



GlobalLife GlobalIncomeProtection

The Agreement

The Global Life and Global Income Protection plan agreement

1st April 2006



WILLIAM RUSSELL
Peace of mind wherever you are



WILLIAM RUSSELL
Peace of mind wherever you are

Your Global Life and Global Income Protection Plan agreement



THANK YOU FOR CHOOSING A WILLIAM RUSSELL PLAN AND WELCOME

We want to provide you with an insurance plan you can rely on so it is important that you fully understand the scope of the cover we provide. In this booklet we explain what is and what is not covered by your Global Protection plan.

Please spend a few moments looking through this booklet to ensure that the cover we are providing meets your requirements.

This agreement applies in respect of all Global Protection plans with a period of cover that starts on or after 1st April 2006.

30-DAY MONEY BACK GUARANTEE

If you are not entirely satisfied with the terms of your cover and the extent of the benefits provided we will refund the premium you have paid to us and cancel your cover from inception, provided that you confirm to us in writing your wish to cancel within the first 30 days of your cover, and subject to you making no claim.

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Introduction

These are the terms, conditions and exclusions of the Global Life and Accident Benefit plan and the Global Income Protection plan issued by William Russell Limited on behalf of Hauteville Insurance Company Limited. This agreement together with your application form and your certificate of insurance make up the contract between you and us.

Bold words

Words written in bold type have a specific meaning relevant to this agreement. Such words are defined within the text of this agreement.



Eligibility for cover

You must be an expatriate at the time you apply for a Global Life or Global Income Protection plan. An expatriate is a person who is living and working outside their country of origin. Your country of origin is the country for which you hold a passport.

You must also be in full or part-time employment, or be self-employed.

If you are a housewife or househusband engaged in full-time household duties, you may apply for the Global Life plan, subject to the benefit restrictions below.

Your occupation

Your occupation must be non-hazardous. If your occupation is not 100% office based you must provide us with a full job description. Depending upon the risk your occupation poses, we reserve the right to decline to offer cover, or to accept your application subject to an increased premium, and/or special terms.

Age limits for the Global Life plan

The minimum age at entry to the Global Life plan is eighteen (18), and the maximum age at entry is sixty four (64).

Benefit limits for the Global Life plan

You may apply for life benefit of up to 20 times your **gross annual salary** at the time you make your application, subject to a maximum benefit of £600,000 or US\$1,000,000, or €1,000,000.

In the event of a claim, we may require proof that your earnings were equal to or more than one twentieth of your Global Life plan benefit at the time you made your application.

If you are a housewife or a househusband, the maximum benefit you can apply for is £100,000 or US\$160,000 or €160,000.

Benefit limits for the Accident Benefit if you are aged between 18 and 54

You may apply for Accident Benefit equal to or less than your Global Life plan cover, subject to a maximum Accident Benefit of £300,000 or US\$500,000 or €500,000. If you are also applying for benefit under the Global Income Plan, the maximum Accident Benefit you can apply for is equal to or less than your Global Life plan benefit, subject to a maximum Accident Benefit of £200,000 or US\$335,000 or €335,000.

Upon renewal at age 55 and thereafter your Accident Benefit will be restricted to a maximum of £100,000 or US\$160,000 or €160,000.

Benefit limits for the Accident Benefit if you are aged between 55 and 64

You may apply for Accident Benefit equal to or less than your Global Life plan cover, subject to a maximum benefit of £100,000 or US\$160,000 or €160,000.

Maximum total benefit for the Global Life and Accident Benefit combined

The total combined benefit of your Global Life and Accident Benefit plan cannot exceed £600,000, or US\$1,000,000 or €1,000,000.



Age limits for the Global Income Protection plan

The minimum age at entry to the Global Income plan is eighteen (18), and the maximum age at entry is fifty five (55).

The maximum age at which you may apply for an increase in benefit is fifty five (55).

Benefit limits for the Global Income Protection plan

If you become disabled, the maximum annual benefit we will pay you is the LOWER of:-

The benefit you have insured as stated on your certificate of insurance, or

75% of the **gross annual salary** you are earning at the time of your disability,
LESS any other income you are entitled to receive, or

£90,000 or US\$144,000, or €144,000.

Other income includes any disability benefit you are entitled to receive from the state or another insurance company, any salary or payments from your employer or business, or any pension you receive.

You should therefore only apply for benefit of up to 75% of your current **gross annual salary**, reduced by the amount of any **other income** you know you will be entitled to receive if you become disabled, so that the total of your income plan benefit and any **other income**, does not exceed 75% of your **gross annual salary**.

We advise that you review your Global Income Protection Plan benefit periodically to ensure that you are never over-insured. We do not refund any premiums if the amount of benefit we pay you is less than the amount you have insured.

