

# 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.

### 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: .....

### 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

### 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.

### Previous/current insurance

**1. Have you ever applied for a plan or been insured with either Dubai Insurance Company or William Russell?**

Yes  No If YES, please state the plan name and/or number: ..... Date of expiry of plan: .....

**2. Have you ever 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, type of insurance, etc.): .....

.....

.....

### Your occupation & any hazardous activities

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

Please state your current annual earnings, including currency: .....

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 provide a breakdown of your ordinary work duties, including the percentage of work time ordinarily spent on each duty: .....

**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. We 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 metres, unsupervised scuba diving of any kind, rock-climbing or mountaineering, potholing, 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.

**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  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 or AED5,505,000.

**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 or AED1,835,000. If you are also covered 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 your 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 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 80% 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 or AED528,000.

### 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." To say: "The currency you select will also be the currency in which your plan benefits will be denominated. If the benefit you require has been stated in a different currency, 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.

**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.

### Beneficiary nomination

**Your Protection plans are subject to the law of Dubai. You are strongly advised to consider completing the below table if you wish to avoid the possibility that any Death benefit payable might be distributed in accordance with the inheritance laws of Dubai, applicable if no beneficiary has been nominated and based on the Sharia law of inheritance.**

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:

.....

.....

.....

## Health Declaration

**IMPORTANT NOTE:**

**We rely on the information you give us in the form to decide whether or not we can accept your application, and if so, whether or not we need to apply any special terms to your cover, such as personal medical exclusions or loadings.**

Please complete the following Health Declaration and provide us with full details of any medical conditions. **Medical conditions and related conditions will not be covered by your plan**, unless you have told us about them and we have agreed to cover them.

Please answer the following questions fully, accurately, and to the best of your knowledge and belief. If you answer YES to any question, please supply full details in the spaces provided. If there is insufficient space please continue on an additional sheet of paper.

If, after you have submitted the application, we find that you have not answered the questions fully and accurately, your plan may be cancelled, claims may be rejected, or special terms may be applied retroactively.

If you are in any doubt as to whether you should tell us anything, please tell us anyway as it better to provide information that turns out not to be relevant to the risk than to miss out something that causes problems later.

If something changes after you have sent us the form but before we have confirmed your cover has started, you must write in and update us.

**Please complete the following table:**

What is your height? (cm)			
What is your weight today? (kg)			
Has your weight changed by more than 10 kg in the last 2 years? If YES, please provide details	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you smoked cigarettes/cigars in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please give the average number a day
What is your typical weekly alcohol consumption?	Beer, lager or cider up to alcohol 4.5% volume	.....	pints
	Beer, lager or cider alcohol 4.6% volume or more	.....	pints
	Wine	.....	175ml glasses
	Fortified wine	.....	50ml glasses
	Spirits	.....	35ml measures

**① Have you consulted a healthcare practitioner in the last 3 years?**  Yes  No

If YES, please give full details (please continue on an additional sheet of paper if required): .....

**② Please answer the following:**

**a) Have you ever tested positive for hepatitis B or hepatitis C, or are you awaiting the results of such a test?**

Yes  No

**b) Within the last five years have you been exposed to the risk of HIV infection? (This can be contracted through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside Europe)**  Yes  No

If 2a and/or 2b is answered as YES, please provide full details: .....

**③ Have you ever suffered from, been diagnosed with, treated or been prescribed drugs for:**

**a) Auto-immune disorders?**

For example: HIV/AIDS, rheumatoid arthritis, systemic lupus erythematosus, scleroderma.

Yes  No

- 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) **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.
- e) **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.
- f) **Breathing or respiratory conditions?**  Yes  No  
For example: asthma, chronic obstructive pulmonary disease (COPD), emphysema.
- g) **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.
- h) **Any depression, anxiety or other psychiatric or psychological conditions?**  Yes  No  
For example: anxiety, bipolar disorder, schizophrenia, stress, low mood, depression, eating disorders.
- i) **Any kidney or prostate conditions?**  Yes  No  
For example: chronic kidney disease, raised PSA level.
- j) **Any alcohol and/or drug dependency problems?**  Yes  No
- k) **Any other medical condition not mentioned above.**  Yes  No

**If you have answered YES to any of the sub-questions in question 3, please give full details**

Please continue on a separate sheet if necessary.

Question number	Month/year of onset	Condition and cause if known	Frequency of symptoms	Treatment and medication (please state if ongoing)	Month/year of last symptoms or "ongoing"
				Treating Physician name and address:	
				Treating Physician name and address:	
				Treating Physician name and address:	

				Treating Physician name and address:	

**④ Are you currently pregnant?**  Yes  No

If YES, please confirm the due date, and details of any non-standard treatment and/or medication you have received, or are continuing to receive: .....

.....

.....

**⑤ In the last 3 years, have you been told the result of any medical test you have had was abnormal?**  Yes  No

Month/year	What was the test?	What was the reason for it?	Have you had a subsequent test that you have been told was normal?

**⑥ Do you have any other signs, symptoms, conditions, disabilities or impairment for which the following apply:**

- You are waiting to see a GP or specialist
- You are due to have surgery
- You are waiting to have tests or investigations or to receive the results
- You are still under follow-up by a GP or specialist
- You are on medication prescribed or otherwise
- You routinely use any type of aid except spectacles and lenses

Yes  No

Month/year of onset	Condition and cause if known	Duration of symptoms	Treatment and medication (please state if ongoing)	Number of days off work	Month/year of last symptoms

**⑦ Additional question for Income Protection applications please answer the following question (not required for life insurance application):**

**Have you been absent from work for more than 5 consecutive days in the last 5 years, for reasons other than annual leave?**

Yes  No

If YES, when was each absence period?

From: ..... To: ..... Reason: .....

From: ..... To: ..... Reason: .....

Are you fully recovered from the illness/injury that caused each absence?  Yes  No

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

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

### How we use your information

By submitting this application, you consent to Dubai Insurance Company psc. processing the personal data of each person named in this application, including sensitive medical information. We will use this data for the purposes of administrating your plan and processing your claims.

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

We may share your data (but not sensitive personal data) with external feedback service providers, to enable you to provide feedback about our services to an independent organisation.

### 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 Dubai Insurance Company psc. I declare that I have taken reasonable care to answer all questions on this form fully, accurately, and to the best of my knowledge and belief.

I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my plan being cancelled. I also understand that this plan does not cover medical conditions existing before the start date of the plan, or related conditions, unless I have provided full details to Dubai Insurance Company psc and they have agreed to cover it. I also understand that my Certificate of Insurance will advise me of any medical conditions excluded from cover based on information provided.

I understand that I must inform Dubai Insurance Company psc, in writing, of any changes in the facts provided in this application, including any change in health occurring before the start date of my plan.

I give consent for Dubai Insurance Company psc to process my personal data within the provisions of the Data Protection Law 2007.

I understand that, to process my claims, Dubai Insurance Company psc may need to obtain details of my medical history.

I authorise Dubai Insurance Company psc to send all 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 give consent for these documents to be sent via email to that broker or intermediary.

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

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 paid, provided I 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.
- Please provide a certified copy of your passport and a utility bill less than four months old, which confirms your residential address, with your application.
- 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 applicant:** .....

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