



# Businesses health plans

## Application form for companies

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 a broker or intermediary, please state their name and company:

.....

### Your personal details

Company name: .....

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

.....

Registered address: .....

.....

Website address: .....

Hong Kong Business Registration Number: .....

**Please provide a copy of your Business Registration document.**

### Contact(s) at company

Contact 1: ..... Contact 2: .....

Position in company: ..... Position in company: .....

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

Email: ..... Email: .....

### Start date of your business health plan

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

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

### Eligibility criteria for employees

Your business health plan must be paid for by the company and employees must be covered on a compulsory basis. That is, you must apply for cover for all employees or all employees of a certain category (e.g. directors, managers, expatriate employees). If you require cover for dependants of your employees, then you must apply for cover for *all* eligible dependants of all eligible employees.

If you require cover for only 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: ..... Number of employees to be covered by your plan: .....

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



**Please select the cover you require**

Please choose a health plan and excess combination from the table below for your employees, along with the optional benefits they require. The excess options and optional benefits available with each plan are shown in the column for the plan you select.

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

Bronze	Silver	Gold
<b>Excess options</b>		
<input type="radio"/> Nil	<input type="radio"/> Nil	<input type="radio"/> Nil
<i>Per claim options</i>		
<input type="radio"/> HK\$6,000/US\$800	<input type="radio"/> HK\$400/US\$50	<input type="radio"/> HK\$400/US\$50
<input type="radio"/> HK\$12,500/US\$1,600	<input type="radio"/> HK\$800/US\$100	<input type="radio"/> HK\$800/US\$100
	<input type="radio"/> HK\$6,000/US\$800	<input type="radio"/> HK\$6,000/US\$800
	<input type="radio"/> HK\$12,500/US\$1,600	<input type="radio"/> HK\$12,500/US\$1,600
<i>Per annum options</i>		
<input type="radio"/> HK\$2,000/US\$250	<input type="radio"/> HK\$2,000/US\$250	<input type="radio"/> HK\$2,000/US\$250
<input type="radio"/> HK\$4,000/US\$500	<input type="radio"/> HK\$4,000/US\$500	<input type="radio"/> HK\$4,000/US\$500
<input type="radio"/> HK\$8,000/US\$1,000	<input type="radio"/> HK\$8,000/US\$1,000	<input type="radio"/> HK\$8,000/US\$1,000
<input type="radio"/> HK\$20,000/US\$2,500	<input type="radio"/> HK\$20,000/US\$2,500	<input type="radio"/> HK\$20,000/US\$2,500
<input type="radio"/> HK\$40,000/US\$5,000	<input type="radio"/> HK\$40,000/US\$5,000	<input type="radio"/> HK\$40,000/US\$5,000
<input type="radio"/> HK\$80,000/US\$10,000	<input type="radio"/> HK\$80,000/US\$10,000	<input type="radio"/> HK\$80,000/US\$10,000
Bronze	Silver	Gold
<b>Optional benefits</b>		
<input type="radio"/> Medevac Plus	<input type="radio"/> Medevac Plus	<input type="radio"/> Medevac Plus
<input type="radio"/> Buy out co-insurance on out-patient benefits	<input type="radio"/> Buy out co-insurance on out-patient benefits	<input type="radio"/> Buy out co-insurance on premium hospital
<input type="radio"/> Buy out co-insurance on premium hospital	<input type="radio"/> Buy out co-insurance on premium hospital	<input type="radio"/> Enhanced well-being benefit
<input type="radio"/> Semi-private room discount <sup>†</sup>	<input type="radio"/> Enhanced well-being benefit	<input type="radio"/> Dental Plus - 20% co-insurance
<input type="radio"/> Ward discount <sup>‡</sup>	<input type="radio"/> Dental Basic*	<input type="radio"/> Optical cover
	<input type="radio"/> Dental Plus - 20% co-insurance	<input type="radio"/> Direct billing**
	<input type="radio"/> Optical cover	<input type="radio"/> Semi-private room discount <sup>†</sup>
	<input type="radio"/> Routine maternity*	<input type="radio"/> Ward discount <sup>‡</sup>
	<input type="radio"/> Complex maternity	
	<input type="radio"/> Direct billing**	
	<input type="radio"/> Semi-private room discount <sup>†</sup>	
	<input type="radio"/> Ward discount <sup>‡</sup>	

\* Select the option you require from the table on the following page.

