

INDIVIDUAL APPLICATION FORM (MORATORIUM)

Please complete this form in block capitals using black ink



GLOBAL HEALTH[®]
Health Insurance for Expatriates

YOUR BROKER DETAILS

If you were introduced to William Russell through a broker, please state their name and company.

Name of broker:

Company name:

YOUR PERSONAL DETAILS

First name:

Surname:

Mr/Dr/Mrs/Ms/Miss

Address:

Telephone No (for correspondence):

Telephone No (other):

Fax No:

Email (home):

Email (other):

Date of birth:

Nationality:

Male Female

Country of residence:

How long have you lived here:

Occupation:

Please note that we can only accept moratorium applications from persons aged 54 and below. If you or any person applying for a Global Health plan is aged between 55 and 64, you must complete an underwritten application form available from our web site or by contacting William Russell.

PREVIOUS/CURRENT INSURANCE

Have you previously held a policy, or do you currently hold a policy, with William Russell or Dubai Insurance Company?

Yes No

Previous/current policy number:

Date of expiry of policy:

Have you previously been insured, or are you currently insured, with another health insurer?

Yes No

Name of Insurer:

GLOBAL HEALTH PLAN REQUIRED

Global Health Essential

Essential Care

Essential Care Plus

Area of cover: Full cover in 184 countries. Out-of-area cover restricted to emergency treatment, covered by your plan, and received during temporary trips of up to 90 days duration to any EU country, Andorra, Australia, Bali, Channel Islands, China, Cyprus, Gibraltar, Greenland, Hong Kong, Iceland, Japan, Liechtenstein, Macau, Monaco, New Zealand, Norway, San Marino, Singapore, Switzerland and Taiwan (up to US\$50,000). No cover is provided in respect of treatment (either planned or emergency treatment) received in the United States of America, Canada, the Caribbean, and the London area.

Global Health Elite

Bronze

Silver

Gold

Platinum

Area of cover required:

Area One provides world-wide cover excluding the USA.

Area Two provides world-wide cover, with cover in the USA limited to temporary trips of up to 45 days and subject to a benefit limit of US\$100,000.

Area Three provides world-wide cover, with cover in the USA limited to temporary trips of up to 90 days and subject to a benefit limit of US\$250,000.

Area Four provides cover in Africa & the Indian Sub-continent, plus cover for emergency treatment, covered by your plan, and received during temporary trips of up to 90 days duration outside Africa & the Indian Sub-continent (up to US\$100,000, €93,750, or £62,500). No cover is provided in respect of treatment (either planned or emergency treatment) received in the United States of America, Canada, the Caribbean, or within the London area.

Semi-private room discount Only available to residents of Hong Kong and Singapore with Global Health Elite Area 1 cover.

Direct billing in Hong Kong and China Available to residents of Hong Kong with a nil excess. Available to residents of China with a nil or \$50 / £30 / €45 excess. A 7.5% premium surcharge will apply in China.

EXCESS REQUIRED

Nil Standard excess for Essential Care and Bronze. Available for Essential Care Plus, Silver, Gold and Platinum with a 20% premium loading.

\$50 / £30 / €45 Standard excess for Essential Care Plus, Silver, Gold and Platinum. Not available for Essential Care and Bronze.

\$100 / £60 / €90 Available for Silver, Gold and Platinum with a 5% discount. Not available for Essential plans or Bronze.

Other, please state:

To view higher excess options, please visit our web site or contact William Russell.

OPTIONAL PLANS REQUIRED

Maternity Plan (Only available with a Global Health Platinum or Global Health Elite Gold plan)

Provides cover for routine maternity care, out-patient complications of pregnancy, childbirth, caesarean delivery, and newborns (first 28 days of life), per pregnancy after a 12 month waiting period.

Global Travel Who do you require cover for: **Self** **Partner** **Whole family**

Global Personal Accident

Please select the benefit limit, and who you require cover for:

\$75,000 / £50,000 / €75,000 **Self** **Partner**
\$150,000 / £100,000 / €150,000 **Self** **Partner**
\$225,000 / £150,000 / €225,000 **Self** **Partner**
\$300,000 / £200,000 / €300,000 **Self** **Partner**
\$375,000 / £250,000 / €375,000 **Self** **Partner**

NB: The Global Personal Accident plan does not cover accidents arising out of hazardous occupations and hazardous activities. If your occupation is not 100% office based and/or you participate in hazardous activities of any kind, you must send us a detailed job description and/or details of your hazardous activities. Cover for your hazardous occupations/activities may be subject to a premium loading, and/or special terms.