Gross annual salary

Your **gross annual salary** is defined as being the basic annual salary you are earning from your employment before the deduction of income tax.

If you are employed, your **gross annual salary** is your basic salary before income tax. It does not include any benefits in kind such as a car, living accommodation, bonuses, or over-time.

If you are self-employed, your **gross annual salary** is your gross personal income from your business before the deduction of income tax.

Income you receive from savings and investments cannot be included in your gross annual salary.



Applying for the Global Life and/or Global Income Protection plan

You must complete and sign a Global Life and Income Protection plan application form giving full, complete and accurate information about your state of health. You must also give full details about your occupation and about any hazardous activities you participate in including sporting and recreational activities.

Your original, completed and signed application form must be submitted to us together with a copy of your current passport that includes your photograph and your signature. Upon receipt of your fully completed application form we will confirm what additional medical evidence we will require in order to consider your application.

We are entitled to request further information about your health, your occupation or about any hazardous activities you participate in.

Making a full declaration about your medical history

You must disclose on your application form all **pre-existing medical conditions**.

Pre-existing medical conditions

A **pre-existing condition** means any medical condition which existed, or for which you ever required treatment, medication or advice from a medical practitioner, or that was diagnosed, or that you knew about, or should reasonably have known existed whether or not you had consulted a medical practitioner, or for which the symptoms first appeared prior to the date on which your Global Life / Global Income Protection plan cover commences.

No benefit is paid if death, disability or accident is caused by or associated with a **pre-existing medical condition** unless that medical condition has been fully disclosed to us and we have agreed in writing to cover you for this pre-existing medical condition.

Additional medical evidence

We reserve the right to request medical evidence such as a full medical examination and additional medical tests and/or medical reports. We will advise you of our exact medical requirements upon receipt of your fully completed application form.



COMMENCEMENT OF COVER

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Our Acceptance terms

When we have received sufficient information about your state of health, your occupation and your hazardous activities we will assess your application and, if we decide to accept your application, we will issue our Acceptance terms invoice.

We reserve the right to refuse to accept your application without having to give any reason, or to accept your application subject to **special terms** and/or special premium rates.

Our Acceptance terms invoice

Our Acceptance terms invoice will state the terms upon which we are prepared to accept your application, and the premium required to put your plan into force.

If we accept your application subject to a medical premium loading, and/or a medical exclusion, or we decline your application due to medical reasons, due to confidentiality laws we can and will only disclose the reason for the loading/exclusion/declination to your personal physician. If you want to know the reason you must write to us, stating the name and address of your physician and giving us your consent to write to your physician with our reason.

Crossing an age-band

If you cross an age band or there is a premium rate increase between the date on which we issue our acceptance terms invoice and the date you pay your premium, you must pay the higher premium before we will commence your cover.

Commencement of cover

Once we have issued our Acceptance Terms Invoice, not before, your cover can commence from the date on which we receive your premium provided that we receive your premium no later than 60 days after the date of our Acceptance Terms Invoice – and subject always to the duty of disclosure clause stated below. We cannot commence your cover until we have received payment of your first premium and we will not backdate cover to before the date on which we receive your first premium.

If we do not receive your first premium within 60 days of the date of our Acceptance Terms Invoice, we will require a new application form and we reserve the right to request new medical evidence.

Your duty to disclose a change in your state of health between signing your application form and paying your premium

If your health changes in any way between the time you complete and sign your application form and the date on which we receive your premium and commence your cover you must disclose this change to us and provide us with full information about your state of health. We reserve the right to alter our acceptance terms or withdraw them completely if there is a change in your state of health during this period.



Your plan documents

Once we have commenced your cover we will issue you with a Certificate of Insurance in duplicate that must be read in conjunction with this agreement and any **special terms** as stated on our acceptance terms invoice and your Certificate of Insurance. Upon receipt of your Certificate of Insurance you should read the document carefully, and, if you are in agreement with the terms and conditions, you should sign both copies and return one copy to us.

Special terms

Special terms are exclusions or conditions that we may apply to your cover in addition to the terms, conditions and exclusions explained in this booklet. Any **special terms** that apply to your plan will be stated on our Acceptance Terms Invoice and on your Certificate of Insurance.

30-day money back guarantee

If you are not satisfied with your Global Protection plan, you can return both copies of the Certificate of Insurance to us with your instruction to cancel the plan from inception. Provided we receive this instruction and the Certificate of Insurance within 30 days of its issue, we will cancel your plan from inception and make a refund of the premium you have paid to us. If you decide to cancel, we will not reimburse you with any costs associated with the medical examination and tests carried out at our request.

Claiming reimbursement of your medical fees

To obtain reimbursement of the cost of any medical examination and/or tests we have specifically requested, please complete an Application for reimbursement of medical fees form and return it to us, together with the original, receipted bills for the examination and/or tests you have had.

