

# Global Protection Plans

## Individual Application Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email, fax or post. You can find our contact details at the end of this form.

### Your personal details

First name: ..... Surname: ..... Title: .....

Address: .....  
.....

Telephone number: ..... Mobile number: .....

Email: .....

Date of birth: ..... Nationality: .....  Male  Female

Country where you will be living/working: ..... How long have you lived here? ..... years

### Currency required

Please select the currency in which you would like your plan benefits to be denominated:

US Dollars  GBP Sterling  Euros

The currency you select will also be the currency in which you pay your premium.

### Start date required

When would you like your Global Protection plan to start?

On acceptance of your application  Specific date: .....

Please note that your application is only valid for 90 days from the date we receive it. We cannot commence your plan until we have accepted your application and received payment of your first premium. If cover has not commenced within 90 days of receipt of your application, we reserve the right to request a new one. Cover cannot be backdated.

### Previous/current insurance

Have you ever:

1. Applied for a William Russell plan?  Yes  No

If YES, please state the plan number: ..... Date of expiry of plan: .....

2. 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 details: .....  
.....

3. Do you currently have any other life, accident or income protection insurance?  Yes  No

If YES, please provide details (name of insurer, amount of cover, etc.): .....  
.....  
.....  
.....

Please select the level of cover you require for your **Global Life plan**, **Global Accident plan**, and **Global Income Protection plan**:

**Please select the cover you require**

**A) Global Life plan**

The Global Life plan lets you choose the cash lump sum your nominated beneficiary would receive if you were to die whilst your plan is in force.

**Please state the benefit you require (i.e. the amount of cover):** .....

Please state your reason for cover:  Family protection  To cover a loan  Business insurance  Other (please give details):

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

**B) Global Accident plan**

The Global Accident plan provides additional financial protection in the event of either your death or your permanent disability following an accident.

**Please state the benefit you require (i.e. the amount of cover):** .....

The Global Accident plan is only available in conjunction with a Global Life plan. Your Global Accident benefit must not exceed your Global Life benefit. The maximum accident benefit available is \$500,000 or £300,000 or €500,000. The total combined benefit of your Global Life and Global Accident plans cannot exceed \$1,500,000 or £900,000 or €1,200,000.

**C) Global Income Protection plan**

The Global Income Protection plan provides you with the income you will need during a lengthy period of treatment and recovery.

**Please state the income benefit you require (i.e. the amount of cover):** .....

Please state the deferment period you require (the waiting period during which no benefit is paid):  3 months  6 months

The income 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 Protection plan is \$144,000 or £90,000 or €144,000.

**Your occupation & and any hazardous activities**

Occupation: ..... Industry: .....

Please state your current annual earnings: .....

Are you self-employed? .....

Please give the name and address of your company/employer: .....

**Is your occupation 100% office-based?**  Yes  No

If NO, please give full details: .....

**Do you ever work offshore?** (e.g. in the air, on water, underwater, on oilrigs)  Yes  No

If YES, please give full details: .....

**Does your work require a license which depends on your state of health?**  Yes  No

If YES, please give full details: .....

Do you ever participate in hazardous activities?  Yes  No

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

.....

.....

The cover afforded by your Global Protection plan may be affected if your occupation is not 100% office-based or if you participate in hazardous activities. Cover for higher risk occupations or hazardous activities may be subject to a premium loading and/or special terms. William Russell Limited 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 meters, unsupervised scuba diving of any kind, rock-climbing or mountaineering, pot-holing, hand-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 on motorcycles, mopeds or moto scooters (even as pillion), 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.

### Beneficiary nomination

If you are applying for the Global Life or Global Accident plans, please nominate a beneficiary to receive your plan benefit.

I hereby nominate the following person(s) as beneficiary of the Global Life and Global Accident plans 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 is no longer living at the time of your death, we will divide the proceeds of your benefit among the surviving beneficiaries accordingly. If this is not your wish, or if you would like to appoint an alternative beneficiary in the event of the death of an above beneficiary, please state your wishes here:

.....

.....