FAMILY MEMBERS TO BE INCLUDED IN THE PLAN

Please enter the names and details of all dependants for whom cover is required. You may include your partner and children, up to age 18 or up to age 25 if in full-time education – proof will be required. Children aged 18 or over who are not in full-time education must make their own application for cover.

First name(s)	Surname	Date of birth dd/mm/yy	Relationship to applicant	Country of residence	Occupation/ Full-time education
Partner					
Child 1					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4					<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL DECLARATION OF GOOD HEALTH

1. **Your height (cms):** _____ **Your weight (kgs):** _____ **Your partner's height (cms):** _____ **Your partner's weight (kgs):** _____

2. **Have any persons named in this application ever:**

A. Suffered from, been diagnosed with, treated or prescribed drugs for any form of cancer, or heart disease, or any

other serious or chronic illness that requires regular medication and/or monitoring?..... **Yes** **No**

B. Been tested HIV and/or Hepatitis C positive?..... **Yes** **No**

C. Had an application for insurance turned down or accepted at special terms?..... **Yes** **No**

If you answered YES to any question, please state the name(s) of the person(s) and details:

If, after completing your application form, any changes occur in the facts contained in the form, such as a change in your state of health or 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 or accept your application form with special terms.

PRE-EXISTING MEDICAL CONDITIONS AND RELATED CONDITIONS

The Global Health plans do not cover the treatment of pre-existing medical conditions and related conditions. A pre-existing medical condition means any disease, illness or injury for which you have received medication, advice or treatment, or for which you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the date on which your Global Health plan starts.

After two years of continuous cover, some pre-existing medical conditions will become eligible for benefit, subject to the terms and conditions of your plan, provided you have not consulted any doctor or medical practitioner for medical treatment or advice (including check-ups), or taken medication, (including injections), or been advised to follow a special diet, or suffered symptoms for that medical condition, or for any related condition, for a continuous period of two years.

Examples of pre-existing conditions that will never be covered include diabetes, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol levels), ischemic heart disease, cancer, thyroid disease, and auto-immune disorders. If you have suffered from any of these conditions, or any other condition for which it is generally accepted medical advice that it be monitored in any way, then that condition – and any related conditions – will never be covered. Examples of related conditions are raised cholesterol levels and heart disease and stroke. If you have suffered from high cholesterol before your date of entry to the plan you will never be covered for cardiac problems or strokes.

If you have suffered from any type of serious or chronic medical condition we strongly recommend that you apply for an underwritten Global Health plan. You can do this by completing an underwritten application form available from our web-site or from William Russell Limited. Our underwritten application form will ask you specific questions about your medical history and your answers will enable us to advise you before you join of any exclusions that will apply permanently to your cover.

DOCTOR'S CONTACT DETAILS

1. Please give details of the doctor who is most familiar with your medical history and the medical history of your family members.

Name:	Practice name:	
Address:		
Telephone No:	Fax No:	Email:
Length of time you have known this doctor:		If less than two years, please complete question 3.

2. If this doctor does not treat all persons named in this application, please supply additional information.

Name:	Practice name:	
Address:		
Telephone No:	Fax No:	Email:
Who does this doctor treat?		
Length of time the patient has known this doctor:		

3. If you or your family member(s) have known the doctor(s) above for less than two years, please provide details of the previous doctor(s).

Name:	Practice name:	
Address:		
Telephone No:	Fax No:	Email:
Who did this doctor treat?		
Length of time the patient has known this doctor:		
Date of last consultation		

CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

Please state the currency in which you wish to pay premiums:*

*NB: Essential plans are ONLY available in US Dollars. The currency in which you pay your premium will be the currency in which your plan benefits and excess are denominated.

US Dollars Sterling Euros

Method and frequency of payment options available

Please note that semi-annual health, travel and personal accident premiums include a 3% surcharge, and quarterly and monthly health, travel and personal accident premiums include a 5% surcharge.

1. **Cheque or bank draft:** **Annually** Payable to William Russell Limited and drawn on a UK bank account.