Provided we receive your fully completed application form and the original receipted bills within two months of your plan going into force, we will reimburse you, up to a maximum amount of £325 or US\$520 or €520 depending upon the currency of your plan.

We will only pay reasonable and customary charges which means that if the cost of your medical examination and/or medical tests is more than we would reasonably have expected to pay in your location, we will only pay the amount which is customarily charged and you will have to pay the rest.

If you have paid us an annual premium, provided you have given us full and complete instructions as to where to send the reimbursement, reimbursement will be made by us direct to your bank account after your plan goes into force.



PAYMENT OF PREMIUMS

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If you pay for your plan in semi-annual, quarterly or monthly instalments, reimbursement will be sent direct to your bank account after your plan has been in force for a full 6 months.

If after we have issued our acceptance terms invoice you do not proceed with a plan we will not reimburse your medical fees, even if the reason you do not proceed is because we have accepted your application subject to **special terms** and/or a premium loading. However if we decline to cover you at all due to medical reasons, we will reimburse your medical fees in accordance with the above limits.

If you cancel your plan within the first 12 months of cover, we shall deduct any reimbursement we have made to you in respect of medical fees, from your premium refund.

We will not reimburse any bills received by us more than 2 months after your plan commences.

Currency

Cover is available in Sterling, US Dollars or Euros.

Premiums

Our premiums are age-related and will increase as you get older. Premiums may also be subject to a medical loading, a country of residence loading or a loading in respect of your occupation or hazardous activities.

Your premiums must be paid to us in the currency of your plan.

Our premiums are reviewed annually and are not guaranteed for the duration of your plan.

Minimum premium

There is a minimum annual premium amount of £200 or US\$320 or €320.

Payment of premiums

Premiums may be paid annually, semi-annually, quarterly or monthly.

Annual premiums may be paid by a credit or debit card that is acceptable to us, or by banker's draft or cheque drawn on a British bank, by bank transfer direct to our bank account, or, if you pay your premiums in Sterling from a UK bank account, by direct debit.

Semi-annual, quarterly or monthly premiums must be paid by a credit or debit card acceptable to us, and we will make automatic withdrawals from your card as appropriate until we are instructed by you to stop. Please note that if the card you instruct us to withdraw your instalment premiums from expires during your period of cover it is your responsibility to supply us with new card details. If you pay your premiums in Sterling from a UK bank account we can also accept payment by direct debit. Your cover will automatically cease if we are unable to withdraw your premiums as they fall due.

There is a 5% discount for annual premiums.



Unpaid or late premiums

You must pay semi-annual, quarterly and monthly premiums no later than 30 days after their due date. If a premium is still outstanding 30 days after its due date we will automatically cancel your cover with effect from the date before the premium due date. You may apply to have cover reinstated and we will require a declaration of health, and we reserve the right to decline to reinstate your cover, or to continue your plan subject to **special terms** if your state of health has changed in any way between the premium due date and the date on which we eventually receive your premium.

If a premium is not received by us within 45 days of its due date you will have to re-apply for a Global Life/Income Protection plan and we will require new medical evidence which must be provided at your own expense.

Waiver of premiums (Global Income Protection plan)

Whilst you are receiving disability benefit from your Global Income Protection plan, we will waive the cost of your Global Income Protection plan premiums from the renewal date which follows the end of your deferment period (or, from the renewal date which follows the date on which you report to us your claim if later), until such time as your claim ends.

Renewing your plan

We will write to you a month before your renewal date with our renewal invitation. You must pay the renewal premium no later than 30 days after the renewal date. If your renewal premium is still outstanding 30 days after its due date we will automatically cancel your cover with effect from the date before the renewal date. You may apply to have cover reinstated and we will require a declaration of health, and we reserve the right to decline to renew your cover, or to continue your plan subject to **special terms** if your state of health has changed in any way between your renewal date and the date on which we eventually receive your renewal premium.

If your renewal premium is not received by us within 45 days after your renewal date you will have to re-apply for a new plan and we will require new medical evidence which must be provided at your own expense.

Your duty to inform us about a change in your occupation

You must inform us immediately if you change your occupation or the tasks and duties within that occupation. If you change your occupation we may cancel your cover, or increase your premium, or reduce your benefit or make your cover subject to **special terms**.

Your duty to inform us about a change in your country of residence

You must inform us immediately if you change your country of residence. If you change your country of residence we may cancel your cover, or increase your premium, or reduce your benefit or make your cover subject to **special terms**.



APPLYING FOR AN INCREASE IN BENEFIT

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Your duty to inform us before you participate in hazardous activities if you have the optional Accident benefit

You must inform us of your intention to participate in hazardous activities.

If you participate in hazardous activities we may cancel your cover or increase your premium, or reduce your benefit or make your cover subject to **special terms**.

