Personal Life Plan Agreement

Individuals

For members with a personal life plan whose period of cover starts on or after 01 January 2020
Thank you for choosing a personal life plan. We want to provide you with an insurance policy you can rely on, so it is important that you fully understand the scope of the cover we provide. This agreement explains what is and what is not covered by your plan, and how your claims will be administered.

Please take time to read this agreement along with your Certificate of Insurance and application form. Together, these documents form the contract between you and us.

Certain words we use within this agreement have a special meaning to which we would like to draw your attention. For example: -

- ‘We, us, our’ – means William Russell Ltd., on behalf of the insurer
- ‘Life benefit’ – means the amount for which you have insured your life, as shown on your Certificate of Insurance.

These words appear in bold type, and we provide their precise meanings in the Definitions section of this agreement.

All web addresses in this agreement are live. Simply click on a link and you will be taken directly to our website. We are, of course, always at the end of a telephone to answer queries or deal with your claim. You can find our contact details below.

**Contact details**

If you have an enquiry about your plan or insurance

<table>
<thead>
<tr>
<th>Tel</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>+44 1276 486 475</td>
<td>+44 1276 486 466</td>
<td><a href="mailto:global.protection@william-russell.com">global.protection@william-russell.com</a></td>
</tr>
</tbody>
</table>

If you need to make a claim

<table>
<thead>
<tr>
<th>Tel</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>+44 1276 486 475</td>
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<td><a href="mailto:global.protection@william-russell.com">global.protection@william-russell.com</a></td>
</tr>
</tbody>
</table>

If you’d like to write to us

William Russell Ltd.
William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK

**William Russell**

William Russell Ltd. is the administrator of your plan. William Russell Ltd. is authorised and regulated by the UK Financial Conduct Authority under reference number 309314.

**Allianz**

Allianz (AWP Health & Life S.A., registered address at Eurosquare 2, 7 rue Dora Maar, 93400 Saint Ouen, France) is the insurer of your plan.

**Your right to cancel within 30 days**

If you decide your plan does not meet your needs, simply contact us and advise us that you wish to cancel. Provided we receive your written instruction within 30 days of your date of entry, and provided no claims have been made, we will refund your premium in full.

If we receive your instruction to cancel your plan more than 30 days after your date of entry, the terms of our cancellation policy will apply.

Welcome to William Russell
General conditions

This agreement, together with your application form and your Certificate of Insurance, make up the contract between you and us.

Eligibility for cover
To be eligible for cover under the personal life plan:

- you must be living outside your country of nationality at the time the plan commences
- you must not be living in any of the following countries: Iran, North Korea, Libya, South Sudan, Syria, Yemen or Switzerland.
- you must be at least 18 years of age, on the date that your plan commences
- you must not be more than 69 years of age
- your occupation must be 100% office-based (if your occupation is not 100% office-based, you must provide us with a full job description)

Maximum life benefit
The maximum amount payable for the life benefit is 20 times your gross annual earnings at the time you made your application, less the benefit payable under any other life insurance policy that you held at the time you made your application, subject to a maximum benefit of US$2,000,000 or £1,500,000 or €1,700,000 or AED7,345,000.

In the event of a claim, we may require proof that your gross annual earnings were equal to or more than one twentieth of your life benefit and your other life insurance cover combined at the time you made your application.

If you are a houseperson, student, retired person or voluntary worker, at the time you made your application, the maximum amount payable under the life benefit is US$160,000 or £120,000 or €136,000 or AED587,600.

Maximum accident benefit
The maximum amount payable under the accident benefit is US$500,000 or £375,000 or €500,000 or AED1,836,250. The amount payable under the accident benefit cannot exceed the amount of your life benefit.

When your plan ceases
Your plan will automatically cease:

- on the date of your death
- upon payment of the terminal illness benefit
- at the end of the annual period of cover during which you reach your 70th birthday
- if you take up residence in any of the following countries: Iran, North Korea, Libya, South Sudan, Syria, Yemen
- at the renewal date immediately following the date of your return to live in the USA, if your country of nationality is the USA.

If your plan ceases because we have paid the terminal illness benefit or the life benefit, we will not refund the unused premium for the remainder of the period of cover. If your plan ceases and we have not paid the terminal illness benefit or the life benefit, we will refund the unused premium for the remainder of the period of cover.

When we have the right to cancel your plan
We have the right to cancel your plan immediately if:

- you do not pay your renewal premium within 30 days of your renewal date
- you do not pay your monthly or quarterly or semi-annual premium within 30 days of its due date
- you or any person acting on your behalf has made any threatening or abusive comment or used any unacceptable language towards us, any member of our staff, or any service provider acting on our behalf, whether verbally or in writing
- you have misled us, or attempted to mislead us, whether intentionally or carelessly, at any time by providing us with false information or by working with another party to provide false information to us.

If we cancel your plan for any of the above reasons, we may also report the matter to the relevant authorities (if appropriate).

