William Russell

Global Health Plans

Application Form for Businesses in Hong Kong

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 an intermediary or broker, please state their name and company.

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Company details

Company name: .....

Nature of company's business: .....

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.....

Address: .....

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..... Web address: .....

Contact(s) at company

Contact 1: ..... Position in company: .....

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

Contact 2: ..... Position in company: .....

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

Start date required

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

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

Your eligibility criteria for employee cover

Health insurance cover must be provided and paid for by the company on a compulsory basis. The company must apply for cover for all employees, or all employees of a certain categorie s (e.g. directors, managers, expatriate employees). If cover for the dependants of employees is required, then the company must apply for cover for all eligible dependants of all eligible employees. If cover is required only for 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: ..... Total number of employees to be covered in this plan: .....

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

Please select the cover you require

Please choose either a) an Elite plan or b) an Essential plan for your employees, then select the optional benefits they require.

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

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Please select the cover you require (continued)

a) Elite plans

	Bronze	Silver	Gold	
Excess required:				
	☐ Nil	☐ Nil	☐ Nil	
Per claim		☐ US$50/ £33/ €45	☐ US$50/ £33/ €45	Per claim
Per claim		☐ US$100/ £67/ €90	☐ US$100/ £67/ €90	Per claim
Per claim	☐ US$800/ £530/ €750	☐ US$800/ £530/ €750	☐ US$800/ £530/ €750	Per claim
Per claim	☐ US$1,600/ £1,060/ €1,500	☐ US$1,600/ £1,060/ €1,500	☐ US$1,600/ £1,060/ €1,500	Per claim
Per annum	☐ US$500/ £330/ €450	☐ US$500/ £330/ €450	☐ US$500/ £330/ €450	Per annum
Per annum	☐ US$1,000/ £660/ €1,000	☐ US$1,000/ £660/ €1,000	☐ US$1,000/ £660/ €1,000	Per annum
Per annum	☐ US$2,500/ £1,660/ €2,500	☐ US$2,500/ £1,660/ €2,500	☐ US$2,500/ £1,660/ €2,500	Per annum
Per annum	☐ US$5,000/ £3,330/ €5,000	☐ US$5,000/ £3,330/ €5,000	☐ US$5,000/ £3,330/ €5,000	Per annum
Per annum	☐ US$10,000/ £6,600/ €10,000	☐ US$10,000/ £6,600/ €10,000	☐ US$10,000/ £6,600/ €10,000	Per annum
Options available:				
	☐ Medevac Plus	☐ Medevac Plus	☐ Medevac Plus	
	☐ Buy out co-insurance on out-patient benefits	☐ Buy out co-insurance on out-patient benefits		
		☐ Optical cover	☐ Optical cover	
		☐ Enhanced well-being benefit	☐ Enhanced well-being benefit	
		☐ Dental Basic (select your level of cover from the table below)		
		☐ Dental Plus (if Dental Basic is selected) - 20% co-insurance	☐ Dental Plus - 20% co-insurance	
		☐ Routine maternity (select your level of cover from the table below)		
		☐ Complex maternity		

Please note that you only have to complete the two tables below if you have selected the Dental Basic option or the routine maternity option. Both of these options are only available with the Silver plan.

If you have selected the Dental Basic option above:-
Please select the level you require.

Option A ☐
Cover up to US$1,000/ £660/ €750 per period of cover, subject to 10% co-insurance

Option B ☐
Cover up to US$1,500/ £1,000/ €1,125 per period of cover, subject to 10% co-insurance

If you have selected the routine maternity option above:-
Please select the level you require.

Option A ☐
Cover up to US$5,000/ £3,330/ €3,750 per pregnancy, subject to 20% co-insurance

Option B ☐
Cover up to US$7,500/ £5,000/ €5,625 per pregnancy, subject to 20% co-insurance

Option C ☐
Cover up to US$10,000/ £6,660/ €7,500 per pregnancy, subject to 20% co-insurance

Additional options available with the Elite plans

☐ **Direct billing services** – only available with the Silver or Gold plans **and** if you have also selected a nil or $50/£33/€45 or $100/£67/€90 per claim excess (please note that your employees must also submit an application form for direct billing services). Please note, we have the right to remove direct billing from your policy at any time within the policy year at our discretion.

Please select the cover you require (continued)

☐ **Semi-private room discount** – only available to residents of Hong Kong with the standard area of cover (this option is not available if you have also selected the ward discount).

☐ **Ward discount** – only available to residents of Hong Kong with the standard area of cover (this option is not available if you have also selected the semi-private room discount).

Please note, if you have not selected either a semi-private room discount or a ward discount, in-patient and day-patient treatment received in a private room will be subject to a 20% co-pay at the following hospitals: Matilda International Hospital, Hong Kong Sanatorium & Hospital, and Hong Kong Adventist Hospital.