Maximum age for renewal

You cannot renew your Global Life/Global Income Protection plan once you have attained the age of 65 years.

Applying for an increase in benefit

You may apply for an increase in benefit at any time by completing a new application form. Upon receipt of your application form for an increase in benefit we will advise you of our medical requirements to underwrite the increase in benefit you require. Any increase in benefit must be within the maximum benefit limits stated above.

When we have received sufficient information about your health, your occupation and your **hazardous activities** we will assess your application for additional benefit.

If your state of health has changed since your original application, we may impose a medical premium loading, and/or a specific medical exclusion in respect of the additional benefit. We may also decline to accept your application for additional benefit at our discretion.

If you have changed your occupation and/or location, or if you have taken up a previously un-declared **hazardous activity**, we may impose a premium loading and/or exclusion in respect of your WHOLE Global Life and Accident Benefit and/or Global Income benefit (and not just the amount of the increase).

If we decide to accept your application for an increase in benefit, we will issue a premium invoice that will state the terms upon which your application for additional benefit has been accepted, and the premium required to put your cover into force.

You must pay this additional premium within 30 days of the date of our invoice. Provided we receive payment of your invoice within 30 days, we will commence your additional benefit from the date of our invoice, subject to there having been no change in your state of health.

If we have not received payment within 30 days, your application for additional benefit will be cancelled and you will have to re-apply for the additional benefit.

Your duty to disclose a change in your state of health between signing your application form for an increase in benefit and paying your premium

If your health changes in any way between the time you complete and sign your application form and the date on which we receive your premium and commence your cover you must disclose this change to us and provide us with full information about your state of health.

We reserve the right to alter our acceptance terms or withdraw them completely if there is a change in your state of health during this period.



Claiming reimbursement of your medical fees

To obtain reimbursement of the cost of any medical examination and/or tests we have specifically requested, please complete an Application for reimbursement of medical fees form and return it to us, together with the original, receipted bills for the tests you have had.

Provided we receive your application form and the original receipted bills within two months of your increased cover going into force, we will reimburse you, up to a maximum amount of £325 or US\$520 or €520 depending upon the currency of your plan.

We will only pay reasonable and customary charges which means that if the cost of your medical examination and/or medical tests is more than we would reasonably have expected to pay in your location, we will only pay the amount which is customarily charged and you will have to pay the rest.

Provided you have given us full and complete instructions as to where to send the reimbursement, reimbursement will be made by us direct to your bank account after we have received your payment of the additional premium as invoiced by us. If you pay your premiums semi-annually, quarterly or monthly, reimbursement will be made direct to your bank account after your increased benefit has been in full force for a full 6 month period.

If you do not proceed with the applied-for increase in benefit we will not reimburse your medical fees, even if the reason you do not proceed is because we have accepted your application for an increased benefit subject to **special terms** and/or a premium loading. However if we decline to increase your benefit due to medical reasons, we will reimburse your medical fees in accordance with the above limits.

If you cancel your Global Protection plan within 12 months of increasing your benefit, we shall deduct any reimbursement we have made to you in respect of medical fees, from your premium refund.

We will not reimburse any bills received by us more than two months after your Global Protection plan increase in cover commences.

Reducing your benefit

You may reduce your benefit at any time by giving us your instructions in writing.

Continuing your cover when you return to your home country

If you return to your **home** country you may continue to renew your cover provided that the local laws in your **home** country permit you to do so, and provided that we are permitted to offer cover in that country. We reserve the right to refuse to offer cover in certain countries.

Your **home** country is the country of which you hold a passport as submitted to us at the time of your application.

Returning to the United States of America

If your home country is the USA, your cover will automatically terminate from the renewal date following your permanent return to the USA.



MAKING A CLAIM ON THE GLOBAL LIFE PLAN

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When the Global Life plan benefit becomes payable

The life insurance benefit stated on your Certificate of Insurance becomes payable if you die during the period of cover as stated on your Certificate of Insurance, provided that your coverage was in full force, and provided that your death occurs prior to the policy renewal date following the attainment of age 65, and provided that death is not caused directly or indirectly by any risk excluded in this agreement, and/or by any **special terms** stated on your Certificate of Insurance.

Making a claim on the Global Life plan

To substantiate a claim for life insurance benefit, the following documents must be submitted to us as soon as reasonably possible, and no later than one year from the date of death:-

- An official death certificate confirming the cause of death and stating the date of death.
- An official document which confirms your date of birth.
- In the event of death due to an accident, a medical or official certificate stating the cause and circumstances of death, and all other reports including police reports, ambulance reports and the reports of any eye-witnesses.
- Proof of your income at the time you made your application.
- Any other documentation or proof we may reasonably require in order to assess your claim.

All documentation and medical reports submitted in connection with a claim must be furnished at the claimant's expense.