If your death, terminal illness diagnosis or accidental bodily injury occurs after your plan has ceased, no benefit will be payable, even if the death, terminal illness or accidental bodily injury arises from an injury or illness that existed whilst your plan was in force.

You may cancel your plan by instructing us in writing. Your plan will be cancelled upon receipt by us of your instruction to do so.
Your obligations

Full disclosure about your medical history
You must disclose on your application form all pre-existing medical conditions.

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

If a claim is submitted in respect of death, terminal illness or accidental bodily injury which is caused by or related to a pre-existing medical condition or related 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 omitted facts, or contained materially incorrect or incomplete facts, we have the right to declare your plan void. Alternatively we may impose special terms on your plan which will apply with effect from your date of entry.

A change in your state of health between you signing the application form and paying your premium
If, after completing, signing and dating your application form any changes occurred in the facts you gave us, such as a change in your state of health, you must tell us by email to global.protection@william-russell.com about the change and we reserve the right to decline your application or to accept your application with special terms.

A change in your occupation
You must inform us immediately by email to global.protection@william-russell.com, if you change your occupation or the tasks and duties within that occupation. If you change your occupation we may cancel your plan, increase your premium, reduce your benefit or make your plan subject to special terms.

A change in your address, country of residence or email address
You must inform us immediately, by email to global.protection@william-russell.com if you change your address and/or country of residence. If you change your country of residence we may cancel your plan, increase your premium, reduce your benefit or make your plan subject to special terms.

You must tell us, in writing, if you change your email address as we will email you with our renewal terms and renewal premium invoice prior to your renewal date or we may need to contact you.

If you participate in hazardous activities
You must inform us, by email to global.protection@william-russell.com of your intention to participate in any hazardous activities.

If you participate in hazardous activities we may cancel your plan, increase your premium, reduce your benefit or make your plan subject to special terms.

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

If you become a resident of Switzerland (whatever your country of nationality) your plan will automatically cease at the renewal date immediately following the date of your becoming a resident of Switzerland.

If your country of nationality is the USA, your plan will automatically terminate on the renewal date following your permanent return to the USA.
Administration of your plan

Claiming your reimbursement of medical fees
To obtain reimbursement of the cost of any medical examination or tests we have specifically requested, please complete a reimbursement form and return this to us, together with a copy of the receipted bills for the examination or tests you have had.

Medicals can be completed by a doctor of your choice providing they hold recognised qualifications and all information must be in English.

Provided we receive your fully completed Reimbursement of Medical Fees form and a copy of the receipted bills within two months of your plan going into force (or your increased cover going into force if your application is for an increase in benefits on an existing plan), we will reimburse you, up to a maximum amount of US$520 or £390 or €442 or AED1910 depending upon the currency of your plan. Medical fees will be refunded in your plan currency.

We will only pay a reasonable and customary charge which means that if the cost of your medical examination and/or medical tests is more than we would reasonably have expected to pay in your location, we will only pay the amount which is customarily charged and you will have to pay the rest.

Provided you have given us full and complete instructions as to where to send the reimbursement, it will be made by us direct to your bank account at the end of the month following the month your plan goes into force. If you pay your premiums semi-annually, quarterly or monthly, reimbursement will be made direct to your bank account after your plan has been in force for a full 6-month period.

If you decide not to accept any offer we may make to commence cover (or to increase cover if your application is for an increase in benefits under an existing plan) we will not reimburse your medical fees, even if the reason you do not proceed is because we have accepted your application subject to special terms and/or a premium loading. However, if we decline to offer cover to you (or to offer an increase in your benefit if your application is for an increase in benefit) due to medical reasons, we will reimburse your medical fees in accordance with the above limits.

If you cancel your plan within 12 months of commencing your plan or increasing your benefit, we shall deduct from your premium refund any reimbursement we have made to you in respect of your medical fees.

We will not reimburse any bills received by us more than 2 months after your plan commences, or more than 2 months after any increase in cover becomes effective if the bills relate to an increase in cover.

Payment of premiums
Premiums may be paid annually, semi-annually, quarterly or monthly.

Annual premiums may be paid by a credit or debit card that is acceptable to us, or by banker’s draft or cheque drawn on a British bank, by bank transfer direct to our bank account, or, if you pay your premiums in Sterling from a UK bank account, by direct debit.

Semi-annual, quarterly or monthly premiums must be paid by a credit or debit card acceptable to us, and we will make automatic withdrawals from your card as appropriate until we are instructed to stop. Please note that if the card you instruct us to withdraw your premiums from expires during your period of cover it is your responsibility to supply us with new card details. If you pay your premiums in Sterling from a UK bank account we can also accept payment by direct debit. Your plan will automatically cease if we are unable to withdraw your premiums within 30 days of the date on which they fall due.

Your premiums must be paid to us in the currency of your plan.

Unpaid or late premiums
We will automatically cancel your plan if you fail to pay an annual, semi-annual, quarterly or monthly premium by its due date, or if we are unable to collect your premium from your credit/debit card or direct debit by its due date. However, we may allow your plan to continue without you having to complete a new application form and health declaration if you pay the outstanding premium within 30 days of its due date.

