

FAMILY MEMBERS TO BE INCLUDED IN THE PLAN

Please enter the names and details of all dependants for whom cover is required. You may include your partner and children, up to, and including age 17 or up to, and including age 24 if in full time education – proof will be required. Children aged 18 or over who are not in full time education must make their own application for cover.

First Name(s)	Surname	Date of Birth dd/mm/yy	Relationship to applicant	Country of residence	Occupation/Full time education
Partner					
Child					<input type="checkbox"/> YES <input type="checkbox"/> NO
Child					<input type="checkbox"/> YES <input type="checkbox"/> NO
Child					<input type="checkbox"/> YES <input type="checkbox"/> NO
Child					<input type="checkbox"/> YES <input type="checkbox"/> NO
Child					<input type="checkbox"/> YES <input type="checkbox"/> NO

HEIGHT/WEIGHT DECLARATION

It is important that you make an accurate declaration of your height and weight.

Your height (cms)

Your partner's height (cms)

Your weight (kgs)

Your partner's weight (kgs)

YOUR DOCTOR'S CONTACT DETAILS

Please give details of the doctor(s) who is (are) most familiar with your medical history (and the medical history of your family members).

Name

Practice name

Address

Telephone No.

Name

Practice name

Address

Telephone No.

METHOD OF PAYMENT

IMPORTANT
YOU MUST PAY YOUR PREMIUMS IN US DOLLARS.

METHOD OF PAYMENT

Cheque/draft – acceptable for annual payments only

Bank transfer – acceptable for annual payments only

Credit/debit card – please complete your card details

CREDIT/DEBIT CARD DETAILS

Credit/debit card VISA MASTERCARD AMEX SWITCH DOMESTIC MAESTRO DELTA SOLO

Full card number | | | | | | | | | | | | | | | | | | | | | |

Expiry date **Issue No** (If applicable) **Issue Date** (If applicable)

Address to which card is registered (if different from the postal address given on page 1)

Name as on card

FREQUENCY OF PAYMENT

Annual **Semi-annual**

Quarterly* **Monthly***

*Payable by credit/debit card only.

Signature (of card holder)

PRE-EXISTING MEDICAL CONDITIONS AND RELATED CONDITIONS

The Global Health plans do not cover the treatment of pre-existing medical conditions and related conditions.

A pre-existing medical condition means any disease, illness or injury for which you have received medication, advice or treatment, or for which you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the date on which your Global Health plan starts.

After two years of continuous cover, pre-existing medical conditions will become eligible for benefit, subject to the terms and conditions of your plan, provided you have not consulted any doctor or medical practitioner for medical treatment or advice (including check-ups), or taken medication, (including drugs, medicines, special diets or injections), or suffered symptoms for that medical condition or for any related condition, for a continuous period of two years.

If it is generally accepted medical advice that you should attend a regular consultation for on-going medical treatment or advice (including check-ups), or take drugs, medicines or injections, or follow a special diet for a pre-existing medical condition but you fail to do so, then that medical condition would be permanently excluded together with any related medical conditions.

By related we mean any disease, illness or injury that is caused by a pre-existing condition or results from the same underlying cause as a pre-existing condition.

Examples of related conditions are:-

High blood pressure is related to heart disease and stroke, recurrent sore throats are related to tonsillitis, high cholesterol is related to heart disease and stroke. If you suffer from high blood pressure or high cholesterol (before your date of entry) you will never be covered for cardiac problems or strokes and if you suffer from recurrent sore throats (before your date of entry) you will never be covered for tonsillitis. Please note these are examples, for illustration purpose only, and there are many other sets of related conditions.

How regular check-ups affect the moratorium

If (prior to your date of entry) you have a condition that requires regular check-ups, then no treatment, consultations, tests or check-ups relating to that condition will ever become covered by your plan. This is because you suffered from the condition before cover commenced and you will never be able to go a continuous 24 month period without either suffering symptoms or requiring treatment, medication or advice relating to it.

The following are examples of conditions that require regular treatment and/or check-ups. If you have suffered from one of these conditions it will never become covered:-

Diabetes, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol levels), ischaemic heart disease, asthma, cancer, thyroid disease, certain types of aggressive arthritis, some skin diseases, conditions that require you to take immunosuppressive drugs, psychosis and bipolar disorders, renal failure, heart failure,

NB. This list is not exhaustive and if you have any other medical condition, your doctor will be able to advise you whether regular check-ups are required.

START DATE

Date on which you wish your Global Health Essential plan to commence: On acceptance Other (please state)

Please note that we cannot commence your plan until we have accepted your application and received payment of your first premium.

DECLARATION

I hereby apply for cover under the Global Health Essential plan on behalf of all the persons named in this application form. I declare that I have read and understood the Global Health Essential plan agreement and that I am aware that cover shall be provided in accordance with the agreement. I fully understand that pre-existing conditions and related conditions as described above shall not be covered by this insurance plan. I authorise any doctor who has ever treated or advised any of the persons named in this application to provide William Russell Limited with any information they may require in connection with treatment related to any claim under this plan. I declare that the information given in this application is true and complete.

If I have applied for a travel insurance plan, I declare that at the time of purchasing this insurance or at the time of booking any future trip(s), I am aware of no reason why any journey or trip should be cancelled or curtailed or expense be incurred.

If I have indicated that I wish to pay by credit or debit card, I agree that William Russell Limited may debit my account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by William Russell Limited until I give written notice that I wish to terminate this agreement. I understand that my cover will terminate in accordance with the terms of the Global Health Essential plan agreement if William Russell Limited are unable to collect any premium - for whatever reason - and I do not provide William Russell Limited with an alternative method of payment immediately.

Signature of applicant:

Date:



WILLIAM RUSSELL
Peace of mind wherever you are

William Russell Limited

William Russell House,
The Square, Lightwater, Surrey,
GU18 5SS, UK.

Tel: + 44 1276 486455
Fax: + 44 1276 486466

sales@william-russell.com

William Russell (Asia Pacific) Limited

Marketing Office, Suite 16-7, 16th Floor,
Wisma UOA II, 21 Jalan Pinang,
50450 Kuala Lumpur, Malaysia.

Tel: + 6 03 2171 2071
Fax: + 6 03 2171 2072

kloffice@william-russell.com