When the Accident benefit becomes payable

The Accident benefit stated on your Certificate of Insurance becomes payable if you die as the consequence of an accident suffered during the period of cover as stated on your Certificate of Insurance which results in your death within one year of the date of the accident, provided that the accident is not caused directly or indirectly by any risk excluded in this agreement, and/or by any **special terms** stated on your Certificate of Insurance.

A percentage of the Accident benefit stated on your Certificate of Insurance becomes payable if an accident suffered during your period of cover results in any of the losses stated on the **Compensation Schedule**, provided always that your premiums have been fully paid up until the time of your accident, and provided that the accident occurs prior to the policy renewal date following the attainment of age 65, and provided that the accident is not caused directly or indirectly by any risk excluded in this agreement, and/or by any **special terms** stated on your Certificate of Insurance.

If you suffer several disablements due to the same accident, the benefit we pay will be arrived at by adding together the various benefit amounts, but shall not exceed the Accident benefit amount stated on your Certificate of Insurance.



Anchylrosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall only entitle you to 50% of the compensation that would be due for the loss of the said members.

Permanent disabilities not mentioned in the **Compensation Schedule** shall be compensated in accordance with their seriousness as compared with that of those mentioned, your occupation not being taken into consideration.

The partial or total functional disablement of a limb or an organ not specifically dealt with in the **Compensation Schedule**, is treated like the partial or total loss of the said limb or organ.

If you are left-handed, the percentages set out in the schedule for the various disabilities of the right upper limb and left upper limb will be transposed.

Any accident benefit must be claimed within one year of the date of the accident which gives rise to a claim.

The total accident benefit payable shall be limited to the accident benefit stated on your Certificate of Insurance.

Accident

An accident is a physical injury sustained due to external forces including continuous or repeated exposure to conditions which were neither expected nor intended and includes the unintentional ingestion of poisonous and/or corrosive substances, or food and drink containing poisonous or deleterious matter.

Compensation Schedule (Accident benefit)

Schedule of Accidental Dismemberment Benefits based on the Accident benefit stated on your Certificate of Insurance:

Loss of Life	100%
Total and irrecoverable loss of sight, both eyes	100%
Loss of both arms or both hands	100%
Complete and permanent deafness of both ears, of traumatic origin	100%
Removal of lower jaw	100%
Permanent loss of speech of traumatic origin	100%
Loss of one arm and one leg	100%
Loss of one arm and one foot	100%
Loss of one hand and one leg	100%
Loss of one hand and one foot	100%
Loss of both legs	100%
Loss of both feet	100%



ACCIDENT BENEFIT COMPENSATION SCHEDULE

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Head

Loss of osseous substance of the skull in all its thickness		
- surface of at least 6 sq. cm		40%
- surface of 3 to 6 sq. cm		20%
- surface of less than 3 sq. cm		10%
Partial removal of the lower jaw, rising section in its entirety or half of the maxillary bone		40%
Loss of one eye		40%
Complete and permanent deafness of one ear		30%

Upper Limbs

	Right	Left
Loss of one arm or one hand	60%	50%
Considerable loss of osseous substance of the arm (definite & incurable lesion)	50%	40%
Total paralysis of the upper limb (incurable lesion of the nerves)	65%	55%
Total paralysis of the circumflex nerve	20%	15%
Shoulder Anchylosis	40%	30%

Elbow Anchylosis

	Right	Left
- in favourable position (15 degrees round the right angle)	25%	20%
- in unfavourable position	40%	30%
Extensive loss of osseous substance of the two bones of the forearm (definite and incurable lesion)	40%	30%
Total paralysis of the median nerve	45%	35%
Total paralysis of the radian nerve at the torsion cradle	40%	35%
Total paralysis of the forearm radian nerve	30%	25%
Total paralysis of the hand radial nerve	20%	15%
Total paralysis of the cubital nerve	30%	25%
Anchylosis of the wrist in favourable position (straight and pronation)	20%	15%
Anchylosis of the wrist in unfavourable position (flexion or strained extension of supine position)	30%	25%
Total loss of thumb	20%	15%
Partial loss of thumb (ungual phalanx)	10%	5%
Total anchylosis of thumb	20%	15%
Total amputation of forefinger	15%	10%
Amputation of two phalanges of forefinger	10%	8%
Amputation of the unguual phalanx of forefinger	5%	3%
Simultaneous amputation of thumb and forefinger	35%	25%
Amputation of thumb and finger other than forefinger	25%	20%
Amputation of two fingers other than thumb and forefinger	12%	8%
Amputation of three fingers other than thumb and forefinger	20%	15%
Amputation of four fingers including thumb	45%	40%
Amputation of four fingers excluding thumb	40%	35%
Amputation of the medial finger	10%	8%
Amputation of finger other than thumb, forefinger and median	7%	3%