If your premium is not received by us within 30 days of its due date you will have to re-apply for a new plan and we will require a new application form and new medical evidence which must be provided at your own expense. If you are accepted for cover, the pre-existing medical condition exclusion will apply from your date of entry to your new plan and you will be charged at the premium rates prevailing when we decide to commence 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 us having to give any reason for our decision.

Insurance premium tax
If your country of residence is a country where we are obliged to collect insurance premium tax you must pay to us the amount of any insurance premium tax due.

Renewing your plan
Once your plan has commenced you may continue to renew your plan each year subject to the agreement in force at the time of each subsequent renewal date.

We will not cancel your plan unless we are entitled to do so under our cancellation policy (please see the When your plan ceases section on Page 4).

Maximum ages for renewing your plan
You cannot renew your plan once you reach the age of 70 years.
**Age-related premiums**

Our premiums are age-related and will increase as you get older. The premiums are subject to change and cannot be guaranteed for the future.

**Applying for an increase in benefit**

You may apply for an increase in benefit at any time by completing a new application form. Upon receipt of your application for an increase in benefit we will advise you of our medical requirements to underwrite the increase in benefit you require. Any increase in benefit must be within the maximum benefit limits stated in this agreement.

When we have received sufficient information about your health, your occupation and your hazardous activities we will assess your application for additional benefit.

If your state of health has changed since your original application, we may impose a medical premium loading, and/or a specific medical exclusion in respect of the additional benefit. We may also decline to accept your application for additional benefit at our discretion.

If you have changed your occupation and/or location, or you have taken up a previously undeclared hazardous activity, we may impose a premium loading and/or exclusion in respect of your whole plan (and not just the amount of the increase).

If we decide to accept your application for an increase in benefit, we will issue a premium invoice that will state the terms upon which your application for the additional benefit has been accepted, and the premium required to put your additional cover into force.

Please note that, in some circumstances, after you have been accepted for an increase in benefit, it may be necessary to provide you with a separate plan, which may have different renewal and premium due dates. This will be communicated to you if this is required.

You must pay this additional premium within 30 days of the date of our invoice. Provided we receive payment of your invoice within 30 days, we will commence your additional benefit from the date of our invoice, subject to there having been no change in your state of health.

If we have not received payment within 30 days, your application for additional benefit will be cancelled and you will have to re-apply for the additional benefit.

Your life benefit and accident benefit may be increased up to age 69 (subject to the maximum benefit limits stated in this agreement).

**Applying for a reduction in benefit**

You may apply to reduce your benefit 6-months after your date of entry, by sending your instructions by email to global.protection@william-russell.com.

**Appointing a beneficiary**

If you did not nominate a beneficiary when you applied for your plan, you can appoint a beneficiary at any time. Email us at global.protection@william-russell.com and we will send you the necessary form(s).

If you have not appointed a beneficiary at the time of your death, the beneficiary of your plan shall be:

- your spouse*; failing him/her
- your legally declared child(ren) in equal shares; failing him/her/them
- your estate.

If you do not appoint a beneficiary for the event of terminal illness, the benefit will be paid to you.

*Please note that in the event of a claim, a partner may not have the same rights as attributed to a spouse. If you wish the benefit to be paid to your partner, you must name your partner as beneficiary.

**Cancelling your plan**

You may cancel your plan after it has been in force for a full 6-month period. After that, upon receipt of your written instruction that you wish to cancel your plan you may be entitled to a pro rata refund of your premium. If you decide to cancel your plan within the first 12 months, (or within 12 months of an increase in benefit), we will deduct the amount of any medical fees reimbursement we have made to you from your premium refund.

No premium refund is due if a claim has been made.

If you are not satisfied with your plan, you can instruct us to cancel from the date the plan commenced. We will refund your premium in full, provided that we receive your instruction within 30 days of your plan commencing, and that no claims have been made.

The personal life plan is not an investment plan and does not acquire a cash or surrender value.
Your life benefit

When we pay your life benefit
In the event of your death, we will pay the life benefit stated on your Certificate of Insurance, provided that:

• your life benefit does not exceed 20 times your gross annual earnings at the time that you applied for your plan
• your plan was in full force at the time of your death
• your death was not caused directly or indirectly by any risk excluded in this agreement, or by any special terms stated on your Certificate of Insurance.

In the event of a terminal illness we will pay the life benefit stated on your Certificate of Insurance, provided that:

• your terminal illness is expected (by your consultant and by our Chief Medical Officer) to lead to your death within 12 months or before the first renewal date following your 70th birthday, whichever is the earlier date
• your life benefit does not exceed 20 times your gross annual earnings at the time that you applied for your plan
• your plan is in full force at the time you notify us that your consultant has confirmed that your condition is terminal
• your terminal illness is not caused directly or indirectly by any risk excluded in this agreement, or by any special terms stated on your Certificate of Insurance.

Please note that the decision of our Chief Medical Officer is final.