### Paying for your plan

Please select your payment method and frequency:

- Credit/debit card**       Annually                       Half-yearly                       Quarterly                       Monthly
- Direct debit\***               Annually                       Half-yearly                       Quarterly                       Monthly
- Bank transfer**               Annually
- Cheque**                       Annually (payable to William Russell Ltd., and must be drawn on a UK bank account)

\*Direct debit payments are only available when you pay in Sterling from a UK bank account.

Half-yearly, quarterly and monthly premiums are subject to a 5% surcharge.

## Health Declaration

The Global Protection plans do not cover pre-existing conditions and any related conditions. A pre-existing condition means any disease, injury or illness 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 start of your cover. A related condition is any disease, illness or injury that is caused by a pre-existing condition or which results from the same underlying causes as a pre-existing condition.

We rely on the information that you provide in this form when we process your application, and when we make a decision 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 have omitted to tell us about in this form, 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.

**Please complete the following table:**

Height (cm)	
Weight (kg)	
Do you smoke? If YES, how many cigarettes/cigars a day?	
Do you consume alcohol? If YES, how many units of alcohol a day?	

**① Have you ever:**

- a) **Been absent from work for more than 5 consecutive days in the last 5 years?**  Yes  No
- b) **Consulted a physician within the last 3 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

**② Have you ever suffered from, or been diagnosed with, treated or prescribed drugs for:**

- a) **Auto-immune disorders?**  Yes  No  
For example: HIV/Aids, rheumatoid arthritis, systemic lupus erythematosus, scleroderma.
- b) **Cancer, growths or tumours?**  Yes  No  
For example: any type of cancer, pre-cancerous conditions, benign growths.
- c) **Back, joint, muscular or skeletal problems?**  Yes  No  
For example: back or joint pain, whiplash, sciatica, degenerative changes, osteoarthritis, osteoporosis, gout, bunions, joint replacements, fractures, cartilage or ligament problems.
- d) **Breathing or respiratory conditions (including allergies)?**  Yes  No  
For example: asthma, chronic obstructive pulmonary disease (COPD), shortness of breath, chest infections, pneumonia, bronchitis, tuberculosis (TB), hay fever, allergies to food substances and animals.
- e) **Diabetes, thyroid or any other endocrine disorder?**  Yes  No  
For example: diabetes type 1 or 2, overactive or underactive thyroid, pituitary or adrenal problems, obesity.
- f) **High blood pressure, cardiac or circulatory conditions?**  Yes  No  
For example: angina/chest pains, heart attacks, abnormal heartbeat, palpitations, varicose veins, strokes, deep vein thrombosis, high cholesterol.
- g) **Eyes, ear, nose and throat or oral/dental conditions?**  Yes  No  
For example: glaucoma, cataracts, retinal detachment, macular degeneration, hearing difficulties, repeated ear infections, tonsillitis, sinusitis, dental problems, wisdom teeth problems, gingivitis.

- h) **Gynaecological or breast conditions?**  Yes  No  
For example: complications of pregnancy, heavy or irregular periods, fibroids, endometriosis, ovarian cysts, abnormal smear tests, miscarriage, pre- and post-natal complications, breast lumps/cysts.
  - i) **Skin conditions (including allergies)?**  Yes  No  
For example: eczema, dermatitis, rashes, psoriasis, acne, cysts, moles that itch or bleed or allergic reactions.
  - j) **Stomach, liver/gall bladder, or digestive system conditions?**  Yes  No  
For example: ulcers, irritable bowels, Crohn's disease, colitis, reflux/heartburn abdominal pain, liver inflammation, cirrhosis, gallstones, hernias, haemorrhoids/piles.
  - k) **Urinary, kidney or prostate conditions?**  Yes  No  
For example: recurrent kidney infections, kidney stones, incontinence, prolapse, prostate problems, recurrent bladder or urine infections.
  - l) **Any psychiatric conditions?**  Yes  No  
For example: anxiety, bipolar disorder, schizophrenia, stress, depression, eating disorders.
  - m) **Any alcohol and or drug dependency problems?**  Yes  No
  - n) **Any physical defect, infirmity or congenital condition?**  Yes  No
  - o) **Any other medical condition not mentioned above?**  Yes  No
- ③ **Are you currently taking any medication, prescribed or otherwise?**  Yes  No
  - ④ **Have you any reason to believe that a surgical operation will be required in the near future?**  Yes  No
  - ⑤ **Are you currently aware of any symptoms or abnormal signs which may give rise to a claim?**  Yes  No
  - ⑥ **Are you currently pregnant?**  Yes  No

**If you have answered YES to any of the above questions, please give full details**

**Question #:** ..... Date(s) on which the illness/injury occurred: .....

What treatment was received, including details of any medication: .....  
.....  
.....

