

Global Life & Income Protection Plans

Application Form for Businesses

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email, or post. You can find our contact details at the end of this form.

Broker/intermediary details

If you were introduced to us through an intermediary or broker, please state their name and company.

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Company details

Company name:

Nature of company's business:

.....

Website address:

Address:

.....

.....

Contact(s) at company

Contact 1: Position in company:

Telephone number: Email:

Contact 2: Position in company:

Telephone number: Email:

Start date required

When would you like your plan to start? On acceptance of your application Specific date:

Please note that your application is only valid for 90 days from the date it was signed. Cover cannot be backdated.

Eligibility for cover for your plan

Cover must be provided and paid for fully by the company with no part of the premium being recouped from employees. Cover must be compulsory either to all employees, or all employees of a certain membership category (for example, all managers, all expatriates, etc.).

Please state the total number of persons employed by the company:

.....

Please state the eligibility criteria for membership of your plan:

.....

.....

.....

Please select the cover you require

Please select the plans below (e.g. life, accident, income protection) for which you require cover.

If you have one, please state the quote illustration reference for the quote you wish to accept:

Please select the cover you require (continued)

a) Life plan

Please select the life benefit required:

1x salary 2x salary 3x salary 4x salary 5x salary Flat amount:

If you have selected a flat amount life benefit for each employee, this must not exceed US\$2,000,000 or £1,500,000 or €1,700,000, or 5x the employee's current annual earnings (whichever is lower). If you specify a flat amount in a currency that is different to the currency you have selected to pay for your premiums, we will convert the flat amount to that currency using the relevant exchange rate at the time of processing this form.

b) Optional accident benefit

The optional accident benefit pays out an additional cash lump-sum in the event of death or permanent disability following an accident.

Do you wish to include double indemnity cover if death occurs as a result of an accident? Yes No

The optional accident benefit is only available in conjunction with the life plan. The maximum accident benefit available is US\$500,000 or £375,000 or €500,000 and cannot exceed the life benefit.

c) Income protection plan

The income protection plan provides a replacement income should illness or injury prevent your employee from working.

Please state the percentage of salary you wish to insure:

Please state the required deferment period (the period during which no benefit is paid): 3 months 6 months

The income benefit we pay will be restricted to 75% of your employees' pre-disability earnings, less any other income they are entitled to receive whilst they are disabled. The maximum income benefit is US\$200,000 or £150,000 or €170,000.

Occupations & hazardous activities

The cover afforded by your plan may be affected if your employees' occupation is not 100% office-based or if they participate in hazardous activities. Cover for higher risk occupations or hazardous activities may be subject to a premium loading and/or special terms. We reserve the right to decline cover depending on your employees' occupation and activities.

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

Paying for your plan

Please select the currency in which you would like to pay your premiums.

US Dollars GBP Sterling Euros

Please select your payment method and frequency:

| | | | | |
|---------------------------|-----------------------------------|---|---|---|
| Credit/debit card | <input type="checkbox"/> Annually | <input type="checkbox"/> Half-yearly ² | <input type="checkbox"/> Quarterly ³ | <input type="checkbox"/> Monthly ³ |
| Direct debit ¹ | <input type="checkbox"/> Annually | <input type="checkbox"/> Half-yearly ² | <input type="checkbox"/> Quarterly ³ | <input type="checkbox"/> Monthly ³ |
| Bank transfer | <input type="checkbox"/> Annually | | | |

¹ Direct debit payments are only available when you pay in Sterling from a UK bank account.

² Half-yearly premiums are subject to a 3% surcharge.

³ Quarterly or monthly premiums are subject to a 5% surcharge.

How we use your employees information

Please read this section carefully.

- If your employees are required to complete application forms we will use the information that they provide for the purposes of administering their plan, processing their claims, identifying and preventing fraud, complying with our legal and regulatory obligations, and carrying out research and statistical analysis to help us improve our services. We will not retain your employees' information for longer than is necessary.
- We may share your employees' information with other organisations in relation to the above purposes, e.g. the insurer of their plan and payment service providers. This may involve transferring their information to countries outside the European Union.
- Telephone calls to and from William Russell Ltd. may be recorded for training and monitoring purposes.
- By submitting their separate application forms, your employees consent to us processing their personal information, including sensitive information such as details about their health, in accordance with our privacy policy.
- Our privacy policy also contains information about who to contact if your employees have any questions about how we use their information, or if they would like to request a copy of the information we hold about them. For full details of our privacy policy, please visit william-russell.com/privacy or consult the plan agreement.

Declaration for your business protection plan

Please read this section carefully and sign below.

- We understand that this application for a business life and/or income protection plan is subject to written acceptance by William Russell Ltd.
- We declare that we have taken reasonable care to answer every question on this form fully, accurately, and to the best of our knowledge and belief. We also confirm that we have checked with each employee that the information we have provided is a true representation of the facts.
- We understand that misrepresentation could result in claims being rejected or not fully paid, and/or our plan being cancelled.
- We understand that the plan we are applying for does not cover the medical conditions of employees that existed before the proposed start date of the plan, unless they have provided full details of any such medical conditions to William Russell Ltd. and William Russell Ltd. has agreed to cover them. Any employee who has medical conditions that are not covered by the plan, will be notified by letter, emailed to the address they provided on their application form.
- We understand that membership of the business life and/or income protection plan is compulsory, with all eligible employees being insured in accordance with the eligibility criteria we have provided in this form.
- We understand that we must inform William Russell Ltd., in writing, of any changes in the facts provided in this application occurring before the start date of the plan.
- In order to process claims, we understand that William Russell Ltd. may need to obtain details of employees' medical history.
- We authorise William Russell Ltd. to send all insurance documents as PDF files to covered employees. If we have applied through a broker or intermediary, we give consent for these documents to be sent via email to that broker or intermediary.
- We give consent for William Russell Ltd. to use our personal information, including sensitive personal information, in accordance with the privacy policy of William Russell Ltd. We confirm that we have read and understood the privacy policy, and that we have brought it to the attention of employees to be covered.
- We understand that, upon receipt of the insurance documents, if we are not entirely satisfied, we can cancel the application from inception and receive a full refund of the premium paid, provided we notify William Russell Ltd. within 30 days of the plan start date, and provided no claim has been made.

Declaration for your business plan (continued)

Some important notes

Please make sure that this form and all supplementary documents are legible. Your completed application form is valid for 90 days from the date you signed the form. If cover has not commenced within 90 days, you may have to complete a new form. If the health of any employee to be covered changes after you submit this form but before the plan starts, you must let us know immediately.

Please return this form to us using the contact details below by post or email.

We can accept signed and scanned copies of the form attached to an email as a PDF.

We can also accept a digital version of this form, provided you have typed your name below, and your email contains the following copy: "I, [your name], have signed the form myself, and I have the authority to bind [company name] to the terms of the plan/ agreement attached to this email." This needs to be sent from the same corporate email address as stated on your form.

Name of authorised company representative:

Position in company:

Signature of authorised company representative: **Date:**