Making a claim for your life benefit
To substantiate a claim for your life benefit as a result of terminal illness, the following documents must be submitted to us as soon as reasonably possible:

• an official document that confirms your date of birth
• a claim form completed by you or your next of kin (if you are unable to complete it yourself)
• proof of your gross annual earnings at the time you made your application (if this was not provided at application stage)
• identification (if applicable) for any named beneficiaries showing date of birth, proof of life, proof of address, and full bank details
• a medical report that gives full details about the onset, progression, and prognosis of your terminal illness, including full details of treatments you are receiving
• any other medical reports or proof that we may reasonably require in order to assess your claim.

To substantiate a claim for your life benefit following your death, the following documents must be submitted to us as soon as reasonably possible:

• an official death certificate confirming the cause of death and stating the date of death
• an official document which confirms your date of birth
• in the event of death due to an accident, a medical or official certificate stating the cause and circumstances of death, all other reports including police reports, ambulance reports and the reports of any eye-witnesses and such other documents as we may reasonably require to establish the cause of death and the circumstances surrounding the death
• proof of your gross annual earnings at the time you made your application (if this was not provided at application stage)
• identification for any named beneficiaries showing date of birth, proof of life, proof of address and full bank details
• any other medical reports or proof that we may reasonably require in order to assess your claim.
When we pay your accident benefit

The accident benefit becomes payable if you die as a consequence of an accidental bodily injury that is suffered during the period of cover, provided that:

- your plan was in full force at the time of you sustained the accidental bodily injury
- your death arises within one year of the date on which you sustained the accidental bodily injury
- the accidental bodily injury is not caused directly or indirectly by any risk excluded in this agreement or by any special terms stated on your Certificate of Insurance.

A percentage of the accident benefit becomes payable if you suffer an accidental bodily injury that results in any disability stated on the compensation schedule (below), provided that:

- your plan was in full force at the time of you sustained the accidental bodily injury
- your accidental bodily injury occurs prior to your renewal date following your 70th birthday
- the accidental bodily injury is not caused directly or indirectly by any risk excluded in this agreement or by any special terms stated on your Certificate of Insurance.

If you suffer from several disabilities as a consequence of your accidental bodily injury, the accident benefit we pay will be calculated by adding together the various benefit amounts stated in the compensation schedule. The total accident benefit payable will be limited to the accident benefit stated on your Certificate of Insurance.

Ankylosis of the fingers (other than the thumb and forefinger) and of the toes (other than the big toe) will entitle you to 50% of the compensation that would be due for the loss of the said members.

Permanent disabilities that are not specified in the compensation schedule will be compensated in accordance with their severity, which will adjudged in the light of similar disabilities specified in the compensation schedule. Your occupation will not be taken into consideration.

The compensation schedule assumes that your right hand is your dominant hand. If your left hand is your dominant hand, the percentages stated in the ‘Left’ and ‘Right’ columns of the compensation schedule for the various disabilities specified under the heading, ‘Upper limbs’, will be transposed.

Compensation schedule for the accident benefit

This is the schedule of disabilities eligible for benefit as a percentage of the accident benefit stated on your Certificate of Insurance.

