GLOBAL PROTECTION CORPORATE APPLICATION FORM

Please complete this form in block capitals using black ink

GLOBAL PROTECTION®
Protection Insurance for Expatriates
NAVIGATOR
Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

YOUR BROKER DETAILS

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

Name of broker: Company name:

COMPANY DETAILS

Company name:

Address:

Telephone No: Fax No: Email:

Type of business:

CONTACT NAME(S) AT COMPANY

Contact 1: Position in company:

Telephone No: Fax No: Email:

Contact 2: Position in company:

Telephone No: Fax No: Email:

ELIGIBLE EMPLOYEES

Is cover required for ALL employees? ❑ **YES** ❑ **NO**

If NO, please confirm the category(ies) of employee(s) for whom cover is required:

CURRENCY REQUIRED

Please state the currency in which you wish your plan benefits to be denominated: ❑ **GBP Sterling** ❑ **US Dollars** ❑ **Euros**

The currency in which you choose your plan benefits to be denominated will be the currency in which you must pay your premium.

GLOBAL LIFE PLAN APPLICATION (only complete if Global Life cover is required)

Select the life insurance benefit required up to 5 x salary

❑ **1 x salary** ❑ **2 x salary** ❑ **3 x salary** ❑ **4 x salary** ❑ **5 x salary**

The maximum benefit available under the Global Life plan is £900,000, US$1,500,000, or €1,200,000

GLOBAL ACCIDENT APPLICATION (only complete if Global Accident cover is required)

❑ **Tick this box if you wish to include double indemnity cover if death occurs as a result of an accident**

The Global Accident benefit is only available if you are applying for Global Life, and the Global Accident benefit must not exceed the Global Life plan benefit. The maximum benefit available is £300,000 or US$500,000 or €500,000. If you are also applying for a Global Income plan the maximum benefit available is £200,000 or US$335,000 or €335,000. The total combined benefit of the Global Life and Global Accident benefit cannot exceed £900,000, US$1,500,000, or €1,200,000. If your employees are aged 55 or more, the maximum benefit they can hold is £100,000, US$160,000, or €160,000.

GLOBAL INCOME APPLICATION (only complete if Global Income cover is required)

The income protection benefit is available as a percentage of salary. You can insure up to 75% of your employee's salaries.

Please confirm the percentage of salary you wish to insure: % of salary

Please also confirm the deferment period you require: ❑ 3 months ❑ 6 months

The benefit we pay will be restricted to 75% of the employee's pre-disability salary, less any other income they are entitled to receive whilst they are disabled. The maximum benefit available under the Global Income Protection plan is £90,000 or US$144,000 or €144,000. The deferment period is the waiting period during which no benefit is paid.

OCCUPATIONS/HAZARDOUS ACTIVITIES

The Global Life (and Accident), and/or Global Income Protection cover may be affected if any of your employee's occupations are not 100% office based and/or any of the employees participate in hazardous activities. Employees must provide a full job description if their occupation is not 100% office based and must provide full details of any hazardous activities they participate in including how often they participate. Cover for higher risk occupations or hazardous activities may be subject to a premium loading and/or special terms. William Russell Limited and/or the underwriters reserve the right to decline cover for an employee depending on their occupation and activities.

Hazardous Activities include (but are not limited to) off-piste skiing, scuba diving to a depth of more than 30 metres and/or unsupervised scuba diving, rock-climbing or mountaineering normally involving the use of ropes or guides, 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 or pillion on motorcycles, motor scooters or mopeds 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.

METHOD AND FREQUENCY OF PREMIUM PAYMENT

Method and frequency of payment options available (Please note that semi-annual, quarterly and monthly premiums include a 5% surcharge).

1. Cheque: ☐ **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 Limited.

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 corporate plan to commence: ☐ On acceptance ☐ Other

Please note that we cannot commence your plan until we have accepted all application forms submitted by your employees and until we have received payment of your first annual, semi-annual, quarterly, or monthly premium in accordance with the terms of the Global Life and Global Income agreement. Cover cannot be back-dated.

THE INSURERS

The insurer of the Global Life plan is Allianz Nederland Leven NV Buizerdlaan 12, Postbus 9, 3430 AA Nieuwegein, Netherlands. The insurer of the Global Income Protection plan and the Accident benefit is Allianz Nederland Schadeverzekering NV. Coolsingel 139, Postbus 64, NL-3000 AB Rotterdam, Netherlands. Both companies are E E A insurers registered in the Netherlands.

DECLARATION AND AUTHORISATION

We hereby apply for cover under the Global Protection Plan.

We confirm that membership of the corporate plan is compulsory, with all eligible employees being insured. We declare that to the best of our knowledge and belief the above information supplied in respect of our employees, is true and complete.

We understand and agree that no cover will be provided under the proposed insurance plan until the applications for all eligible employees have been accepted by William Russell Limited, and until the appropriate premium has been received by William Russell Limited.

We declare that all employees are actively at work, i.e. consistently working their contracted hours, undertaking their normal duties, and not working contrary to medical advice.

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

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

We understand that our company data will be processed in accordance with the Data Protection Act (1988) and the EU Data Protection Directive 95/46/EC.

We understand that William Russell Limited will hold and process our company data for the purposes of processing our Global Protection plan, processing any claims submitted under the plan and providing other related services, which may include sharing our company data with the insurers of the plan, doctors and other medical professionals involved in the treatment or care of the employees insured under the Global Life and/or Global Income plan, and other agents. We understand that this may include the transfer of company data to countries outside the European Union and in signing this form we consent to such transfer and use.

We also understand that our company data may be disclosed to any regulatory body that may require William Russell Limited to disclose it and that, in the event of fraud or suspected fraud, our company data may be disclosed to other parties, including but not limited to, the appropriate law enforcement agencies.

We consent to William Russell Limited processing personal and sensitive data about the company and employees included on this application and policy. We understand that all company data we supply must be accurate.

I understand that telephone calls to William Russell Limited may be recorded and monitored.

Signed on behalf of the employer: Date:

Position in company:

IMPORTANT: PLEASE ENCLOSE AN APPLICATION FORM IN RESPECT OF EACH EMPLOYEE FOR WHOM COVER IS REQUIRED.

WilliamRussell
Expatriate Insurance Specialists

William Russell Limited
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Lightwater, Surrey, GU18 5SS, UK.
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GLOBAL PLANS CREDIT/DEBIT CARD AUTHORISATION FORM

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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:**

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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