

GlobalLife & GlobalIncomeProtection

APPLICATION FORM



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 UOA Centre, 19 Jalan Pinang,
 50450 Kuala Lumpur, Malaysia
 T: +60 17 240 7548
 office@direct-health.biz
 www.insuranceabroad.biz

YOUR PERSONAL DETAILS

First Names: _____ Surname: Mr / Dr / Mrs / Ms / Miss _____

Full residential address: _____

E-mail address: _____ Tel No: _____

Date of birth: _____ Sex: Male Female Fax No: _____

Nationality: (Please enclose a certified copy of your passport) _____ Your country of overseas residence: _____

Please state your current salary and its currency: (Proof of your salary will be required in the event of a claim) Currency: _____ Salary: _____

What is your occupation? _____

Are you self employed? YES NO

Please give the name and address of your company or the company you work for: _____

Is your occupation 100% office based? YES NO If no, please provide a full job description: _____

Do you ever work offshore? YES NO If yes, please give details: _____

Do you participate in any hazardous activities? YES NO

If yes, please give full details of any hazardous activities you participate in including how often you participate: _____

GLOBAL LIFE PLAN APPLICATION

Please state the amount of life cover you require: _____

Reason for cover: Family protection To cover a loan Business insurance Other - please give details: _____

Do you have any other life insurance cover in force? YES NO

If you do have other life insurance, please state the amount(s) and the insurer(s): _____

Your total life cover, including any other life insurance cover you may have, must not exceed 20 times your current annual salary. The maximum benefit available under the Global Life plan is £900,000, \$1,500,000, €1,200,000 or AED5,505,000.

GLOBAL ACCIDENT APPLICATION

Please state the amount of Global Accident benefit you require: _____

Your Global Accident benefit must not exceed your Global Life plan benefit. The maximum benefit available is £300,000 or \$500,000 or €500,000 or AED1,835,000. If you are also applying for a Global Income plan the maximum benefit available is £200,000 or \$335,000 or €335,000 or AED1,229,000. The total combined benefit of your Global Life and Global Accident plan cannot exceed £900,000, \$1,500,000, €1,200,000 or AED5,505,000. If you are aged 55 or more, the maximum benefit you can apply for is £100,000, \$160,000, €160,000 or AED587,000

GLOBAL INCOME PROTECTION PLAN APPLICATION

Please state the amount of annual Income benefit you require: _____

The benefit we pay will be restricted to 75% of your pre-disability salary, less any other income you are entitled to receive whilst you are disabled. The maximum benefit available is £90,000 or \$144,000 or €144,000 or AED528,000.

Please state the deferment period you require: 3 months 6 months

Do you have other disability insurance? YES NO

If you do have other disability insurance, please give full details: _____

CURRENCY, METHOD AND FREQUENCY OF PREMIUM PAYMENT

Please state the currency in which you wish to pay your premiums Dollars Sterling Euros UAE dirhams

Method and frequency of payment options available

Please note that semi-annual premiums have a 3% surcharge, and quarterly and monthly premiums have a 5% surcharge.

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

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

(Not available if you pay UAE dirhams. A credit/debit card authorisation form is available from our web site or by contacting William Russell.)

HEALTH DECLARATION

Please ensure you give a full answer to every question. An incomplete form will delay your application.

Your height (cms) Your weight (kgs) Your height (feet and inches) Your weight (lbs)

Please answer each of the following questions by ticking the appropriate box.

1. Have you been absent from work for more than five consecutive days in the last five years? YES NO
2. Have you any physical defect or infirmity? YES NO
3. Have you consulted a doctor within the last three years? YES NO
4. Have you ever undergone a surgical operation? YES NO
5. Have you any reason to believe that a surgical operation will be required in the near future? YES NO
6. Have you ever been hospitalised? YES NO
7. Have you ever suffered from:
 - (a) Any nervous or mental disorders, fainting, blackouts or fits? YES NO
 - (b) High blood pressure, heart or circulatory disorder? YES NO
 - (c) Any rheumatic or arthritic condition or diabetes? YES NO
 - (d) Slipped disc or other spinal disorder? YES NO
 - (e) Any respiratory, urinary or allergic condition? YES NO
 - (f) Any stomach, liver or bowel disorder? YES NO
 - (g) Any disease of the immune system (e.g. AIDS)? YES NO
 - (h) Any other medical condition requiring investigation? YES NO
8. Have you ever been tested for the HIV virus? YES NO
 If the answer to this question (# 8) is YES, was the result positive? YES NO

If the answer to any of the above questions is yes, please give full details below. If necessary, please continue on to another sheet of paper.

Question No.	Diagnosis of illness and the name and address of the treating physician	Date on which first diagnosed	Full details of treatment and tests received, and test results (attach medical reports where possible)	Dates of treatment and/or tests	Your present state of health with regard to this ailment. If treatment is still being received, please give full details

THE INSURER

If you are resident in the United Arab Emirates (UAE) the insurer of your plan will be Dubai Insurance Company psc.
 If you are resident outside the UAE the insurer of your plan will be Hauteville Insurance Company Limited.

PLEASE GIVE DETAILS OF YOUR CURRENT/LAST REGISTERED DOCTOR, OR THE DOCTOR YOU LAST CONSULTED

Name: _____ Practice Name: _____
 Address: _____
 Tel No: _____

DECLARATION

I hereby apply for cover under the Global Life and/or Global Income Protection plan. I declare that the information I have given in this application form is true and complete. I understand that upon receipt of my Global Life and/or Global Income Protection plan documents, if I am not entirely satisfied, I can cancel my application from inception and receive a full refund of the premium I have paid, provided I return the documents to William Russell Limited within 30 days of the start of the policy, and provided I make no claim.

I authorise any doctor named above and any other doctor or medical practitioner who has attended me to provide William Russell Limited with any information they may require in connection with this application and/or in connection with any claim on my Global Life & Global Income Protection plan.

If I have indicated that I wish to pay by credit/debit card, or by direct debit, I authorise William Russell Limited to debit my account with the appropriate premiums 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. I understand that William Russell Limited cannot be liable if my plan is lapsed because my account could not be debited.

I understand that William Russell Limited will give me 4 weeks notice of renewal and that premiums will vary each year.

I declare that I am actively at work and in the event of a claim I authorise my employer or accountant to release information to William Russell Limited, Hauteville Insurance Company Limited or Dubai Insurance Company psc regarding my salary.

I agree that William Russell Limited, Hauteville Insurance Company Limited or Dubai Insurance Company psc may rescind this plan and release themselves from any liability whatsoever if it is proved that I have omitted to declare any relevant information, or have given any incorrect, incomplete or misleading information.

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: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:-

Original certified passport copy Original utility bill (less than 4 months old) which confirms your residential address

**William Russell Limited**

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