

Business protection plans

Application form for companies

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

Broker/intermediary details

If you were introduced to us through a broker or intermediary, please state their name and company: -

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Company details

Company name:

Nature of the company's business:

.....

Registered address:

.....

Website address:

Contact(s) at company

Contact 1: Contact 2:

Position in company: Position in company:

Telephone number: Telephone number:

Email: Email:

Start date of your business protection plan

When would you like your plan to start? On acceptance of your application Specific date:

Please note that your application for a business protection plan is only valid for 28 days from the date we receive it. Cover cannot be backdated.

Eligibility criteria for employees

Your business protection plan must be paid for by the company and employees must be covered on a compulsory basis. You must apply for cover for all employees, or all employees of a certain category (e.g. directors, managers, expatriate employees).

Total number of employees in your company: Number of employees to be covered by your plan:

Please state the eligibility criteria for membership of your business protection plan:

.....

.....

Choose your protection plan(s)

Please choose the protection plan(s) that you require for your employees.

If you have one, please state the reference for the quote you wish to accept:

Choose your protection plan(s) (continued)

A) Life plan

Please select the life benefit that you require for your employees: -

1x salary 2x salary 3x salary 4x salary 5x salary Flat amount:

If you have selected a flat-amount life benefit for each employee, this must not exceed US\$2,000,000 or £1,500,000 or €1,700,000 or 5x the employee's current annual earnings (whichever is lower).

If you specify a flat amount in a currency different to the currency you select for paying your premiums, we will convert the flat amount to the premium currency using the relevant exchange rate at the time of our processing this form.

B) Optional accident benefit

The optional accident benefit pays out an additional cash lump-sum in the event of an employee's death or permanent disability following an accident. It's only available in conjunction with the life plan, and the maximum benefit available is US\$500,000 or £375,000 or €500,000. The optional accident benefit cannot exceed the life benefit you have selected.

Do you wish to include the optional accident benefit? Yes No

C) Income protection plan

The income protection plan provides a replacement income should illness or injury prevent an employee from working. The income benefit we pay will be restricted to 75% of your employees' pre-disability earnings, less any other income they are entitled to receive whilst they are disabled. The maximum income benefit is US\$200,000 or £150,000 or €170,000.

Please state the percentage of salary you wish to insure:

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

Occupations & hazardous activities

The cover afforded by your business protection plan may be affected if your employees' occupation is not 100% office-based or if they participate in hazardous activities. Cover for higher risk occupations or hazardous activities may be subject to a premium loading and/or special terms. We reserve the right to decline cover depending on your employees' occupation and activities.

Hazardous activities include (but are not limited to) off-piste skiing, scuba diving to a depth of more than 30 metres, unsupervised scuba diving of any kind, rock-climbing or mountaineering, 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 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.

Paying for your business protection plan

Please select the currency in which you would like to pay your premium. The benefits for your business protection plan and the excess will be denominated in this currency.

US dollars Pounds sterling Euros

Please select your payment method and the frequency with which you wish to pay your premium:

Credit/debit card Annually Half-yearly² Quarterly³ Monthly³

Direct debit¹ Annually Half-yearly² Quarterly³ Monthly³

Bank transfer Annually

¹ Direct debit payments are only available when you pay in pounds sterling from a UK bank account.

² Half-yearly premiums are subject to a 3% surcharge.

³ Quarterly or monthly premiums are subject to a 5% surcharge.

How we use your employees information

Please read this section carefully.

- We will use the information that your employees have given us on their separate application form for the purposes of administering their protection plan, processing their claims, identifying and preventing fraud, complying with our legal and regulatory obligations, and carrying out research and statistical analysis to help us improve our services. We will not retain their information for longer than is necessary.
- We may share your employees' information with other organisations in relation to the above purposes, e.g. the insurer of your business protection plan, payment service providers, and our emergency medical assistance service providers. This may involve transferring your employees' information to countries outside the European Union.
- Telephone calls to and from William Russell Ltd. may be recorded for training and monitoring purposes.
- We will process the personal information of employees, including sensitive information such as details about their health, in accordance with our privacy policy.
- Our privacy policy also contains information about who to contact if you have any questions about how we use your employees' information, or if employees would like to request a copy of the information we hold about them. For full details of our privacy policy, please visit william-russell.com/privacy or consult the plan agreement.

Marketing communication preferences

We'd like to stay in touch with you in ways we think you might find helpful. Every now and then, we share information about international healthcare and expat life, plus other useful content we think could be of interest to you. We also send occasional emails that promote our products and services.

We won't spam you or share your details with third parties, and you can unsubscribe at any time. You can read our privacy policy at william-russell.com/privacy.

Please tick the box to opt into our marketing communications:

- Email
- Newsletter
- Telephone
- Text message/SMS

Declaration for your business protection plan

Please read this section carefully and sign below.

- I confirm that I have the authority to apply for a business protection plan on behalf of my company.
- I understand that this application for a business protection plan is subject to written acceptance by William Russell Ltd.
- I declare that I have taken reasonable care to answer every question on this form fully, accurately, and to the best of my knowledge. I also confirm that I have checked with each employee that the information I have provided in the health declaration is a true representation of the facts.
- I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my business protection plan being cancelled.
- I understand that the business protection plan I am applying for does not cover the medical conditions of employees that existed before the proposed start date of the plan, unless they have provided full details of any such medical conditions to William Russell Ltd. and William Russell Ltd. has agreed to cover them. Any employee who has medical conditions that are not covered by their protection plan will be notified by email, to the email address they provide on their separate application form.
- I understand that membership of the business protection plan is compulsory, with all eligible employees and their eligible dependants being insured in accordance with the eligibility criteria I have provided in this form.
- I understand that I must inform William Russell Ltd., in writing, of any changes in the facts provided in this application, including any change in the health of any employees, occurring before the start date of the plan.
- In order to process claims, I understand that William Russell Ltd. may need to obtain details of the medical history of employees.
- I authorise William Russell Ltd. to send all insurance documents to employees in PDF format. If I have applied for a business protection plan through a broker or intermediary, I understand that these insurance documents may be sent via email to that broker or intermediary.

Declaration for your business protection plan (continued)

Some important notes

Please make sure that this form and all supplementary documents are legible. Your completed application form is valid for 90 days from the date you sign it. If your business protection plan has not commenced within 90 days, you may have to complete a new form. If the health of any employee changes after you submit this form, but before the plan starts, you must let us know immediately.

Please return this form to us by post or email, using the contact details below. We can accept signed and scanned copied of this form, attached to an email as a PDF.

Name of authorised company representative:

Position in company:

Signature of authorised company representative: **Date:**