\*\* Direct billing is only available if you are resident in certain Asian countries and you have selected a nil or HK\$400/US\$50 or HK\$800/US\$100 per claim excess. You will also need to submit an [application form for direct billing](#). Please note, we have the right to remove direct billing from your policy at any time within the policy year at our discretion.

† Semi-private room discount is only available to residents of Hong Kong with **Zone 1** as your area of cover. This option is not available if you have also selected the ward discount.

‡ Ward discount is only available to residents of Hong Kong with **Zone 1** as your 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.



Please select the cover you require

**Dental Basic options**

**Routine maternity care options**

You need only complete this table if you have selected the Dental Basic and/or routine maternity care options on the previous page. These options are only available with a Silver plan.

- |  |   |
|--|---|
| <p><input type="radio"/> <b>Option A</b><br/>         Cover up to HK\$7,750/ US\$1,000 per period of cover, subject to 10% co-insurance</p> <p><input type="radio"/> <b>Option B</b><br/>         Cover up to HK\$11,625/ US\$1,500 per period of cover, subject to 10% co-insurance</p> | <p><input type="radio"/> <b>Option A</b><br/>         Cover up to HK\$38,750/ US\$5,000 per pregnancy, subject to 20% co-insurance</p> <p><input type="radio"/> <b>Option B</b><br/>         Cover up to HK\$58,125/ US\$7,500 per pregnancy, subject to 20% co-insurance</p> <p><input type="radio"/> <b>Option C</b><br/>         Cover up to HK\$77,500/ US\$10,000 per pregnancy, subject to 20% co-insurance</p> |
|--|---|

**Area of cover & USA cover options**

The standard area of cover for the business health 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.

The following two options provide limited cover in the USA.

- USA-45** We will cover you in the USA for temporary trips of up to 45 days' duration from the date on which you enter the country. Any trip of longer than 45 days will not be covered, but there is no limit to the number of temporary trips you can make to the USA during any one period of cover.

The overall maximum amount we will pay in respect of treatment you receive in the USA is HK\$1,937,500/ US\$250,000 per insured person, per period of cover. Within this amount, we will pay: -

- up to HK\$775,000/ US\$100,000 for elective treatment; and
- up to HK\$1,937,500/ US\$250,000 for accident & emergency treatment of a condition that you have not previously suffered from prior to commencing your temporary trip.

We do not cover emergency evacuation to, from or within the USA, even if you select the USA-45 option.

- USA-90** We will cover you in the USA for temporary trips of up to 90 days' duration from the date on which you enter the country. Any trip of longer than 90 days will not be covered, but there is no limit to the number of temporary trips you can make to the USA during any one period of cover.

The overall maximum amount we will pay in respect of treatment you receive in the USA is HK\$1,937,500/ US\$250,000 per insured person, per period of cover. This overall maximum amount includes both elective treatment and accident & emergency treatment that you receive.

We do not cover emergency evacuation to, from or within the USA, even if you select the USA-90 option.

**Underwriting options**

When you apply for a business health plan, we may assess your employees' medical records, including any medical conditions or injuries they have suffered in the past. This process is known as medical underwriting. It helps us decide the terms under which we can offer your employees cover.

The following options are available:-

- Full medical underwriting
- Moratorium underwriting
- Continued personal medical exclusions
- Medical history disregarded (for business health plans with 10+ employees only)



**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 **between 20–99 employees**, please answer the questions in **Section B only**.  
 If you are applying for cover for **100+ employees**, you need not answer any of the questions in this part of the application form.

**A) 3-19 employees**

**1** In the past three years, have any of your employees or their dependants: -  Yes  No  
 i) been admitted to hospital?

