Commonwealth Office has advised its citizens to leave, and/or **you** travel to an excluded country, (stated on **your certificate of insurance**).

Notwithstanding the above **we** do not pay for the **treatment** of any condition or **claim** arising directly or indirectly from chemical or biological or nuclear contamination, however caused, including expense in any way caused by or contributed to by acts of war and/or terrorism even if **you** are an innocent bystander.

Weight-related conditions

We do not cover weight monitoring or weight disorders. **We** do not cover **treatment** by or consultations with dieticians.

We do not cover the diagnosis and **treatment** of morbid obesity, or similar procedures, such as bariatric surgery, gastric bypass, sleeve gastrectomy, lap-banding and Roux-en-Y gastric bypass, or any pre-emptive cholecystectomy [gall bladder removal] during any of these procedures or the consequences of any such treatment. **We** do not cover contouring surgery and/or removal of excess skin after excessive weight loss or the consequences of any such **treatment**.

We do not cover weight loss programmes, or **treatment** at a weight loss spa.

Wilful exposure to needless danger

We do not pay for **treatment** of any conditions arising directly or indirectly from **your** gross negligence and/or **your** wilful exposure to needless danger except in an attempt to save a human life.

7. POLICY ADMINISTRATION

Global Health Elite premiums

Your employer is responsible for paying to **us your** Global Health Elite **premiums**, and **premiums** for **your** dependants.

We must be in receipt of **your premium** before **we** will commence **your** cover.

Your Global Health Elite cover will only remain in force whilst **you** are employed by **your employer** and during the period for which **we** have received payment of the appropriate **premium** from **your employer**. **We** will not pay for any **treatment** expenses incurred after **your** cover has ended.

Unpaid or late premiums

We will automatically cancel **your** cover if **your employer** fails to pay **your premium** on or before the date it is due. However, **we** may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **your employer** pays the outstanding **premium** within 30 days of its **due date**. If **you** incur medical expenses during this 30 day period, **we** will not settle **your claim** until **we** have received **your** outstanding **premium**.

If a **premium** is outstanding for more than 30 days, **your** cover can only be reinstated if **you** send **us** a satisfactory health declaration and **your employer** pays **us** all outstanding **premiums**. If **your** state of health has changed **we** reserve the right to decline to reinstate **your** cover, or to continue to insure **you** at **special terms**. Cover can only be reinstated once **we** have received a satisfactory health declaration and payment of all outstanding **premiums**. If a **premium** is outstanding for more than 60 days, **you** will have to apply for a new Global Health **plan** and the **pre-existing condition** exclusion will apply from **your date of entry** to **your** new **plan**. **We** may accept **your** new application with or without **special terms**, or **we** may refuse to accept **your** application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

Child premium discounts

The first child on **your** Global Health Elite **plan** will be charged at 100% of the first child **premium** rate. The second child **we** cover will be charged at 75% of the first child **premium** rate and the third child onwards will be charged at 50% of the first child **premium** rate.

If the number of children **you** insure decreases, the discounts applied to each remaining child will be adjusted so that the first remaining child is charged at 100%, the second remaining child at 75% and so on. When a child leaves **your plan** during **your period of cover**, the adjustment will be made from **your next renewal date**.

Changing your plan type, area of cover or excess

If **your employer** transfers **you** into a Global Health **plan** with fewer benefits, increases **your excess**, and/or reduces **your area of cover**, they must tell **us** in writing and **we** will make the change from **your next renewal date**, (not before). **Your employer** cannot reduce **your** cover during **your period of cover**.

If **your employer** wishes to apply for an upgrade of **your** Global Health **plan** with a wider range of benefits, and/or reduce **your excess** and/or increase **your area of cover** **you** must complete a new **application form** and make a full declaration of any change in **your** state of health since **your date of entry**. **We** may apply **special terms** if **your** state of health has changed since **your date of entry** or **we** may refuse to increase **your** cover at **our** sole discretion. In any event, cover for any **medical condition** or **related medical condition** manifesting itself prior to the date on which **we** accept **your employer's** application for more cover of any kind will be restricted to the cover that would have been provided by **your** previous Global Health **plan**. For example, if **you** have an **excess** of £1,000 and **you claim** for a back injury, then **your**

employer applies to reduce **your excess** to £250, **we** will continue to apply the £1,000 **excess** to any future **claims** related to the back injury.