Please provide the name and address of the treating physician: .....

Does this condition require any future treatment, including consultations with a physician and/or periodic tests or reviews?  
.....

**Question #:** ..... Date(s) on which the illness/injury occurred: .....

What treatment was received, including details of any medication: .....  
.....  
.....

Please provide the name and address of the treating physician: .....

Does this condition require any future treatment, including consultations with a physician and/or periodic tests or reviews?  
.....

**If you require more space, please continue on a separate sheet of paper.**

## Physician

**Please provide details of the physician who is most familiar with your medical history.**

Name of physician: .....

Address: .....

Telephone number: ..... Email: .....

How long have you been known to this physician? .....

## Broker details

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

Name of broker: TFG Global Insurance Solutions Ltd. Name of company: Intermediary # 1378

## How we use your information

William Russell Limited will use your information within the provisions of the Data Protection Act 1998, for the purposes of underwriting, administration and processing your claims. We may also pass your information to the insurers and reinsurers of your plan. If required, we will pass your information to legal or regulatory bodies, and we may pass information to relevant third parties in the interests of fraud prevention. By submitting this form you consent to us processing your personal information, including sensitive personal information, such as health information.

## Declaration for your Global Protection plan

**Please read this section carefully and sign below.**

I understand that this application is subject to written acceptance by William Russell Limited.

I declare that I have taken reasonable care to answer all questions honestly and fully and I confirm that I have checked that the information I have given is a true representation of the facts.

I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my plan being cancelled.

I understand that cover will not be available for any investigations or treatment for a condition or related condition which exists or existed before the start date of the plan, unless I have provided complete details of this condition to William Russell Limited and they have agreed to cover it. I also understand that my certificate of insurance will advise me of any medical conditions specifically excluded from cover based upon the information I have provided.

I understand that I must inform William Russell Limited, in writing, of any changes in the facts included in this application, including any change in health that occurs before the start date of my plan.

I hereby give explicit consent, within the provisions of the Data Protection Act 1998 for William Russell Limited to process my personal information with respect to my membership.

I understand that in order to assess claims, William Russell Limited may need to obtain details of my medical history. I give permission to any hospital and/or physician who has at any time been involved in the treatment or care of myself to provide William Russell Limited (and any third parties acting on their behalf) with any information, including medical records, and medical reports concerning my physical or mental health.

I authorise William Russell Limited to send my insurance documents as PDF files to the email address I have provided on this form. If I have applied through a broker or intermediary, I hereby give consent for these documents to be sent via email to that broker or intermediary.

I agree that this declaration and the answers given on this application shall form the basis of the contract between myself and William Russell Limited, and that this application, together with the relevant Plan Agreement and the certificate of insurance shall form the contract of insurance.

I understand that, as the legal holder of this plan, all correspondence, including claims correspondence, will be sent to me, the plan holder.

I understand that upon receipt of my insurance 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 notify William Russell Limited within 30 days of the start date of cover and provided no claim has been made.

**Important notes**

Please provide the following documents with your application: an original certified copy of your passport and an original utility bill less than four months old, which confirms your residential address.

**Name of applicant:** .....

**Signature of applicant:** ..... **Date:** .....

The Global Life plan is insured by Allianz Nederland Levensverzekering N.V., an EEA insurer registered in the Netherlands.

The Global Income Protection and the Global Accident plans are insured by Allianz Benelux N.V., an EEA insurer registered in the Netherlands.

William Russell Limited is the administrator of the Global Protection plan range, and is authorised and regulated by the Financial Conduct Authority, registration number 309314.

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