2. **Bank transfer:** **Annually**

3. **Direct debit:** **Annually** **Semi-annually** **Quarterly** **Monthly**

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

4. **Credit/debit card:** **Annually** **Semi-annually** **Quarterly** **Monthly**

A credit/debit card authorisation form is attached.

START DATE

Date on which you wish your Global Health plan to commence:

On acceptance

Other (Please state):

Please note that we cannot commence your plan until we have accepted your application form and until we have received payment of your first annual, semi-annual, quarterly or monthly premium in accordance with the terms of the Global Health plan agreement. Cover cannot be backdated.

THE INSURER

The insurer of your Global Health plan will be Hauteville Insurance Company Limited.

DECLARATION AND AUTHORISATION

I hereby apply for cover on behalf of all the persons named in this application form for a Global Health plan as specified above. I declare that all the persons named in this application form are in good health, and not aware of any symptoms or pre-existing medical conditions that may give rise to a claim under the Global Health plan.

I declare that I have read and understood the plan agreement of the Global Health plan as specified above and that I am aware that cover shall be provided in accordance with the agreement. I fully understand that pre-existing conditions as defined in the Global Health plan agreement shall not be covered by the insurance plan. I authorise any doctor who has ever treated or advised any of the persons named in this application to provide William Russell Limited with any information they may require in connection with treatment related to any claim under this plan. I declare that the information given in this application is true and complete.

If I have applied for a travel insurance plan, I declare that at the time of purchasing this insurance or at the time of booking any future trip(s), I am aware of no reason why any journey or trip should be cancelled or curtailed or expense be incurred.

If I have indicated that I wish to pay by credit or debit card, I agree that William Russell Limited may debit my account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by William Russell Limited until I give written notice that I wish to terminate this agreement. I understand that my cover will terminate in accordance with the terms of the Global Health plan agreement if William Russell Limited are unable to collect my premium – for whatever reason – and I do not provide William Russell Limited with an alternate method of payment immediately.

I hereby give William Russell Limited authorisation to send my insurance documents in pdf format by email to the email address I have stated in this application. If I have applied through an intermediary, I hereby give William Russell Limited authorisation to send my insurance documents in pdf format by email to my intermediary.

Signature of applicant:

Date:

Signature of partner:

Date:

IMPORTANT:

Please ensure you have given an answer to every question. An incomplete form will delay your application.

This application form will be valid for 28 days from the date on which it is signed. If cover is not commenced within 28 days, we reserve the right to request that a new application form is completed.



WILLIAM RUSSELL
Peace of mind wherever you are

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CREDIT/DEBIT CARD AUTHORISATION

Please complete this form in block capitals using black ink



APPLICANT/POLICY-HOLDER DETAILS

Full name of applicant/policyholder: _____

Policy number: _____

CREDIT/DEBIT CARD DETAILS

I would like to pay my plan premium to William Russell Limited by the following credit/debit card:

Mastercard VISA American Express Switch Visa Delta

Credit/debit card number: _____

Start date: _____

Expiry date: _____

Issue number (Switch): _____

Name as on card: _____

Address to which card is registered: _____

AUTHORISATION - TO BE SIGNED BY THE APPLICANT/POLICY HOLDER

I hereby authorise that the card account specified above may be debited with the appropriate annual/monthly premium(s) due, and all subsequent renewal premiums due as notified by William Russell Limited, until I give notice in writing that I wish to terminate my plan agreement.

I understand that my premiums may increase at each plan renewal date. I understand that premiums due under the plan must be received by William Russell Limited on or before their due date and, should any attempt by William Russell Limited to debit the above card be declined, I understand that my plan cover will cease from the day before the unpaid premium due date, and that William Russell Limited will not be liable for any lapse in cover.

Signature of applicant/policyholder: _____

Date: _____

AUTHORISATION - TO BE SIGNED BY THE CARD HOLDER WHEN THE HOLDER OF THE ABOVE CARD IS NOT THE APPLICANT/POLICY HOLDER

I hereby authorise that the card account specified above may be debited with the appropriate annual/monthly premium(s) due, and all subsequent renewal premiums due as notified by William Russell Limited to the applicant/policy holder named above, until I give notice in writing that I wish to terminate this arrangement.

Signature of card holder: _____

Date: _____



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