GLOBAL PROTECTION PLAN
INDIVIDUAL 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:

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** (Please enclose a certified copy of your passport)**:**

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.

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.

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

Do you require a Global Life plan? ❑ **YES** ❑ **NO**

If YES, please state the amount of life cover you require:

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

Your total life cover, including any other life insurance cover you may have, must not exceed 20 times your current annual earnings.

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)

Do you require Global Accident benefit? ❑ **YES** ❑ **NO**

If YES, please state the amount of accident benefit you require:

You can only apply for Global Accident benefit if you are applying for Global Life, and your Global Accident benefit must not exceed your 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 your Global Life and Global Accident benefit cannot exceed £900,000, US$1,500,000, or €1,200,000.

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

Do you require a Global Income plan? ❑ **YES** ❑ **NO**

If YES, please state the amount of annual income benefit you require:

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

The benefit we pay will be restricted to 75% of your pre-disability earnings, less any other income you are entitled to receive whilst you are disabled.

The maximum benefit available under the Global Income Plan is £90,000 or US$144,000 or €144,000.

YOUR OCCUPATION/HAZARDOUS ACTIVITIES

Occupation: **Are you self-employed?** ❑ **YES** ❑ **NO**

Please state your current annual earnings and its currency :

(Proof of your earnings will be required in the event of a claim)

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? (e.g. in the air, on or under water including oil rigs) ❑ **YES** ❑ **NO**

If YES, please give full details:

Do you participate in hazardous activities? ❑ **YES** ❑ **NO**

If YES, please give full details of any hazardous activities you participate in, and how often:

Are you required to hold a licence that may be withdrawn if your state of health changes? ❑ **YES** ❑ **NO**

The Global Life and/or 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.

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

Name: **Date last consulted:**

Practice Name:

Address:

Telephone No:

PRE-EXISTING MEDICAL CONDITIONS AND RELATED CONDITIONS

IMPORTANT:

The Global Protection plans do not cover 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.

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.

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

BENEFICIARY NOMINATION

If you are applying for Global Life insurance and/or Accident benefit, we strongly recommend that you nominate a beneficiary.

I hereby nominate the following person/s as beneficiary/ies of the Global Life plan and Global 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, please state your wishes here:

_____

_____

_____

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 available from our web site or by contacting William Russell Limited.

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

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 understand that upon receipt of my Global 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 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 Protection 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.

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 Protection 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 alternative 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.

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 a claim, I authorise my employer or accountant to release information to William Russell Limited or the insurer regarding my salary where applicable.

In the event of my death, I hereby instruct William Russell Limited or their authorised representative to distribute the proceeds of my Global Life plan and Global Accident benefit (if applicable) 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 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.

Signature of applicant: **Date:**

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

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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