Elite plan area of cover

The standard area of cover for the Elite plans is Zone 1: Worldwide, excluding the USA. If you require cover in the USA, please select **one** of the USA cover options.

☐ **Zone 1**: Worldwide, excluding the USA

USA cover options

☐ Add cover in the USA, limited to US$100,000 per period of cover for temporary trips of not more than 45 days (this limit is increased to US$250,000 for emergency treatment for conditions you have never suffered from before).

☐ Add cover in the USA limited to US$250,000 per period of cover for temporary trips of not more than 90 days.

Add-ons available with your health plan

Travel plan	☐ Employee	☐ Partner	☐ Children
Personal accident plan	☐ Employee	☐ Partner	

Please select the level of personal accident benefit your employees require:

☐ $75,000/ £50,000/ €75,000 ☐ $150,000/ £100,000/ €150,000 ☐ $225,000/ £150,000/ €225,000

☐ $300,000/ £200,000/ €300,000 ☐ $375,000/ £250,000/ €375,000

Underwriting options

Underwriting is the process by which we decide how and on what terms we will accept your employees for cover, and the cover (if any) we will provide for pre-existing medical conditions. The following options are available:-

☐ Fully underwritten ☐ Moratorium ☐ Continued personal medical exclusions (3+ employees only)

☐ Medical history disregarded (only available if you are covering 10+ employees)

For further details please visit william-russell.com/documents

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 20-49 employees, please answer the questions in **section b) only**.
If you are applying for cover for 50+ employees, you do **not** need to answer any of the below questions.

a) 3-19 employees

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

a) Been admitted to hospital? ☐ Yes ☐ No

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

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Health declaration (continued)

b) Experiencedany serious health problems?* ☐ Yes ☐ No

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

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*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:

a) Currently undergoing a course of medical treatment? ☐ Yes ☐ No

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

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b) Currently pregnant? ☐ Yes ☐ No

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

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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): .....

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b) 20-49 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: .....

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*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): .....

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Paying for your plan

Please select the currency in which you would like to pay your premiums. Your plan benefits and excess will be denominated in this currency. Please note that the Essential plans are only available in US Dollars.

☐ US Dollars ☐ GBP Sterling ☐ Euros

Please select your payment method and frequency:

Credit/debit card	☐ Annually	☐ Half-yearly[2]	☐ Quarterly[3]	☐ Monthly[3]
Direct debit[1]	☐ Annually	☐ Half-yearly[2]	☐ Quarterly[3]	☐ Monthly[3]
Bank transfer	☐ Annually			

[1] Direct debit payments are only available when you pay in 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 give us on their separate application forms (if applicable) for the purposes of administering their 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 your employees' 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 their plan, payment service providers, and our emergency medical assistance service providers. This may involve transferring their 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 your employees on their forms, 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 your employees have any questions about how we use their information, or if they 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.

Declaration for your business plan

Please read this section carefully and sign below.

- We understand that this application for a business health plan is subject to written acceptance by William Russell Ltd.
- We declare that we have taken reasonable care to answer every question on this form fully, accurately, and to the best of our knowledge and belief. We also confirm that we have checked with each employee that the information we have provided is a true representation of the facts.
- We understand that misrepresentation could result in claims being rejected or not fully paid, and/or our plan being cancelled.
- We understand that the plan we are 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. We also understand that each employee's certificate of insurance will advise them of any medical conditions that are not covered by the plan, based on the information they have provided on their separate application form.
- We 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 we have provided in this form.
- We understand that we 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 to be covered, occurring before the start date of the plan.

Declaration for your business plan (continued)

- In order to process claims, we understand that William Russell Ltd. may need to obtain details of employees' medical history and the medical histories of their dependants.
- We authorise William Russell Ltd. to send all insurance documents as PDF files to covered employees. If we have applied through a broker or intermediary, we understand that these documents may be sent via email to that broker or intermediary.
- We understand that, upon receipt of the insurance documents, if we are not entirely satisfied, we can cancel the application from inception and receive a full refund of the premium paid, provided we notify William Russell Ltd. within 30 days of the plan start date, and provided no claim has been made.

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 signed the form. If cover has not commenced within 28 days, you may have to complete a new form. If the health of any employee or dependant to be covered changes after you submit this form but before the plan starts, you must let us know immediately.

Please return this form to us using the contact details below by post or email.

We can accept signed and scanned copies of the form attached to an email as a PDF.

We can also accept a digital version of this form, provided you have typed your name below, and your email contains the following copy: "I, [your name], have signed the form myself, and I have the authority to bind [company name] to the terms of the plan/ agreement attached to this email." This needs to be sent from the same corporate email address as stated on your form.

Name of authorised company representative: .....

Position in company: .....

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

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