

GLOBAL PROTECTION EMPLOYEE APPLICATION FORM

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



GLOBAL PROTECTION®
Protection Insurance for Expatriates

Please complete this form in block capitals using black ink

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:	☐ Male ☐ Female	
Country of residence:	Nationality:	

YOUR OCCUPATION/HAZARDOUS ACTIVITIES

Name of your employer: _____

Occupation _____ Current salary: (Proof of your salary will be requested in the event of a claim) _____

Is your occupation 100% office based? ☐ Yes ☐ No If no, please provide a full job description: _____

Do you ever work offshore? (e.g. in the air, on or under water including oil rigs) ☐ 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: _____

Are you required to hold a licence that may be withdrawn if your state of health changes? ☐ Yes ☐ No

The Global Life (and Accident), and/or Global Income Protection cover may be affected if your occupation is not 100% office based and/or you participate in hazardous activities. You must provide a full job description if your occupation is not 100% office based and must provide full details of any hazardous activities you participate in including how often you 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 depending on your 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.

PREVIOUS/CURRENT INSURANCE

Have you:

A. Previously applied for or held a policy, or are currently insured with William Russell Limited? ☐ YES ☐ NO

If YES, please state the policy number: _____

Date of expiry of policy: _____

B. Are you currently insured with any other Life or Income Protection insurer? ☐ YES ☐ NO

If YES, please provide the name of the insurer: _____

Amount of Cover (Including Currency): _____

Please provide full details of policy. _____

C. Had an application for insurance declined or accepted with special terms, or had an insurance policy cancelled by any insurance provider? ☐ YES ☐ NO

If YES, please provide full details. _____

PRE-EXISTING MEDICAL CONDITIONS AND RELATED CONDITIONS

IMPORTANT:

The Global Protection plans do not cover the treatment of pre-existing conditions and related conditions. A pre-existing condition means any disease, illness or injury for which you have received medication, advice or treatment, or you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the start of your cover. A related condition is any disease, illness or injury that is caused by a pre-existing condition or results from the same underlying cause as a pre-existing condition. 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.

We rely on the information that you give us in this form when we decide whether or not to accept your application, and whether or not we need to apply special terms. Special terms are exclusions or conditions that we may apply to your cover. If you submit a claim relating to a pre-existing condition or related condition which you omitted to tell us about here or you omit to tell us everything about, we will refuse to pay that claim. We also have the right to declare your Global Protection plan void, or we may impose special terms on your plan which will apply retrospectively. Please therefore take the greatest care to ensure that this application form is completed fully and accurately.

If you are uncertain about whether any particular fact needs to be disclosed, you should include it.

CONTINUING DUTY OF DISCLOSURE

If after completing, signing and dating your application form any changes occur in the facts you have given us, such as a change in your state of health, you must tell us in writing about the change, and we reserve the right to decline to accept your application or to accept your application with special terms.

HEALTH DECLARATION

Please give full details about each condition by answering the questions in the following health declaration accurately and in as much detail as possible. Please continue on a separate sheet if necessary. We cannot accept your application if this health declaration is incomplete.

If someone else completes this form for you (for example your partner or financial adviser) you must check that all the details are correct before you sign the declaration.