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

ii) experienced any serious health problems\*?  Yes  No

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

*\*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: -  Yes  No  
 i) currently undergoing a course of medical treatment?

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

ii) currently pregnant?  Yes  No

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

**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): .....  
 .....  
 .....

**B) 20-99 employees**

**1** Are any of your employees or their dependants receiving, or about to receive,  Yes  No  
 treatment for any serious health problems\*?

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

*\*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.*



**Health declaration (continued)**

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):  
 .....  
 .....  
 .....

**Paying for your business health plan**

Please select the currency in which you would like to pay your premium. The benefits for your health plan and your excess will be denominated in this currency.

HK Dollars  US dollars

Please select your payment method and the frequency with which you wish to pay your premium:

**Credit card**  Annually  Half-yearly<sup>1</sup>  Quarterly<sup>2</sup>  Monthly<sup>2</sup>  
**Bank transfer**  Annually  
**Cheque<sup>3</sup>**  Annually

<sup>1</sup> Half-yearly premiums are subject to a 3% surcharge.

<sup>2</sup> Quarterly or monthly premiums are subject to a 5% surcharge.

<sup>3</sup> Payable to William Russell Ltd., and must be drawn on a Hong Kong bank account.

**Marketing communication preferences**

We'd like to stay in touch with you in ways we think you might find helpful. Every now and then, we share information about international healthcare and expat life, plus other useful content we think could be of interest to you. We also send occasional emails that promote our products and services.

We won't spam you or share your details with third parties, and you can unsubscribe at any time. You can read our privacy policy at [william-russell.com.hk/privacy](http://william-russell.com.hk/privacy).

**Please tick the box to opt into our marketing communications:**

- Email
- Newsletter
- Telephone
- Text message/SMS

**Personal Information Collection Statement**

**1 Purpose:** Sompo Insurance (Hong Kong) Co., Ltd. and William Russell Ltd. (collectively the "Company") is committed to protecting the personal data of our customers. The Company is also committed to the implementation of the data protection principles set out in Schedule 1 of Personal Data (Privacy) Ordinance ("the PDPO") (Chapter 486 of the laws of Hong Kong). From time to time it is necessary for you to supply the Company with personal data of you, insured and beneficiary under the insurance policy which may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes:

- a) processing and evaluating your application or request for and any alterations, variations, cancellation, renewals and reinstatements of any insurance products and/ or services offered by the Company;
- b) administering your insurance policy and providing services in relation to your insurance policy;
- c) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products and/ or services provided by the Company, including processing and/ or investigating any claims and detect/ prevent fraud;
- d) invoicing and collecting premiums and/ or outstanding amounts from you;
- e) exercising any right of subrogation, if applicable;
- f) conducting statistical analysis;
- g) contacting you for any of the above purposes;
- h) meeting the requirements to make disclosure (i) under any law binding on the Company; or (ii) under any applicable rules, regulations, codes or guidelines or to assist in law enforcement purposes, investigation by police or other government or regulatory authorities; or (iii) for complying with any requirements, policies or measures for using data and information within Sompo Holdings Group ("the Group") in accordance with any Group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities/ misconducts;
- i) other purposes directly related to any of the above purposes.



## Personal Information Collection Statement (continued)

For using the personal data provided by you for promotional/ marketing purposes, please refer to the section titled **"Use of Personal Data in Direct Marketing"**.

The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by us, or process any other requests, enquiries, or complaints from you, or any of the purposes listed above.