<table>
<thead>
<tr>
<th>Compensation schedule</th>
<th>% of accident benefit payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disabilities for which 100% of the accident benefit is payable</strong></td>
<td></td>
</tr>
<tr>
<td>Loss of life</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, both arms or both hands</td>
<td>100%</td>
</tr>
<tr>
<td>Complete and permanent deafness of both ears</td>
<td>100%</td>
</tr>
<tr>
<td>Removal of lower jaw</td>
<td>100%</td>
</tr>
<tr>
<td>Permanent loss of speech</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, one arm and one leg</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, one arm and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, one hand and one leg</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, one hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, both legs</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of, or loss of use of, both feet</td>
<td>100%</td>
</tr>
<tr>
<td>Compensation schedule</td>
<td>% of accident benefit payable</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>Head</strong></td>
<td></td>
</tr>
<tr>
<td>Loss of osseous substance of the skull in all its thickness:</td>
<td></td>
</tr>
<tr>
<td>• surface of at least 6 sq. cm</td>
<td>40%</td>
</tr>
<tr>
<td>• surface of 3 to 6 sq. cm</td>
<td>20%</td>
</tr>
<tr>
<td>• surface of less than 3 sq. cm</td>
<td>10%</td>
</tr>
<tr>
<td>Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone</td>
<td>40%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in one eye</td>
<td>40%</td>
</tr>
<tr>
<td>Complete and permanent deafness in one ear</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Upper limbs</strong></td>
<td></td>
</tr>
<tr>
<td>Loss of, or loss of use of, one arm or one hand</td>
<td>60%</td>
</tr>
<tr>
<td>Considerable loss of osseous substance of the arm (definite &amp; incurable lesion)</td>
<td>50%</td>
</tr>
<tr>
<td>Total paralysis of the upper limb (incurable lesion of the nerves)</td>
<td>65%</td>
</tr>
<tr>
<td>Total paralysis of the circumflex nerve</td>
<td>20%</td>
</tr>
<tr>
<td>Shoulder ankylosis</td>
<td>40%</td>
</tr>
<tr>
<td>Elbow ankylosis:</td>
<td></td>
</tr>
<tr>
<td>• in a favourable position (15 degrees round the right angle)</td>
<td>25%</td>
</tr>
<tr>
<td>• in an unfavourable position</td>
<td>40%</td>
</tr>
<tr>
<td>Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)</td>
<td>40%</td>
</tr>
<tr>
<td>Total paralysis of the median nerve</td>
<td>45%</td>
</tr>
<tr>
<td>Total paralysis of the radian nerve at the torsion cradle</td>
<td>40%</td>
</tr>
<tr>
<td>Total paralysis of the forearm radian nerve</td>
<td>30%</td>
</tr>
<tr>
<td>Total paralysis of the hand radial nerve</td>
<td>20%</td>
</tr>
<tr>
<td>Total paralysis of the cubital nerve</td>
<td>30%</td>
</tr>
<tr>
<td>Ankylosis of the wrist in favourable position (straight and pronation)</td>
<td>20%</td>
</tr>
<tr>
<td>Ankylosis of the wrist in unfavourable position (flexion or strained extension of supine position)</td>
<td>30%</td>
</tr>
<tr>
<td>Total loss of thumb</td>
<td>20%</td>
</tr>
<tr>
<td>Partial loss of thumb (ungual phalanx)</td>
<td>10%</td>
</tr>
<tr>
<td>Total ankylosis of thumb</td>
<td>20%</td>
</tr>
<tr>
<td>Total amputation of forefinger</td>
<td>15%</td>
</tr>
<tr>
<td>Amputation of two phalanges of forefinger</td>
<td>10%</td>
</tr>
<tr>
<td>Amputation of the ungual phalanx of forefinger</td>
<td>5%</td>
</tr>
<tr>
<td>Simultaneous amputation of thumb and forefinger</td>
<td>35%</td>
</tr>
<tr>
<td>Amputation of thumb and finger other than forefinger</td>
<td>25%</td>
</tr>
<tr>
<td>Amputation of two fingers other than thumb and forefinger</td>
<td>12%</td>
</tr>
<tr>
<td>Amputation of three fingers other than thumb and forefinger</td>
<td>20%</td>
</tr>
<tr>
<td>Compensation schedule</td>
<td>% of accident benefit payable</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Upper limbs (continued)</strong></td>
<td></td>
</tr>
<tr>
<td>Amputation of four fingers including thumb</td>
<td>45%</td>
</tr>
<tr>
<td>Amputation of four fingers excluding thumb</td>
<td>40%</td>
</tr>
<tr>
<td>Amputation of the medial finger</td>
<td>10%</td>
</tr>
<tr>
<td>Amputation of the finger other than thumb, forefinger and median</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Lower limbs</strong></td>
<td></td>
</tr>
<tr>
<td>Amputation at the thigh (upper half)</td>
<td>60%</td>
</tr>
<tr>
<td>Amputation at the thigh (lower half and leg)</td>
<td>50%</td>
</tr>
<tr>
<td>Total loss of foot (tiblo-tarsal disarticulation)</td>
<td>45%</td>
</tr>
<tr>
<td>Partial loss of foot (sub ankle bone disarticulation)</td>
<td>40%</td>
</tr>
<tr>
<td>Partial loss of foot (medio-tarsal disarticulation)</td>
<td>35%</td>
</tr>
<tr>
<td>Partial loss of foot (tarso-metatarsal disarticulation)</td>
<td>30%</td>
</tr>
<tr>
<td>Total paralysis of lower limb (incurable nerve lesion)</td>
<td>60%</td>
</tr>
<tr>
<td>Complete paralysis of the external poplitic sciatic nerve</td>
<td>30%</td>
</tr>
<tr>
<td>Complete paralysis of the internal poplitic sciatic nerve</td>
<td>20%</td>
</tr>
<tr>
<td>Complete paralysis of two nerves (poplitic sciatic external and internal)</td>
<td>40%</td>
</tr>
<tr>
<td>Ankylosis of the hip</td>
<td>40%</td>
</tr>
<tr>
<td>Ankylosis of the knee</td>
<td>20%</td>
</tr>
<tr>
<td>Loss of osseous substance from the thigh or bones of the leg (incurable condition)</td>
<td>60%</td>
</tr>
<tr>
<td>Loss of osseous of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg</td>
<td>40%</td>
</tr>
<tr>
<td>Loss of osseous substance of the knee-pan while the movements are preserved</td>
<td>20%</td>
</tr>
<tr>
<td>Shortening of the lower limb:</td>
<td></td>
</tr>
<tr>
<td>• by at least 5 cm</td>
<td>30%</td>
</tr>
<tr>
<td>• by 3-5 cm</td>
<td>20%</td>
</tr>
<tr>
<td>• by 1-3 cm</td>
<td>10%</td>
</tr>
<tr>
<td>Total amputation of all toes on one foot</td>
<td>25%</td>
</tr>
<tr>
<td>Amputation of four toes (including the big toe)</td>
<td>20%</td>
</tr>
<tr>
<td>Amputation of four toes (excluding the big toe)</td>
<td>10%</td>
</tr>
<tr>
<td>Amputation of the big toe</td>
<td>10%</td>
</tr>
<tr>
<td>Amputation of two toes (excluding the big toe)</td>
<td>5%</td>
</tr>
<tr>
<td>Amputation of one toe (excluding the big toe)</td>
<td>3%</td>
</tr>
</tbody>
</table>
Making a claim for your accident benefit