Lower Limbs

Amputation of thigh (upper half)	60%
Amputation of thigh (lower half and leg)	50%
Total loss of foot (tibio-tarsal disarticulation)	45%
Partial loss of foot (sub-ankle bone disarticulation)	40%
Partial loss of foot (medio-tarsal disarticulation)	35%
Partial loss of foot (tarsometatarsal disarticulation)	30%
Total paralysis of lower limb (incurable nerve lesion)	60%
Complete paralysis of the external popliteal sciatic nerve	30%
Complete paralysis of the internal popliteal sciatic nerve	20%
Complete paralysis of two nerves (popliteal sciatic external and internal)	40%
Anchylolysis of the hip	40%
Anchylolysis of the knee	20%
Loss of osseous substance from the thigh or both bones of the leg (incurable condition)	60%
Loss of osseous substance of the knee-pan with considerable separation of the fragments and considerable difficulty of movements in stretching the leg	40%
Loss of osseous substance of the knee-pan while the movements are preserved	20%
Shortening of the lower limb by at least 5 cm	30%
Shortening of the lower limb by 3-5 cm	20%
Shortening of the lower limb by 1-3 cm	10%
Total amputation of all toes	25%
Amputation of four toes including the big toe	20%
Amputation of four toes	10%
Anchylolysis of the big toe	10%
Amputation of two toes	5%
Amputation of one toe, other than the big toe	3%

Making a claim for Accident benefit

To substantiate a claim for Accident benefit, the following documents must be submitted to us as soon as reasonably possible, and no later than one year from the date of the accident:-

- In the event of death, an official death certificate confirming the cause of death and stating the date of death.
- An official document which confirms your date of birth.
- A medical or official certificate stating the cause and circumstances of the accident, including police reports, ambulance reports and eye-witness statements.
- A detailed medical report describing the injuries sustained.
- Proof of your income at the time you made your application.
- Any other documentation or proof we may reasonably require in order to assess your claim

All documentation and medical reports submitted in connection with a claim must be furnished at the claimant's expense.



CLAIMING GLOBAL INCOME PROTECTION PLAN BENEFIT

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When the Global Income plan benefit becomes payable

You can apply for Global Income plan benefit if you suffer an illness or injury during the period of cover as stated on your Certificate of Insurance which results in you becoming **totally disabled from carrying out your own occupation** for a period longer than your **deferment period**.

Your deferment period

The **deferment period** is stated on your Certificate of Insurance. No benefit is paid in respect of your **deferment period**.

If, within a period equal to twice your **deferment period** you suffer successive periods of absence from work as a direct cause of the same illness or injury, you can apply for your Global Income benefit to start once the total amount of time you have been unable to work due to that illness or injury equals your **deferment period**.

Linked claims

If, following a period of absence from work during which we have paid you benefit you return to work, and within twenty-six weeks of your return you suffer a relapse due to the same cause, we will re-start your benefit from the date on which you are unable to return to work. If you suffer a relapse after twenty-six weeks of being able to return to work your **deferment period** will be applied again.

Making a claim on your Global Income Protection plan

You must advise us about your disability as soon as possible. In order for us to consider your claim for benefit we will require the following:-

- A fully completed Global Income Plan Disability Claim form including a full declaration of any **other income** you are entitled to receive from the state, another insurance company, a pension fund or your employer or business.
- A detailed medical report from your treating physician with a diagnosis and full information about the onset, cause and prognosis of your illness or injury together with the degree of your disability and its probable duration.
- An official document proving your date of birth.
- Proof of your **gross annual salary** on the day before you were first absent from work, or, if you are self-employed, proof of your **gross annual salary** from your accountant. If you are employed, we will require a letter from your employer confirming your gross annual salary at the time you become disabled. Proof of your **gross annual salary** must be an original letter on your employer's headed paper, and signed by an official of the company. We cannot accept faxes or photocopies. If you are self-employed your accountant must provide us with proof of your **gross annual salary** in respect of the 12 month period leading up to the date on which you become disabled. If you are self-employed and your salary fluctuates, we will take into account your average **gross annual salary** during the three year period leading up to the date on which you became disabled. If you wish us to take into account your previous three years earnings, your accountant must provide us with proof of your **gross annual salary** in each 12 month



period leading up to the date on which you become disabled, and we will take your average salary over this period when assessing your **gross annual salary**. Proof of your **gross annual salary** must be on your accountant's headed paper, and must be signed by the accountant. We cannot accept faxes or photocopies.

All proof of earnings must be provided at your own expense.

We reserve the right to request as much medical and financial information as we may reasonably require to enable us to make a decision about your claim.

All documentation submitted in support of your claim must be the original. We cannot accept faxes or photocopies.