If **your employer** upgrades **your plan** type, any benefit **we** pay in respect of the **Well-being benefit, complications of pregnancy**, routine maternity care, cover for newborns, and complex dental treatment will be limited to the cover and limit that would have applied in respect of **your** previous **plan** for a waiting period of 12 months. If **your employer** upgrades **your plan** type when **you** are already pregnant, or if **you** become pregnant during the twelve month period after **your plan** type is upgraded, any benefit **we** will pay in respect of that pregnancy and birth will be restricted to the benefit that **we** would have paid with regard to **your** previous plan. This applies to the following benefits:-

- **Complications of pregnancy**,
- Routine maternity care and childbirth,
- Cover for newborns.

Example 1: Up-grading from Silver to Gold

You join the Silver **plan** on 1st January 2008. **Your employer** upgrades **your plan** from a Silver **plan** to a Gold **plan** on 1st January 2010. Any benefit **we** pay for **complications of pregnancy**, maternity care and childbirth and cover for newborns, will be restricted to the benefit that would have been paid by **your** Silver **plan** in respect of any pregnancy established before or during the first 12 months of **your** Gold **plan**.

So, if **you** became pregnant in December 2010, **you** would not be eligible to claim for any routine maternity care and childbirth expenses, or newborn care expenses in respect of that pregnancy, irrespective of when the expenses are incurred. Cover for any **in-patient treatment** necessary as a direct result of a **complication of pregnancy** would be restricted to **your** former Silver **plan** limit of £4000 or \$6,400 or €6,000 or AED 23,488. **You** will only be eligible for the Gold **plan** benefits in respect of pregnancies established a full 12 months after **your plan** has been upgraded to Gold.

Example 2: Up-grading from Gold to Platinum

You join the Gold **plan** on 1st January 2009. **Your employer** upgrades **your plan** from a Gold **plan** to a Platinum **plan** on 1st January 2010.

No benefit would be payable in respect of **complications of pregnancy**, maternity care and childbirth, or cover for newborns, until 12 months after the commencement of **your** cover on the Gold **plan**. Thereafter, any benefit **we** pay for **complications of pregnancy**, maternity care and childbirth and cover for newborns will be restricted to the benefit that would have been paid by **your** Gold **plan** in respect of any pregnancy established before or during the first 12 months of **your** Platinum **plan**, irrespective of when the expenses are incurred.

So, if **you** became pregnant in August 2009, **you** would not be eligible to claim for any routine maternity care and childbirth expenses, **complications of pregnancy**, or newborn care expenses until 12 months after the commencement of **your** cover on the Gold **plan** (i.e., not until 1st January 2010). After 1st January 2010 any benefit **we** pay in respect of this pregnancy will be restricted to the cover **we** would have provided under **your** Gold **plan**. It will therefore be restricted to 80% of costs up to £4,000 or \$6,400 or €6,000 or AED 23,488, and any benefit **we** pay in respect of newborn care will be limited to £25,000 or \$40,000 or €37,500 or AED146,800. Any **in-patient treatment** necessary as a direct result of a **complication of pregnancy** would be restricted to £6,000 or \$9,600 or €9,000 or AED 35,232. **You** will only be eligible for Platinum **plan** benefits in respect of pregnancies established a full 12 months after **your plan** has been upgraded to Platinum.

If **your employer** upgrades **your plan** type, any benefit **we** pay in respect of the routine dental treatment benefit will be limited to the cover and limit that would have applied in respect of **your** previous **plan** for a period of 6 months. Any benefit **we** pay in respect of the psychiatric **treatment** benefit will be limited to the cover and limit that would have applied in respect of **your** previous **plan** for a period of 24 months.

If **your employer** applies to decrease **your excess**, **your** previous **excess** will continue to apply for a period of 12 months in respect of **claims** for **Well-being benefit, complications of pregnancy**, routine maternity care, cover for newborns, and complex dental treatment. **Your** previous **excess** will continue to apply for 6 months in respect of **claims** for routine dental treatment. **Your** previous **excess** will continue to apply for 24 months in respect of **claims** for psychiatric **treatment**.



POLICY ADMINISTRATION

Global Health Elite membership plan agreement

38

Any increase in cover will be subject to **us** having received payment from **your employer** of the appropriate additional **premium**.

Adding a new eligible dependant

If **you** wish to add a new spouse or partner or child to **your plan**, **you** must complete a new **application form**. **We** will not commence cover for a new dependant until **we** have accepted **your** application for that new dependant, and until **we** have received payment of their **premium** from **your employer**. **We** will calculate their **premium** based on their age at their **date of entry**.

Adding newborns

There is no automatic cover for newborn children. (However there is up to a maximum of 28 days cover for a child born to a mother who has been insured by the Platinum **plan** or the Gold **plan** for a minimum period of 12 months).