To substantiate a claim for accident benefit, the following documents must be submitted to us as soon as reasonably possible:

• an official document which confirms your date of birth
• a medical or official certificate stating the cause and circumstances of the accident, including police reports, ambulance reports and eye-witness statements
• a detailed medical report describing the injuries sustained
• proof of your gross annual earnings at the time you made your application (if this was not provided at application stage)
• in the event of death, an official death certificate confirming the cause of death and stating the date of death
• any other documentation or proof that we may reasonably require in order to assess your claim

All documentation and medical reports submitted in connection with a claim must be furnished at your own expense.
What you're not covered for

What your plan does not cover
No benefit will be paid if your death, terminal illness or accidental bodily injury arises from any of the following:

- any items specifically excluded on your Certificate of Insurance
- a pre-existing medical condition or related condition, unless you have told us about it and we have agreed to accept cover for it
- your active participation in war, warlike activities or terrorist activities
- your gross negligence and deliberate exposure to exceptional danger (except in the attempt to save a human life)
- your participation in any professional sport
- your participation in an activity that is illegal in the country in which it is performed

- suicide, or the consequences of attempted suicide or intentionally self-inflicted injuries, whether sane or insane. This exclusion only applies to the first 3 years of your plan. If you subsequently apply to increase your life benefit, this 3-year exclusion shall apply from the date of the increase, but only for the amount of the increase. Each increase in your life benefit will be treated separately. This exclusion applies permanently with respect to the optional accident benefit.

- war, terrorism, kidnap, murder, assault of any kind, or any other act of violence, sustained whilst you are in a country or region that the British Foreign & Commonwealth Offices (“FCO”) has advised its citizens to leave, or has advised against all travel to, or has advised against all but essential travel to (whether your presence in that country or region is permanent or temporary).

- any cause whatsoever, if sustained whilst you are in Iran, Libya, North Korea, South Sudan, Syria, or Yemen (whether your presence in the country is permanent or temporary).

No benefit will be paid for any death or accidental bodily injury that has not been reported to us within 12 months of the death or accidental bodily injury occurring.

No benefit will be paid upon your death if the life benefit has already been paid following your diagnosis with a terminal illness.

Additional exclusions applying to the accident benefit only
Additional exclusions apply in respect of the accident benefit. No benefit will be paid if death or accidental bodily injury is caused by:

- war, warlike activities, military action, acts of foreign hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection, usurped power, mutiny, riot, strike, martial law, state of seige, attempted overthrow of government, any acts of terrorism, murder, attempted murder, kidnap (including attempted kidnap or attempted rescue from kidnapping), or assault of any kind, anywhere in the world. This exclusion will apply irrespective of whether you are an active participant in any of the above activities or merely an innocent bystander

- any illness or disease
- food poisoning and bacterial infections (except infection which occurs through accidental cut or wound injury)
- suicide, or the consequences of attempted suicide or intentionally self-inflicted injuries, whether sane or insane
- intentional inhalation of gas, or intentional ingestion of poisons or drugs
- intentionally contracted infection by bacteria or virus
- you being under the influence of alcohol or drugs
- an accident whilst participating in a hazardous activity unless you have made a full declaration of how often you intend to participate in that particular activity and we have agreed to cover you in writing, and you have paid any additional premium required by us to cover the increased risk.
How to make a complaint

At William Russell, each one of our customers is important to us. We believe that you have the right to professional customer service of the highest quality at all times. If you think we have fallen short of this standard, please follow the procedures outlined below.

If you are not happy with the service you have received, you may write to us at any time at the following address:

William Russell Ltd.
William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK
Tel +44 1276 486455
Fax +44 1276 486466
Email: enquiries@william-russell.com

We will acknowledge receipt of your complaint within 2 working days. We will investigate your complaint and send a response to you within 4 weeks of the receipt of your complaint. If we are unable to provide you with a final response within this time period, we will write to you advising you of when we will be able to respond. We will endeavour to send a final response to you within 8 weeks of the receipt of your complaint. If we are unable to provide you with a final response within this time period, we will write to you again explaining why and advising you of when you may expect a final response.

William Russell Ltd. acts on behalf of the insurer of your plan in respect of policy administration and claims handling. If your complaint relates to a decision we have made on behalf of the insurers (e.g. a decision regarding a claim you have made), you can write to the insurers at any stage in the process.