All documentation and medical reports submitted in connection with a claim must be furnished at your own expense.

The deadline for claiming

You must advise us of your absence from work no later than 30 days prior to the end of your **deferment period**.

The deadline for claiming for your disability benefit is one year after you become totally disabled from working.

No benefit will be paid at all in respect of any claim you notify to us more than ONE YEAR after you become totally disabled from working.

When your Global Income Protection plan benefit will be paid

If you are totally unable to return to work at your **own occupation** as the result of an illness or injury covered by the terms of this agreement, and not specifically excluded on your Certificate of Insurance, you will be entitled to receive your income benefit after the expiration of your **deferment period** as stated on your Certificate of Insurance.

The benefit you are entitled to receive from your Global Income plan

Once we have accepted your claim, we will pay your benefit monthly in arrears from the end of your **deferment period**.

The benefit we pay you will be equal to either:-

- the benefit amount stated on your Certificate of Insurance, or
- 75% of the **gross annual salary** being paid to you at the time of your illness or accident, LESS the sum of any **other income** being paid to you whilst you are disabled,

whichever is the LOWER amount.



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During your period of disability you must continue to provide us with up-dated medical reports from your attending physician as often as we may reasonably require. We reserve the right to appoint an independent medical examiner to examine you if we deem it necessary.

How long you will continue to receive your Global Income Protection plan benefit

Once we have accepted your claim, we will continue to pay you benefit for a period of up to 24-months whilst you remain **totally unable to perform the duties of your own occupation**.

Totally unable to carry out the duties of your own occupation

We will continue to pay you benefit for a period of up to 24-months whilst you remain totally unable to perform the duties of the occupation you declared to us on your application form, (or subsequently), provided you are not following any other occupation.

After we have paid you benefit for 24-months, we will only continue to pay you benefit if you are then medically certified as being **totally unable to perform the duties of any occupation**.

Totally disabled from carrying out any occupation

Once you have been receiving benefit for a period of 24-months, we will only continue to pay benefit if you are then medically certified as being unfit to follow **any occupation**. **Any occupation** includes your **own occupation** or a different occupation for which you are reasonably fitted by training, education or experience. When we have paid you benefit for a period of twenty-four months we will require that you have a medical examination to assess your capability to return to your own or a different occupation. If the medical examiner considers that you are medically fit enough to return to **any occupation**, even if it is a less well paid occupation, your benefit will cease.

When your entitlement to benefit ceases

Your entitlement to receive benefit will automatically cease:-

- When a doctor certifies that you are fit enough to return to your **own occupation** (during the first 24-months of receiving benefit),
- When a doctor certifies that you are fit enough to return to **any occupation** (after we have paid you benefit for a period equal to 24-months),
- Upon your death,
- Upon attainment of your 65th birthday,

Whichever event occurs first.

2% annual increase in benefit

Once we start paying you benefit, we will increase the benefit we pay you by 2% compound after twelve months and on each anniversary date thereafter.



Cover during periods of unemployment

The Global Income Protection plan only provides cover whilst you are in employment and have a salary to insure. You must inform us immediately if you become unemployed.

This agreement allows for temporary periods of unemployment of up to FOUR consecutive months. If you remain unemployed for longer than four months, your cover will automatically cease, even if your premiums have been paid. Premiums paid in respect of the period after the expiry of four months will be reimbursed.

If you should find new employment after your cover has ceased you can re-apply for the plan by completing a new application form and we reserve the right to request further medical evidence at our discretion and impose **special terms** on your new application.

Risks excluded by the Global Life plan and the Accident benefit

No benefit will be paid if death, illness, injury or disability is as a result of any of the following:-

- A pre-existing condition as defined above.
- Active participation in war, warlike activities, and terrorist activities.
- War, warlike activities and terrorist activities if you remain in or travel to a Country or region which the British Foreign Office has specifically advised British citizens to leave.
- Suicide, the consequences of attempted suicide, intentionally self-inflicted injuries, and gross negligence, whether sane or insane. In respect of the Global Life benefit this exclusion applies only during the first three years of your plan. If you subsequently apply to increase your Global Life benefit, this three year exclusion shall apply from the date of any subsequent increase in benefit, but only for the amount of any such increase, each increase to be treated separately.
- Any items specifically excluded on your Certificate of Insurance.
- An accident arising from any activity which is illegal in the country in which it is carried out.

No benefit will be paid in respect of any death, injury or illness not reported to us within one year.

Additional risks excluded by the Global Life plan's optional Accident Benefit

Wider exclusions apply in respect of the Accident benefit. No benefit will be paid if death or injury is caused by:-

- War, warlike activities, and terrorist activities, even if you are an innocent bystander.
- Suicide, the consequences of attempted suicide, intentionally self-inflicted injuries, and gross negligence whether sane or insane.
- Deliberate exposure to exceptional danger (except in an attempt to save human life).
- Any illness or disease.
- Potomane poisoning and bacterial infections (except pyogenic infection which occurs through accidental cut or wound).
- Intentional inhalation of gas, or intentional ingestion of poisons or drugs.
- Intentionally self-inflicted injury or intentionally contracted infection by bacteria or virus.



