

Businesses health 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:

.....

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 health plan

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

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

Eligibility criteria for employees

Your business health plan must be paid for by the company and employees must be covered on a compulsory basis. That is, you must apply for cover for all employees or all employees of a certain category (e.g. directors, managers, expatriate employees). If you require cover for dependants of your employees, then you must apply for cover for *all* eligible dependants of all eligible employees.

If you require cover for only a certain category of employees, or if different levels of cover are required for different categories of employees, please define those categories below.

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

Category	Eligibility criteria	Level of cover	Cover required for all dependants?

Choose your health plan

Please choose your health plan and excess combination from the table below, along with the optional benefits you require. The excess options and optional benefits available with each plan are shown in the column for the plan you select.

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

BronzeLite	Bronze	SilverLite	Silver	Gold
Excess options				
<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil
<i>Per claim options</i>				
<input type="radio"/> \$800/£530/€750	<input type="radio"/> \$800/£530/€750	<input type="radio"/> \$50/£33/€45	<input type="radio"/> \$50/£33/€45	<input type="radio"/> \$50/£33/€45
<input type="radio"/> \$1,600/£1,060/€1,500	<input type="radio"/> \$1,600/£1,060/€1,500	<input type="radio"/> \$100/£67/€90	<input type="radio"/> \$100/£67/€90	<input type="radio"/> \$100/£67/€90
		<input type="radio"/> \$800/£530/€750	<input type="radio"/> \$800/£530/€750	<input type="radio"/> \$800/£530/€750
		<input type="radio"/> \$1,600/£1,060/€1,500	<input type="radio"/> \$1,600/£1,060/€1,500	<input type="radio"/> \$1,600/£1,060/€1,500
<i>Per annum options</i>				
<input type="radio"/> \$250/£167/€225	<input type="radio"/> \$250/£167/€225	<input type="radio"/> \$250/£167/€225	<input type="radio"/> \$250/£167/€225	<input type="radio"/> \$250/£167/€225
<input type="radio"/> \$500/£330/€450	<input type="radio"/> \$500/£330/€450	<input type="radio"/> \$500/£330/€450	<input type="radio"/> \$500/£330/€450	<input type="radio"/> \$500/£330/€450
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<input type="radio"/> \$10,000/£6,600/€10,000	<input type="radio"/> \$10,000/£6,600/€10,000	<input type="radio"/> \$10,000/£6,600/€10,000	<input type="radio"/> \$10,000/£6,600/€10,000	<input type="radio"/> \$10,000/£6,600/€10,000
Optional benefits				
	<input type="radio"/> Medevac Plus		<input type="radio"/> Medevac Plus	<input type="radio"/> Medevac Plus
			<input type="radio"/> Enhanced well-being	<input type="radio"/> Enhanced well-being
			<input type="radio"/> Optical cover	<input type="radio"/> Optical cover
			<input type="radio"/> Dental Basic*	<input type="radio"/> Dental Plus
			<input type="radio"/> Dental Plus	<input type="radio"/> Direct billing†
			<input type="radio"/> Routine maternity care*	
			<input type="radio"/> Complex maternity care	
			<input type="radio"/> Direct billing†	

*Select the option you require from the table below.

†Direct billing is only available for employees resident in certain Asian countries, with a nil or \$50/£33/€45 per claim excess. You will also need to submit an [application form for direct billing](#).

Dental Basic options

You need only complete this table if you have selected the Dental Basic and/or routine maternity care options above. These options are only available with a Silver plan.

- Option A**
Cover up to US\$1,000 or £660 or €750 per period of cover, subject to 10% co-insurance
- Option B**
Cover up to US\$1,500 or £1,000 or €1,125 per period of cover, subject to 10% co-insurance

Routine maternity care options

- Option A**
Cover up to US\$5,000 or £3,330 or €3,750 per pregnancy, subject to 20% co-insurance
- Option B**
Cover up to US\$7,500 or £5,000 or €5,625 per pregnancy, subject to 20% co-insurance
- Option C**
Cover up to US\$10,000 or £6,660 or €7,500 per pregnancy, subject to 20% co-insurance

Choose your health plan (continued)

Area of cover

You can find out more information about the areas of cover at william-russell.com/health-plans/area-of-cover.

- Zone 1** Worldwide, excluding the USA.
- Zone 2** Worldwide, excluding the USA and with restricted cover in the following countries and regions: - *United Kingdom, all countries in the European Economic Area, Andorra, the Channel Islands, Gibraltar, Greenland, Monaco, San Marino, Switzerland, the UAE, Singapore, Thailand, China, Hong Kong, Macau, Taiwan, Japan, Australia, New Zealand, Canada, and the Caribbean countries and islands.*
When employees travel to one of these countries and regions, they will only be covered for accident & emergency treatment. The maximum we will pay in respect of treatment they receive in any of these countries and regions is US\$100,000 or £66,000 or €75,000 per period of cover.
- Zone 3** Worldwide, excluding the USA and with restricted cover in the following countries and regions: - *China, Hong Kong, Macau, Taiwan, Japan, Singapore, Switzerland. and the London area.*
When employees travel to one of these countries and regions, their cover is subject to the following restrictions: -
- 80% cover for eligible elective treatment costs; and
 - 100% cover up to US\$100,000 or £66,000 or €75,000 per insured person for eligible accident & emergency treatment.
- Zone 3 is only available if your employees' country of residence is **Indonesia**.

