

Global Personal Accident Plan

Application Form

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.

Your details

First name: Surname: Title:
 Address:

 Email: Health plan number:

Your occupation

Please provide full details of your occupation, particularly if your occupation exposes you to greater risks than office-based employment. Please note that certain occupations may increase your premium.

Occupation: Industry:
 Is your occupation 100% office-based? Yes No

If NO, please itemise your ordinary work duties, including the percentage of work time ordinarily spent on each duty:

Hazardous activities

The personal accident plan does not cover accidents arising as a result of hazardous activities or occupations. Cover for hazardous activities and occupations may be subject to a premium loading or special terms, or we may simply decline to offer cover.

Hazardous activities include off-piste skiing, scuba diving to a depth of more than 30 metres (or any unsupervised scuba diving), rock climbing or mountaineering, pot-holing, hang-gliding, parachuting (including tandem), bungee jumping, kite surfing/windsurfing, hunting on horseback, driving or riding in any kind of race or competition, flying other than as a passenger in a commercial aircraft, riding a motorcycle (or riding pillion), motor scooter, moped or quad bike, or any other activity that places you in a similar degree of danger as any of those mentioned here.

The personal accident plan excludes all war risks. If you are likely to remain in or travel to any countries where there is war or civil unrest, or where the British Foreign & Commonwealth Office has advised its citizens to leave, please give full details:

Your level of cover

US DOLLARS		STERLING		EUROS	
Benefit	Annual Premium	Benefit	Annual Premium	Benefit	Annual Premium
<input type="checkbox"/> \$75,000	\$108	<input type="checkbox"/> £50,000	£70	<input type="checkbox"/> €75,000	€108
<input type="checkbox"/> \$150,000	\$216	<input type="checkbox"/> £100,000	£140	<input type="checkbox"/> €150,000	€216
<input type="checkbox"/> \$225,000	\$324	<input type="checkbox"/> £150,000	£210	<input type="checkbox"/> €225,000	€324
<input type="checkbox"/> \$300,000	\$432	<input type="checkbox"/> £200,000	£280	<input type="checkbox"/> €300,000	€432
<input type="checkbox"/> \$375,000	\$540	<input type="checkbox"/> £250,000	£350	<input type="checkbox"/> €375,000	€540

Nominated beneficiaries

I hereby nominate the following person(s) as a beneficiary of my personal accident plan in the event of my death:

Full name	% of benefit to be paid	Address	Relationship to insured person

If the death of one or more of the beneficiaries named above precedes your own, the proportion of that benefit that otherwise would have been paid to will be shared between any surviving beneficiaries, in proportion with the percentages specified above. If this is not your wish, or if you would to nominate any alternative beneficiaries, please state your wishes here:

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How we use your information

Please read this section carefully.

- We will use the information that you have given us on this application form for the purposes of administering your plan, processing your 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 information for longer than is necessary.
- We may share your information with other organisations in relation to the above purposes, e.g. the insurer of your plan, payment service providers, and our emergency medical assistance service providers. This may involve transferring your 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 this application form, you consent to us processing the personal information of each person named on this form, including sensitive information such as details about your health, in accordance with our privacy policy.
- Our privacy policy also contains information about who to contact if you have any questions about how we use your information, or if you would like to request a copy of the information we hold about you. For full details of our privacy policy, please visit william-russell.com/privacy or consult your plan agreement.

Declaration for your plan

Please read this section carefully and sign below.

- I understand that my application for a personal accident plan is subject to written acceptance by William Russell Ltd.
- I declare that I have taken reasonable care to answer every question fully, accurately, and to the best of my knowledge and belief.
- I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my plan being cancelled.

Declaration for your plan (continued)

- In order to process my claims, I understand that William Russell Ltd. may need to obtain details of my medical history and the medical histories of all persons named on this form.
- I authorise William Russell Ltd. to send all insurance documents as PDF files to the email address I have provided on this form. If I have applied through a broker or intermediary, I give consent for these documents to be sent via email to that broker or intermediary.
- I give my consent for William Russell Ltd. to use my personal information, including sensitive personal information, in accordance with the privacy policy of William Russell Ltd. I confirm that I have read and understood the privacy policy.
- I understand that, upon receipt of my insurance documents, if I am not entirely satisfied, I can cancel my application from inception and receive a full refund of the premium paid, provided I notify William Russell Ltd. within 30 days of the plan start date, and provided no claim has been made.

Some important notes

Please make sure that this form and all supplementary documents are legible. Your completed application form is valid for 28 days from the date you signed the form. If cover has not commenced within 28 days, you may have to complete a new form. If the health of any person named on this forms changes after you submit this form but before your 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 am happy to be bound by the terms of the plan/ agreement attached to this email." This needs to be sent from the same email address as stated on your form.

Name of applicant:

Signature of applicant: **Date:**