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- An accident whilst participating in a hazardous activity unless you have made a full declaration of how often you intend to participate in that particular activity and we have agreed to cover you for it in writing, and you have paid any additional premium required by us to cover the increased risk.

Hazardous activities include, (but are not limited to):-

Abseiling, Motor cycle riding, Ballooning, Parachute Jumping, Bobsleigh, Paragliding, Bungee Jumping, Parascending, Flying other than in a scheduled airliner as a passenger, Potholing, Hang Gliding, Racing of any kind other than on foot, High Diving, Scuba diving to a depth of more than 35 metres, Hunting on horseback, Skiing off piste, Luge, Snow-boarding off-piste, Mountaineering, White water rafting.

Any other activity that puts you in a similar degree of danger as those activities listed above will be considered as a **hazardous activity**. If you are in any doubt as to whether an activity is considered hazardous or not, please contact us for clarification.

We also exclude any accident arising from participating in an activity that is illegal in the country in which it is performed.

Risks excluded by the Global Income Protection plan

No benefit will be paid if an illness or injury is as a result of any of the following:-

- A **pre-existing condition** as defined above.
- Active participation in war, warlike activities, and terrorist activities.
- War, warlike activities and terrorist activities if you remain in or travel to a Country or region which the British Foreign Office has specifically advised British citizens to leave.
- Suicide, the consequences of attempted suicide, intentionally self-inflicted injuries, and gross negligence, whether sane or insane.
- Any items specifically excluded on your Certificate of Insurance.
- An accident arising from any activity which is illegal in the country in which it is carried out.
- Abuse of drugs, alcohol and medication, other than medication prescribed by a physician or licensed pharmacist and taken in accordance with their instructions.
- Any disability that results from a mental or nervous disorder of any type which continues after twenty-four months after the benefit commenced (i.e. claims arising from a mental or nervous disorder will be limited to a maximum payment period of 24-months).
- Any disability not reported to us within one year of you becoming totally disabled from working.
- Normal pregnancy.

Cancelling your plan

You may cancel your plan after it has been in force for a full six month period. After that, upon receipt of your written instruction that you wish to cancel your plan a pro-rata refund of your premium will be refunded to you, less any bank charges we incur in making the premium refund to your account. If you decide to cancel your plan within the first 12 months, (or within 12 months of an increase in benefit), we will deduct the amount of any medical fees reimbursement we have made to you from your premium refund.



Cessation of cover

Your cover will automatically cease:-

- At the end of the annual period of cover during which you attain age 65,
- If you stop paying your premiums,
- Upon your death,
- If you instruct us to cancel your cover,
- If you do not pay your renewal premium within 30 days of your renewal date.

Once your cover has ceased we will not be liable for any claim resulting from an illness or injury existing at the time your plan was still in force, even if such illness or injury was not evident at the time.

Appointing a beneficiary in the event of your death

If you have a Global Life plan we strongly advise that you appoint a beneficiary using our Beneficiary Nomination form.

If you do not appoint a beneficiary, the beneficiary(ies) of your policy shall be:-

- Your spouse*, failing him/her
- Your legally declared child(ren) in equal shares, failing him/her/them
- Your estate.

When you make a claim in respect of an illness or injury, you will be the beneficiary.

* Please note that in the event of a claim a partner may not have the same rights as attributed to a spouse. If you wish the proceeds to be paid to your partner, we recommend that you name your partner as beneficiary using our Beneficiary Nomination form.

The Insurer

The Insurer is Hauteville Insurance Company Limited.

Arbitration

In the event of a dispute, it shall be referred for Arbitration to take place in Paris, France. English Law shall apply.

Complaints procedure

Our aim is at all times to provide a first class standard of service. If you have a complaint about our service or the Global Protection plan, please contact:-

The Managing Director,
William Russell Limited, William Russell House, The Square,
Lightwater, Surrey, GU18 5SS, United Kingdom.

Tel: + 44 1276 486455

Fax: + 44 1276 486466

E-mail: customer.services@william-russell.com

Web: www.william-russell.com

All complaints will be acknowledged by telephone, e-mail or letter by the end of the following working day.

All complaints will receive a full and detailed written response within two weeks of issuing our acknowledgement.





WILLIAM RUSSELL

Peace of mind wherever you are

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William Russell Limited is authorised and regulated by the UK Financial Services Authority.

William Russell (Far East) Limited is a member of the Hong Kong Confederation of Insurance Brokers.

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