You must complete a new **application form** and neonatal questionnaire in respect of all newborn children and submit these to **us** along with the newborn's discharge summary. **We** may accept this new application with or without **special terms**, or **we** may refuse to accept this application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

Renewing your Global Health Elite plan

Once **you** and **your** spouse or partner have joined the Global Health Elite **plan**, and whilst **you** remain in the employment of **your employer**, and provided **you** continue to fulfill the eligibility criterion of **your employer's** Global Health **plan**, **you** may continue to renew **your** cover each year, subject to **our** agreement and subject to the **agreement** and the **Table of Benefits** in force at the time of each subsequent **renewal date**, and subject to payment of **your** renewal **premium** by **your employer** on or before the **renewal date**.

Your children can continue to be covered under **your plan** at the appropriate child rate for as long as they are unmarried and less than 18 years old at each subsequent **renewal date**, or less than 25 years old if they are in continuous full-time education.

When **your** child marries, or reaches the age of 18 years at **your renewal date** or when they cease being in full-time education, or, if they are in continuous full-time education but have reached the age of 25 at **your renewal date**, they are no longer eligible to be covered under **your employer's** Global Health Elite **plan**. They can, however, complete and sign a Global Health **application form** and apply to have their own **plan**. The appropriate individual **plan** adult rate at that time will apply. The terms and conditions of the Individual Global Health Elite **plan** will apply.

We may accept their new application with or without **special terms**, or **we** may refuse to accept their application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

Our renewal premium invoice

We will write to **your employer** with **our** renewal terms and a renewal **premium** invoice prior to **your renewal date**.

Unpaid or late renewal premiums

We will automatically cancel **your** cover if **your employer** fails to pay the renewal **premium** on or before the date it is due. However **we** may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **your employer** pays the outstanding **premium** within 30 days of its **due date**. If **you** incur medical expenses during this 30 day period, **we** will not settle **your claim** until **we** have received the full annual **premium**.

If a renewal **premium** is outstanding for more than 30 days **your** cover can only be reinstated if **you** complete and send **us** a satisfactory health declaration and **your employer** pays **us** all outstanding **premiums**. If **your** state of health has changed **we** reserve the right to decline to renew **your** cover, or to continue to insure **you** at **special terms**. Cover can only be renewed once **we** have received a satisfactory health declaration and payment of all outstanding **premiums**.

If a renewal **premium** is outstanding for more than 60 days, **you** will have to apply for a new Global Health **plan** and the **pre-existing condition** exclusion will apply from **your date of entry** to **your new plan**.

We may accept **your** new application with or without **special terms**, or we may refuse to accept **your** application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

Changing your address and country of residence

You must tell **us** if **you** change **your** address and if **you** change **your country of residence**. A change of address form is provided with this booklet. **Your country of residence** is the country in which **you** are habitually resident.

In the event of the death of an insured person

Please inform **us** as soon as possible in the event of the death of an **insured person**.

When your employment terminates

Your cover, and cover for **your** dependants, will cease automatically from the date on which **your** employment with **your employer** is terminated.

Arbitration / applicable law

If **your insurer** is Hauteville Insurance Company Limited, all disputes arising out of or in connection with the present contract shall be finally settled under the Rules of Arbitration of the International Chamber of Commerce of Paris by one or more arbitrators appointed in accordance with the said rules, and shall take place in Paris. The arbitration shall be conducted in English and English law shall apply. A sole arbitrator shall be appointed by the International Chamber of Commerce of Paris unless the parties to the dispute agree otherwise.

If **your insurer** is Dubai Insurance Company, **your** policy shall be governed by, and be construed and interpreted and take effect in accordance with the laws of the UAE.

Complaints procedure

We want to provide **you** with a first class standard of service at all times. If **you** feel that **our** service has been poor or **you** feel that any decision **we** make about a **claim** is unfair and not in accordance with the terms of this **agreement**, please let **us** know by contacting:-

The Managing Director, William Russell Limited, William Russell House, The Square, Lightwater, Surrey GU18 5SS, UK.

Tel: + 44 1276 486455 Fax: + 44 1276 486466

All complaints will be acknowledged by telephone, email or letter by the end of the following working day. All complaints will receive a full and detailed written response within two weeks of issuing **our** acknowledgement.



DEFINITIONS

Global Health Elite membership plan agreement

40

8. DEFINITIONS

A clear explanation of certain terms used within this agreement

This section explains what **we** mean by certain words and phrases in this **agreement**. Words written in bold both here and in this **agreement** are particularly important as they have a specific meaning.

Accident means a sudden, unexpected, specific event which occurs at an identifiable time and place.