A WP Health & Life S.A.
Customer Relationships
Eurosquare 2
7 rue Dora Maar
93400 Saint Ouen
France
Email client.care@allianzworldwideware.com

A WP Health & Life S.A. is a signatory to the French Insurance Mediation charter. In the event of a persistent and definitive disagreement, the plan holder has the option, after the exhaustion of all domestic remedies referred to above, to call for the French Insurance Mediator without prejudice to possibilities of legal action.

La Médiation de l'assurance
TSA 50 110
75441 Paris Cedex 09
France
Web mediation-assurance.org

If your complaint relates to a service provided by William Russell Ltd. and you have not received a response from us within 8 weeks of our receipt of your initial complaint, or you are dissatisfied with the final response you have received from us, you may write to the UK Financial Ombudsman Service.

The Financial Ombudsman Service (FOS)
Exchange Tower
London E14 9SR
Tel +44 800 023 4 567
Fax +44 020 7964 1001
Email complaint.info@financial-ombudsman.org.uk
Web financial-ombudsman.org.uk

Arbitration and applicable law

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.
How we process your information

We think it is important for all our customers to be made aware of what information we, as a data controller, hold about them and to have the reassurance of knowing that we will process their personal information fairly and securely. The following statements refer to the personal information of yourself and all other insured persons on your plan.

The information we collect
We collect information you give us as part of your application, and in correspondence with us by phone, email, post or other means of communication. This information may include sensitive personal information, such as details of your physical and mental health.

In addition, we may receive information about you from third parties, such as those who provide services on our behalf.

Failing to provide the personal information we require in order to underwrite and administer your plan, or to process your claims, could result in your claims being rejected or not being fully paid, or your plan being cancelled.

How we use your personal information
We will only collect information that is necessary to provide you with the services we offer. These include:

• Underwriting and administration of your plan
• Processing claims
• Our business processes, such as auditing, business planning, and accounting
• Compliance with legal and regulatory obligations
• Research or statistical analysis to help us improve our services
• Communicating with you

By taking out a plan with us, you agree to us processing your personal information and sensitive personal information for the above purposes.

Who we may share information with
We may disclose your personal information to selected third parties for the listed purposes above, including:

• Our providers of payment services
• Organisation (such as regulatory authorities) where we have a duty to disclose or share your personal information to comply with legal obligations
• Providers of research, marketing, and analysis services
• The insurers or reinsurers of your plan
• Your insurance adviser (if you have appointed one)

Your information may be disclosed to other parties (such as other insurance companies) with a view to preventing fraudulent or improper claims.

Processing claims
In the event of a claim, we may have to give some information to those involved in your treatment or care, or to your representative (if you have chosen one). This will be done confidentially.

How we keep, store, and dispose of your personal information
We hold you information in various forms, including electronic databases, computerised files, and paper files. Information may be held for a period after your plan ends with a view to preventing or detecting fraud, or as we are required to under UK law. When we dispose of your information, we will do so securely. We may continue to keep non-personally identifiable information for the purposes of research and statistical analysis to improve the services we offer.

Where we store your personal information
The information we collect from you may be transferred to and stored at a destination outside the European Economic Area (EEA). It may also be processed by staff operating outside of the EEA who work for us or for one of our suppliers. By submitting your personal information, you agree to this transfer, storing, and processing. We will take all steps necessary to ensure that your information is treated securely and in accordance with this data protection notice.

Marketing
You have the right to ask us not to process your information for marketing purposes. We will always inform you (before collecting your information) if we intend to use your information for such purposes. You can withdraw your consent for us to use your information in this way at anytime by sending us an email at marketing@william-russell.com.

Obtaining a copy of the information we hold about you
You have a right to request a copy of the information we hold about you. You also have a right to restrict or object to how we use your information, or to request that any inaccurate information be corrected. To exercise any of these rights, please contact:

Data Protection Officer
William Russell Ltd.
William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK
Tel +44 1276 486455
Fax +44 1276 486466
Email: - enquiries@william-russell.com

Where information has been supplied by a medical practitioner, you should be aware that we need their consent before we can supply this to you, or alternatively you can request such information direct from the medical practitioner.

If you believe we are not processing your personal data in accordance with the law, you can complain to the UK Information Commissioner’s Office (ICO).

You can view our full privacy notice on our website.
Definitions

This section explains what we mean by certain emboldened words and phrases bolded in this agreement.

Acceptance terms
Acceptance terms state the terms upon which we are prepared to accept your application, and the premium required to put your plan into force.

Accident benefit
The amount specified as the accident benefit on your Certificate of Insurance.

Accidental bodily injury
A physical injury sustained due solely and directly to an external, violent and visible cause, including continuous or repeated exposure to conditions which were neither expected nor intended.

Agreement
The contents of this document, read in conjunction with your completed and signed application form and your Certificate of Insurance. Together, these items make up your plan contract with us.

Application form
The application form you have completed and signed.

Certificate of Insurance
The confirmation of insurance cover issued by us. Your Certificate of Insurance confirms the plan you have bought, its currency, your period of cover, your insured benefit, any special terms relating to your plan, your country of residence, and your country of nationality. 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.