- 2 Transfer:** The Company may disclose your personal data to the following transferees in Hong Kong or overseas, including transferring into and out of the European Economic Area, for the above purposes:
- a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, hospitals, emergency assistance service providers, mailing houses, IT service providers and data processors);
  - b) in the event of a claims, loss adjusters, claims investigators and medical advisors;
  - c) in the event of default, debt collectors and recovery agents;
  - d) insurance reference bureaus or credit reference bureaus;
  - e) reinsurers and reinsurance brokers;
  - f) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company including your insurance agents, intermediaries or brokers, if applicable;
  - g) legal and professional advisors of the Company;
  - h) The Group and any associated companies of the Company;
  - i) the policyholder, when none of the insured person(s) of that policy is the policyholder, for the purpose of policy application, administration, renewal and / or claims administration (if applicable);
  - j) relevant industry association and federation that exists or is formed from time to time;
  - k) the fraud prevention database or registers (and the operators) and any participating parties of the database including other insurance companies and service providers handling claims for them;
  - l) governments and authorities within or outside HKSAR as required or permitted by law. The Company may also use and disclose your personal data otherwise with your consent;
  - m) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR.
- 3 Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer, Sompo Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. The Company reserves the right to charge a reasonable fee for processing a request to access your personal data access request.

### Use of Personal Data in Direct Marketing

Apart from the aforementioned purpose, the Company may also use your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone, facsimile or SMS. The Company may also provide your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to the following transferees: (I) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; (II) third party reward, loyalty, privileges programme providers or merchants; and (III) charitable or non-profit making organizations for gain who may send you direct marketing communications regarding (1) insurance, banking, credit card, financial, provident fund scheme and related products and services; (2) reward, loyalty or privileges programmes and related products and services; and (3) donations and contributions for charitable and / or non-profit making purposes by mail, email, telephone, facsimile or SMS.

Before using your personal data for contacting you with direct marketing communications, the Company must obtain your written consent, and only after having obtained written such consent, the Company may use your personal data for any direct marketing purpose.

You may in future withdraw your consent to the use of your personal data for direct marketing purposes by the Company or the transferees and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform the Company by writing to the Data Protection Officer, Sompo Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

### Amendment to the Personal Information Collection Statement

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.



**Personal Information Collection Statement (continued)**

I acknowledge and confirm that I have read and understood the PICS. I confirm that I have been advised to read carefully the PICS, and I have read it carefully about its effect and impact in respect of my personal data collected or held by the Company. I hereby give my acknowledgement and agree to the use and transfer of my personal data by the Company in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.

**If you do not agree to the use and provision of your personal data for direct marketing as set out in the PICS, please tick the box below and we will not use your personal data for the purpose of direct marketing.**

- Please tick if you do not consent to receive direct marketing communications from us.
- Please tick if you do not consent to receive direct marketing communications from any transferees specified in the PICS.

**Name of applicant:** .....

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

**Declaration for your business plan**

**Please read this section carefully and sign below.**

- I confirm that I have the authority to apply for a business health plan on behalf of my company.
- I understand that this application for a business health plan is subject to written acceptance by William Russell Ltd.
- I declare that I have taken reasonable care to answer every question on this form fully, accurately, and to the best of my knowledge. I also confirm that I have checked with each employee that the information I have provided in the health declaration is a true representation of the facts.
- I understand that the business health plan I am 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. I also understand that each employee's Certificate of Insurance will advise them of any medical conditions that are not covered by their plan, based on the information they have provided on their separate application form.
- I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my business health plan being cancelled.
- I 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 I have provided in this form.
- I understand that I 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, occurring before the start date of the plan.
- In order to process claims, I understand that William Russell Ltd. may need to obtain details of the medical history of employees and dependants.
- I authorise William Russell Ltd. to send all insurance documents to employees in PDF format. If I have applied for a business health plan through a broker or intermediary, I understand that these insurance documents may be sent via email to that broker or intermediary.

**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 person named on this forms changes after you submit this form but before your plan starts, you must let us know immediately.

**Name of authorised company representative:** .....

**Position in company:** .....

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

**William Russell Ltd.**

Suite 1304, 13/F Office Plus  
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The Elite health plans are offered by William Russell Limited and Sampo Insurance (Hong Kong) Co., Ltd., an insurance company authorised to carry on general insurance business in Hong Kong. William Russell Limited is an Appointed Insurance Agency of Sampo Insurance (Hong Kong) Co., Ltd., Insurance Authority Agent Registration Number FA2215.