Accident plan this is a separate insurance **plan**, the terms and conditions of which are explained in the Accident **plan** rules.

Acute condition means a disease, injury or illness that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or injury, or which leads to **your** full recovery.

Agreement means the contents of this booklet read in conjunction with **your** completed and signed **application form** and **your certificate of insurance**. Together these items make up **your** Global Health **plan** contract with **us**.

Application form means the **application form you** have completed and signed on behalf of yourself and on behalf of any of **your** dependants for whom cover is requested.

Area of cover means the territorial limits of **your plan**. Cover is restricted to the **area of cover** shown on **your certificate of insurance** and described in this **agreement**.

Assistance Service means the emergency assistance company contracted to provide assistance services to **us** at the time of **your claim**.

Certificate of insurance means the confirmation of insurance cover issued by **us**. **Your certificate of insurance** confirms the **plan your employer** has bought, its currency, **your area of cover**, **your period of cover**, **your date of entry**, **your renewal date**, the **excess** amount, any **special terms** relating to **your** cover, **your country of residence**, **your home country**, and a **schedule of insured persons**. The **schedule of insured persons** lists the persons insured by **us** under **your agreement** with **us**. If there are any changes to the details on **your certificate of insurance** **we** will issue **you** with a new **certificate of insurance** confirming the changes.

Chronic Condition means a disease, illness or injury which has at least one of the following characteristics;

- 1 It continues indefinitely and has no known cure,
- 2 It comes back or is likely to come back,
- 3 It is permanent,
- 4 **You** need to be rehabilitated or specially trained to cope with it,
- 5 It needs long-term monitoring, consultations, check ups, examinations or tests.

Claim means a course of **treatment** for a specific illness, injury, medical condition or dental condition.

Close family member means **your** spouse, parent, brother, sister, child or grand-child.

Complications of pregnancy means **in-patient** and **day-patient treatment** received for a medical condition which arises during the antenatal or postnatal stages of pregnancy after **you** have been covered by the Global Health Elite **plan** for a period of 12 months. There is no cover for **complications of pregnancy** received within the first 12 months of **your plan**. There is no cover for **complications of pregnancy** arising from a pregnancy established through assisted reproduction until after the 12-week scan, irrespective of how long **you** have been covered by the **plan**.

Congenital conditions means any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy.

Country of residence means the country in which **you** are habitually resident.

Date of entry means the date on which cover for **you** and each of **your** dependants first commenced.

Day-patient. You are a **day-patient** when, for medical reasons, **you** have to go into a **hospital** or **day-patient** unit because **you** need a period of clinically-supervised recovery but do not have to stay overnight.

Dentist means a person legally carrying out this profession in the country in which he or she is located.

Diagnostic tests means investigations, such as x-rays or blood tests, to find or to help find the cause of **your** symptoms.

Eligible dependants are **your** spouse or partner with whom **you** live, (provided the spouse or partner is under 65 years of age), and **your** unmarried children (provided the unmarried children are aged less than 18 years old, or less than 25 years old if in continuous full-time education. **We** reserve the right to request and receive proof of a dependant child being in full-time education.

Employer means the **policyholder** specified as **your employer** on **your certificate of insurance**.

Excess means the amount stated as the **excess** in **your certificate of insurance**, being the amount **you** must contribute towards each **claim**.

Excluded country means a country stated on **your certificate of insurance** where **we** cannot provide cover.

Full refund means we will pay all **reasonable and customary treatment** charges subject to any annual and/or life-time limits that may apply. **Reasonable and customary** means the charge that would typically be made for **your treatment** by medical service providers in the country in which **you** receive **your treatment**. If the cost of **your treatment** is more than the charge that would typically be made by medical service providers, in the country in which **you** receive **your treatment**, **we** will only pay up to the amount which is typically charged in that country. In the event of a dispute, we will identify the amount typically charged for **your treatment** by medical service providers in the country in which **you** receive it, by obtaining three quotations and taking a mean average of these three quotations.

Home country means **your** country of origin for which **you** hold a passport. If **you** hold more than one passport **your home country** will be the country **you** have declared on **your application form**. For the purposes of this **agreement your** spouse or partner and dependent children will be regarded as having the same **home country** as **you**.

Hospital means an establishment which is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is situated.

In-patient. You are an **in-patient** if **you** receive **treatment** which, for medical reasons, means that **you** have to stay in **hospital** overnight.

Insured person means any person specified in **your certificate of insurance** as the **insured person**.

Insurer is the insurance company that provides the insurance cover for **your** policy and is as stated on **your Certificate of Insurance**.