Compensation schedule
The schedule of disabilities eligible for benefit as a percentage of the accident benefit stated on your Certificate of Insurance.

Country of nationality
Your country of origin for which you hold a passport. If you hold more than one passport, your country of nationality means the country that you have declared as your country of nationality on your application form.

Country of residence
The country in which you are habitually resident.

Date of entry
The date on which your plan first commenced.

Gross annual earnings (if you are an employee)
The basic annual salary (including contractual bonuses and maternity or paternity pay) you are earning (before the deduction of income tax). It does not include any dividends, over-time, non-contractual discretionary bonuses, or benefits in kind such as (but not limited to) a car, and living accommodation.

If you are an employee, but your earnings are based directly on your sales performance, we will take into account 50% of your commission earnings over the 12 month period leading up to the date upon which you apply.

If your commission earnings fluctuate, we will take an average of your commission earnings during the period of 36 months immediately preceding the date upon which you apply.

Gross annual earnings (if you are self-employed)
Your gross personal income from your business during the 12 months immediately preceding the date upon which you apply, excluding income you receive from dividends, savings, investments or gifts.

If your earnings fluctuate, we will take an average of your gross annual earnings during the period of 36 months immediately preceding the date upon which you apply.

Hazardous activities
Hazardous activities are those activities that increase the risk of an accident or death. They include (but are not limited to):

- Abseiling, ballooning, bobsleigh, bungee jumping, flying (other than in a scheduled airliner as a passenger), hang gliding, high diving, hunting on horseback, motor cycle riding, mountaineering, parachute jumping, paragliding, parascending, pot-holing, racing of any kind other than on foot, scuba diving to a depth of more than 30 metres, skiing off-piste, luge, snow-boarding off-piste, and white water rafting.

- Any other activity that puts you in a similar degree of danger as those activities listed above will be considered as a hazardous activity. If you are in any doubt as to whether an activity is considered to be hazardous or not, please contact us for clarification.

Houseperson
A person who is not in any form of paid employment, including self-employment.

Insurance premium tax
Any tax due to any government or government authorised body in your country of residence.

Insurer
The insurance company that provides the insurance cover for your plan. The insurer is Allianz (AWP Health & Life S.A.).
**Life benefit**
The amount specified as the life benefit on your Certificate of Insurance.

**Period of cover**
The period stated as the period of cover on your Certificate of Insurance.

**Pre-existing medical condition**
Any disease, illness or injury, whether the condition has been diagnosed or not before your date of entry, for which:
- you have received medication, advice or treatment; or
- you have experienced symptoms

**Premium**
The amount(s) you are required to pay us either annually, semi-annually, quarterly or monthly for this insurance plan.

**Premium due date**
The date on which your premium is due to be paid by you.

**Pro rata refund**
In the event of a pro rata refund the amount refunded, (using an annually paid plan as an example), will be the annual premium paid divided by 12 and multiplied by the number of whole calendar months remaining in the period of cover. If the plan is cancelled part way through a month, an additional amount, equal to one twelfth of the annual premium paid, multiplied by the proportion of days in the calendar month of cancellation will also be paid.

For example, if the annual premium is $3,000, the period of cover is 01 January to 31 December 2018, and the plan ceases on 27 September 2018, the pro rata refund will be $775, as:
- $\left(\frac{3,000}{12}\right) \times 3 = 750 \text{ for the three whole months without cover (October, November and December); added to -}
- $\left(\frac{3,000}{12}\right) \times 0.1 = 25 \text{ for the three days in September without cover (the 0.1 calculated in this example by dividing 3 (the days in September without cover, i.e. the 28th, 29th and 30th) by the total number of days in September (30)).}

Appropriate calculation methods using the same principle as the above example will be used if the premium frequency is not annual.

**Related condition**
Any disease, illness or injury that is caused by a pre-existing medical condition or results from the same underlying cause as a pre-existing medical condition.

**Renewal date**
Renewal date is normally the anniversary of your original date of entry to your plan.

**Special terms**
Exclusions or conditions that we may apply to your plan in addition to the terms, conditions and exclusions explained in this booklet. Any special terms that apply to your plan will be stated on our Acceptance Terms invoice and on your Certificate of Insurance.

**Terminal illness**
An illness that has no known cure or has progressed to a point where it cannot be cured, and, in the opinion of your hospital consultant and our Chief Medical Officer, is expected to lead to death within 12 months.

**Us, we, our**
William Russell Ltd., on behalf of the insurer.

**You, your**
The plan holder as named on your Certificate of Insurance.

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**Terminal illness**
An illness that has no known cure or has progressed to a point where it cannot be cured, and, in the opinion of your hospital consultant and our Chief Medical Officer, is expected to lead to death within 12 months.

**Us, we, our**
William Russell Ltd., on behalf of the insurer.

**You, your**
The plan holder as named on your Certificate of Insurance.
We’re here to help

Call us on
+44 1276 486 455

Visit
william-russell.com