1. Your height (cms): Your weight (kgs): Your height (feet & inches): Your weight (lbs):
2. Have you ever:
- A. Been absent from work for more than five consecutive days in the last five years ☐ Yes ☐ No
- B. Consulted a doctor within the last three years..... ☐ Yes ☐ No
- C. Undergone or been advised to undergo a surgical operation (including any cosmetic surgery or any refractive laser eye surgery)?.. ☐ Yes ☐ No
- D. Been a patient in a hospital clinic or sanatorium?..... ☐ Yes ☐ No
- E. Been advised to have any medical tests or investigations?..... ☐ Yes ☐ No
- F. Had any abnormal medical test results?..... ☐ Yes ☐ No
3. Have you any reason to believe that a surgical operation will be required in the near future?. ☐ Yes ☐ No
4. Are you aware of any symptoms or abnormal signs which may give rise to a claim?..... ☐ Yes ☐ No
5. Are you currently taking any drugs or medication? ☐ Yes ☐ No
6. Have you ever suffered from, been diagnosed with, treated or prescribed drugs for:
- A. Conditions of the eyes, ears, nose or throat?..... ☐ Yes ☐ No
e.g. glaucoma, cataracts, retinal or other eye disorders, tonsillitis, ear infections, loss of hearing, loss of sight, sinus problems
- B. Any high blood pressure, heart or circulatory conditions? ☐ Yes ☐ No
e.g. angina/chest pains, heart attack, abnormal heartbeat, palpitations, varicose veins, stroke, deep vein thrombosis, high cholesterol
- C. Diabetes or any other endocrine disorder? ☐ Yes ☐ No
e.g. underactive/overactive thyroid, goitre, hormonal problems
- D. Any musculo-skeletal conditions ☐ Yes ☐ No
e.g. inter vertebral disc problems, osteoporosis, back pain, neck pain, sciatica, tendon or ligament problems, fractures, rheumatoid arthritis, osteoarthritis, gout, inflammatory conditions
- E. Any respiratory conditions? ☐ Yes ☐ No
e.g. asthma, bronchitis, chest infections, shortness of breath, tuberculosis, emphysema, other lung conditions
- F. Genito-urinary or renal conditions?..... ☐ Yes ☐ No
e.g. prostate problems, incontinence, urinary retention, kidney stones, kidney failure, urinary tract infection
- G. Conditions of the digestive system (stomach, intestine, liver, gallbladder)..... ☐ Yes ☐ No
e.g. indigestion, gastric/peptic ulcers, irritable bowel system, Crohn's disease, hepatitis, cirrhosis, gallstones, rectal bleeding, haemorrhoids (piles)
- H. Cancer, growths or tumours?..... ☐ Yes ☐ No
e.g. benign growths, any type of cancer, pre-cancerous conditions
- I. Any skin conditions? ☐ Yes ☐ No
e.g. acne, eczema, rashes including allergic rashes, psoriasis, cysts, dermatitis, changing moles, warts
- J. Any gynaecological or breast conditions? ☐ Yes ☐ No
e.g. heavy or irregular periods, ovarian cysts, fibroids, endometriosis, infertility, breast lumps/cysts, abnormal smears
- K. Any physical defect, infirmity or congenital illness? ☐ Yes ☐ No
- L. Psychiatric conditions? ☐ Yes ☐ No
e.g. anxiety, bi-polar disorder, schizophrenia, stress, depression, eating disorders
- M. Any alcohol and/or drug dependency problem?..... ☐ Yes ☐ No
- N. Any neurological conditions (brain and central nervous system)? ☐ Yes ☐ No
e.g. epilepsy, multiple sclerosis, repeated headaches, migraines, neuralgia, fits, stroke, fainting, paralysis
- O. Any other type of disease, injury or medical condition? ☐ Yes ☐ No
- P. Any pre or post natal complications, complications of childbirth or suffered any miscarriage?..... ☐ Yes ☐ No
- Q. Are you currently pregnant?..... ☐ Yes ☐ No
7. Have you ever been tested for the HIV and/or Hepatitis C virus ☐ Yes ☐ No
- If the answer to this question (7) is YES, was the result positive? ☐ Yes ☐ No

If you have answered YES to any question, please give full details below. Please continue on a separate sheet if necessary.

Ques- tion 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

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

Name:	Date last consulted:
Practice Name:	
Address:	
Tel No:	

IMPORTANT

If we need to contact you for additional information, please give us the personal contact number we may use

Email:	Telephone:	Fax:
--------	------------	------

BENEFICIARY NOMINATION

If you are applying for Global Life insurance (and Global Accident), we strongly recommend that you nominate a beneficiary.

I hereby nominate the following person/s as beneficiary/ies of the Global Life plan and optional Accident benefit (if applicable) in the event of my death:

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

If one or more of the above beneficiaries dies, we will divide the proceeds proportionately among the surviving beneficiaries. If this is not your wish, or if you would like to appoint an alternative beneficiary/ies in the event that the death of the above beneficiary/ies precedes your own death, please state your wishes here:

THE INSURER

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

I hereby apply for cover for a Global Protection plan as specified above. I have made a full and complete disclosure about my medical history and I fully understand that pre-existing conditions shall not be covered by the insurance plan.

I agree that William Russell Limited or the insurer may rescind the policy 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 also understand that I must notify William Russell Limited of any changes in the facts contained in this application form, such as a change in the state of my health. I authorise any doctor who has ever treated or advised me 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.

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 and/or Global Accident and/or Global Income plan.

I understand that William Russell Limited may rely on this information to administer my policy and claims and to determine policy coverage according to applicable laws and regulations.

I understand that if I leave my current employment my eligibility to this group scheme will no longer be valid, therefore my cover on the plan will cease with immediate effect. I understand that if I wish to take out an individual policy with William Russell Limited, I will need to reapply, and new terms will be issued.

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.

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

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

I also understand that my personal 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, my personal data may be disclosed to other parties, including but not limited to, the appropriate law enforcement agencies.

I consent to William Russell Limited processing personal and sensitive data about me and other persons included on this application form. I understand that all personal data I supply must be accurate.

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

In the event of my death, I hereby instruct William Russell Limited or their authorised representative to distribute the proceeds of my Global Life and optional Accident benefit in accordance with the instructions I have given above. I understand I am cancelling any and all previous Designation of Beneficiary in relation to any William Russell Limited Global Life, and/or Accident and/or Global Income Protection Plan. I understand that I may change this beneficiary appointment at any time by completing a new Beneficiary Nomination form.

I understand that I may ask to review my personal or healthcare information and request amendments, to the extent allowed by law, and that I may revoke this authorisation at any time.

This authorisation shall remain valid for the term of my Global Protection plan, including any periods of cover following subsequent renewals, or for so long as allowed by law.

ACTIVELY AT WORK DECLARATION

I declare that I am actively at work, i.e. consistently working my contracted number of hours and undertaking my normal duties and I am not working contrary to medical advice.

I agree that William Russell Limited and the Insurer 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 incorrect, incomplete or misleading information.

Signature of employee:

Date:

Signed on behalf of the employer:

Date:

Position in company:

IMPORTANT: AN INCOMPLETE FORM WILL DELAY YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE GIVEN AN ANSWER TO EVERY QUESTION.