USA cover options

The following two options provide limited cover in the USA. They are only available if you have selected a **Bronze, Silver or Gold plans with Zone 1 as your area of cover**. The USA cover options are not available with *BronzeLite* or *SilverLite*.

- USA-45** We will cover your employees in the USA for temporary trips of up to 45 days' duration from the date on which they enter the country. Any trip of longer than 45 days will not be covered, but there is no limit to the number of temporary trips they can make to the USA during any one period of cover.
The overall maximum amount we will pay in respect of treatment employees receive in the USA is US\$250,00 per insured person, per period of cover. Within this amount, we will pay: -
- up to US\$100,000 for elective treatment; and
 - up to US\$250,000 for accident & emergency treatment of a condition that employees have not previously suffered from prior to commencing their temporary trip.
- We do not cover emergency evacuation to, from or within the USA, even if employees have the USA-45 option.
- USA-90** We will cover employees in the USA for temporary trips of up to 90 days' duration from the date on which they enter the country. Any trip of longer than 90 days will not be covered, but there is no limit to the number of temporary trips they can make to the USA during any one period of cover.
The overall maximum amount we will pay in respect of treatment employees receive in the USA is US\$250,00 per insured person, per period of cover. This overall maximum amount includes both elective treatment and accident & emergency treatment that they receive.
We do not cover emergency evacuation to, from or within the USA, even if employees have the USA-90 option.

Optional plans

The following two optional plans are available with all health plans.

- Travel plan** Employee Partner Children
- Personal accident plan** Employee Partner

Please select your employees' personal accident benefit: -

- US\$75,000 or £50,000 or €75,000 US\$150,000 or £100,000 or €150,000 US\$225,000 or £150,000 or €225,000
- US\$300,000 or £200,000 or €300,000 US\$375,000 or £250,000 or €375,000

Underwriting options

When you apply for a business health plan, we may assess your employees' medical records, including any medical conditions or injuries they have suffered in the past. This process is known as medical underwriting. It helps us decide the terms under which we can offer your employees cover.

The following options are available:-

- Full medical underwriting
- Moratorium underwriting
- Continued personal medical exclusions
- Medical history disregarded (for business health plans with 10+ employees only)

Health declaration

If you are applying for cover for **less than 20 employees**, please answer the questions in **Section A only**.

If you are applying for cover for **between 20-99 employees**, please answer the questions in **Section B only**.

If you are applying for cover for **100+ employees**, you need not answer any of the questions in this part of the application form.

A) 3-19 employees

1 In the past three years, have any of your employees or their dependants: -

i) been admitted to hospital?

Yes No

If **YES**, please give details:

.....

.....

ii) experienced any serious health problems*?

Yes No

If **YES**, please give details:

.....

.....

**By serious, we mean conditions such as cancer, heart conditions, strokes, back problems, depression, serious injuries or disabilities, multiple sclerosis, or liver or kidney problems. If you are in any doubt as to what constitutes a serious medical condition, please declare it.*

2 Are any of your employees or their dependants: -

i) currently undergoing a course of medical treatment?

Yes No

If **YES**, please give details:

.....

.....

ii) currently pregnant?

Yes No

If **YES**, please give details:

.....

.....

3 Are all employees actively at work at the time of application?

Yes No

If **NO**, please make a full declaration (e.g. name, date last worked, reason for absence):

.....

.....

Health declaration (continued)

B) 20-99 employees

- 1 Are any of your employees or their dependants receiving, or about to receive, treatment for any serious health problems*? Yes No

If YES, please give details:

**By serious, we mean conditions such as cancer, heart conditions, strokes, back problems, depression, serious injuries or disabilities, multiple sclerosis, or liver or kidney problems. If you are in any doubt as to what constitutes a serious medical condition, please declare it.*

- 2 Are all employees actively at work at the time of application? Yes No

If NO, please make a full declaration (e.g. name, date last worked, reason for absence):

Paying for your business health plan

Please select the currency in which you would like to pay your premium. The benefits for your business health 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 health 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 health 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 and their dependants, 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.

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 plan

Please read this section carefully and sign below.

- I confirm that I have the authority to apply for a business health plan on behalf of my company.
- I understand that this application for a business health 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 the business health plan I am applying for does not cover the medical conditions of employees and their dependants 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. I also understand that each employee's Certificate of Insurance will advise them of any medical conditions that are not covered by their plan, based on the information they have provided on their separate application form.
- I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my business health plan being cancelled.
- I understand that membership of the business health 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 and dependants, 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 and dependants.
- I authorise William Russell Ltd. to send all insurance documents to employees in PDF format. If I have applied for a business health plan through a broker or intermediary, I understand that these insurance documents may be sent via email to that broker or intermediary.

Some important notes

Please make sure that this form and all supplementary documents are legible. Your completed application form is valid for 28 days from the date you sign it. If your business health plan has not commenced within 28 days, you may have to complete a new form. If the health of any employee or dependant 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:**

William Russell Ltd.

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