Life-threatening condition means a critical medical condition covered by **your plan**, which in the opinion of the **Assistance Service** constitutes a life-threatening situation which requires immediate **in-patient treatment**.

London area means any address in the United Kingdom with a London postcode.

Master Certificate of Insurance is the Certificate of Insurance issued to **your employer** which together with this membership **agreement** and **your certificate of insurance** contains the terms, conditions and exclusions that apply to **your** membership and to cover **we** provide to **you** and **your eligible dependants**.

Medical doctor means a person who has the primary degrees in the practice of medicine and surgery following attendance at a recognised medical school and who is licensed to practise medicine by the relevant licensing authority where the **treatment** is given. By recognised medical school **we** mean a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organisation.

Medically necessary means **treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this **agreement**, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used for the purpose will be those published by the National Institute for Health and Clinical Excellence in the UK.

DEFINITIONS

Global Health Elite membership plan agreement

42

Medical practitioner means a person who has full registration under the Medical Acts of the country where they practise and who specialises in nursing, homeopathy, acupuncture, orthopaedic medicine, physiotherapy, osteopathy, chiropractic or podiatric surgery, and to whom **you** have been referred by a **medical doctor**.

Out-patient. **You** are an **out-patient** when **you** receive **treatment** at a **hospital** consulting room, emergency room or **out-patient** clinic where **you** do not go in for **day-patient** or **in-patient** treatment.

Period of cover is a period of twelve months from **your date of entry to your plan**, or from any subsequent **renewal date**. **Your period of cover** is as stated on **your certificate of insurance** and cover will remain in force during this period subject to the terms and conditions of this **agreement**, and provided **we** receive **your premium(s)** on or before their **due date(s)**. If a **premium** is not received by **us** on or before its **due date**, **your period of cover** will end from the day before the unpaid **premium's due date**.

Personal Accident plan. This is a separate insurance **plan**, the terms and conditions of which are explained in the Personal Accident **plan** rules.

Plan means the Global Health Elite Bronze **plan**, Silver **plan**, Gold **plan** or Platinum **plan**.

Policyholder means **your employer**, i.e. the company **you** are employed by and on whose payroll **you** appear.

Post hospital treatment is **medically necessary** follow-up consultations, physiotherapy, tests and/or **treatment** required on an **out-patient** basis following **in-patient** or **day-patient** surgery covered by **your plan** and received within the 90 day period following the date **you** are discharged from **hospital**.

Pre-existing conditions and related conditions. The Global Health **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:

1. **You** have received medication, advice or **treatment**; or
2. **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**.

Premium means the amount(s) **your employer** is required to pay to **us** either annually, semi-annually, quarterly or monthly for this insurance cover.

Premium due date, or due date means the date on which **your premium** falls due.

Reasonable and customary means the charge that would typically be made for **your treatment** by medical service providers in the country in which **you** receive **your treatment**. If the cost of **your treatment** is more than the charge that would typically be made by medical service providers, in the country in which **you** receive **your treatment**, **we** will only pay up to the amount which is typically charged in that country. In the event of a dispute, we will identify the amount typically charged for **your treatment** by medical service providers in the country in which **you** receive it, by obtaining three quotations and taking a mean average of these three quotations.

Recognised medical treatment means **treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this **agreement**, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used for the purpose will be those published by the National Institute for Health and Clinical Excellence in the UK.

Related condition means 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**.

Renewal date is shown on **your certificate of insurance**.

Specialist means a surgeon, anaesthetist or physician who is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and who is recognised by the relevant authorities in the country in which the **treatment** takes place as having a specialised qualification in the field of or expertise in, the **treatment** of the disease, illness or injury being treated. By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.

Special terms mean any exclusions or conditions which **we** may apply to **your plan**. Any **special terms** relating to **your plan** will appear on **your certificate of insurance**.

Table of Benefits. Table of Benefits means the benefits set out in pages 10-19 of this booklet.

Temporary trip means a trip **you** take for business or pleasure of not more than 45 days duration if **you** have Area Two cover, or 90 days duration if **you** have Area Three cover.

Travel plan. This is a separate insurance **plan**, the terms and conditions of which are explained in the Travel **plan** rules.

Treatment means surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

Us, we, our means William Russell Limited on behalf of the **Insurer**.

Well-being benefit medical report form is the medical examination report form which specifies the medical tests eligible for cover under the well-being benefit. This report form must be obtained from William Russell Limited before **you** have a medical examination for which **you** intend to **claim** under the well-being benefit.

You, your means any and all persons named in the **schedule of Insured Persons** on **your certificate of insurance** and/or the **Policyholder** stated in the **Master Certificate of Insurance**.



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