

Global Protection Plans

Corporate 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.

Broker/intermediary details

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

Name of broker: Name of company:

Company details

Company name: Type of business:

Address:

Email: Telephone number:

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 Global Protection plan to start?

On acceptance of your application Specific date:

Your completed application form is valid for 90 days from the date you signed the form. 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, we reserve the right to request that you complete a new application form. Cover cannot be backdated.

Eligibility for cover for your plan

Cover must be provided and paid for fully by the company with no part of the premium being recouped from employees. Cover must be compulsory either to all employees, or all employees of a certain membership category (for example, all managers, all expatriates, etc.).

Please state the total number of persons employed by the company:

Please state the eligibility criteria for membership of your plan:

Please select the cover you require

A) Global Life plan

Please select the life insurance benefit required:

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

The maximum benefit available under the Global Life plan is \$1,500,000 or £900,000 or €1,200,000 or AED5,505,000.

If you have selected a flat amount, this will be subject to a maximum of 5x salary. If you require a flat amount that has been stated in a different currency to that you select to pay your premiums in, this amount will automatically be converted into the currency you have selected to pay your premiums, using the exchange rate at the time of processing.

B) Global Accident plan

Do you wish to include double indemnity cover if death occurs as a result of an accident? Yes No

The Global Accident plan is only available in conjunction with a Global Life plan. The maximum accident benefit available is \$500,000 or £300,000 or €500,000 or AED1,835,000. If there is also cover under a Global Income Protection plan, the maximum accident benefit available is \$335,000 or £200,000 or €335,000 or AED1,229,000. The total combined benefit of the Global Life and Global Accident plans cannot exceed \$1,500,000 or £900,000 or €1,200,000 or AED5,505,000.

C) Global Income Protection plan

The Global Income Protection benefit is available as a percentage of salary. You can insure up to 80% of your employees' salaries.

Please state the percentage of salary you wish to insure:

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 80% of the employees' pre-disability earnings, less any other income they are entitled to receive whilst they are disabled. The maximum benefit available under the Global Income Protection plan is \$144,000 or £90,000 or €144,000 or AED528,000.

Occupations/hazardous activities

The cover afforded by the Global Protection plan may be affected if your employees' occupations are 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' occupations 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, potholing, 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 let us know and we will let you know.

Paying for your plan

Please confirm the currency in which you would like to pay your premiums:

US Dollars GBP Sterling Euros UAE Dirhams

The currency you select will also be the currency in which your plan benefits will be denominated.

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 Dubai Insurance Company psc, and must be drawn on a UAE bank account)

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

**Half-yearly premiums are subject to a 3% surcharge, and are not available if your premiums are to be paid in UAE Dirhams.

***Quarterly or monthly premiums are subject to a 5% surcharge, and are not available if your premiums are to be paid in UAE Dirhams.

How we use your information and your employees' information

By submitting this application, you consent to Dubai Insurance Company psc processing your information and your employees' information within the provisions of the Data Protection Law 2007, and for the purposes of underwriting, administration and processing of your claims.

In certain cases, it may be necessary to pass your and/or your employees' data to the insurers and reinsurers of your plan, cost control agents, banks and your appointed intermediary (if any). If required, we will pass your and/or your employees' data to legal or regulatory bodies, and to relevant parties in the interests of fraud prevention.

Declaration for your Global Protection plan

Please read this section carefully and sign below.

We understand that this application is subject to written acceptance by Dubai Insurance Company psc. We declare that we have taken reasonable care to answer all questions on this form fully, accurately, and to the best of our knowledge and belief.

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

We confirm that membership of the corporate Global Protection plan is compulsory, with all eligible employees being insured in accordance with the eligibility criteria we have provided in this application form (under "Eligibility for cover for your plan"), subject to acceptance by Dubai Insurance Company psc on behalf of the insurers.

We understand that we must inform Dubai Insurance Company psc, in writing, of any changes in the facts provided in this application occurring before the start date of the plan.

We authorise Dubai Insurance Company psc to send all insurance documents as PDF files to the email address we have provided on this form. If we have appointed a broker or intermediary, we give consent for these documents to be sent via email to that broker or intermediary.

We understand that telephone calls to and from Dubai Insurance Company psc may be recorded and monitored.

We understand that, upon receipt of our insurance documents, if we are not entirely satisfied, we can cancel our application from inception and receive a full refund of the premium paid, provided we notify Dubai Insurance Company psc within 30 days of the plan start date, and provided no claim has been made.

Important notes

- Your completed application form is valid for 90 days from the date you signed the form. If cover has not commenced within 90 days, we reserve the right to request that you complete a new application form.
- We cannot issue you with the plan documentation until you have provided us with the completed Employee Application Forms for each insured person (if under 20 persons), or the completed Actively at Work Certificate (if 20 persons or over).
- Any copies of documents, including this form, must be clearly legible when received by us.
- We are unable to accept electronic signatures below.

Name of company representative: **Position in company:**

Signature of company representative: **Date:**