



Monthly  
paiement  
option

**Application form 2009-2010**

# *Crystal Studies*

[ Insurance solutions ] for **students** and **school children** living abroad



***Personal insurance  
for expatriate and impatriate  
students and school children,  
up to age 40, from € 22 per month***

## Application form

Send to: **APRIL Mobilité - Service Conseil Client - 110, avenue de la République  
CS 51108 - 75127 Paris Cedex 11 - FRANCE**

### Points to remember:

- It will help us to process your application more efficiently if you:
  - complete the forms using a black biro
  - complete the forms in CAPITAL LETTERS, one letter to each box: **S M I T H**
  - mark the appropriate box with a crossmark the appropriate box with a cross:
  - (if you make a mistake, completely black out the wrong box and put a cross in the right one):
- If you send your application by fax, don't forget to send both sides of the form (Application form and Simplified health questionnaire), direct debit authorisation (if paying by monthly instalments) and student card or certificate of attendance at school. You must also post the originals of the documents and direct debit authorisation (if paying by monthly instalments) to APRIL Mobilité within the following few days.

INSURED	Person to be insured
Title:	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/>
Surname:	<input type="text"/>
First names:	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (upper age limit of 40) <i>m m d d y y y y</i>
Home country:	<input type="text"/>
Country of residence abroad:	<input type="text"/>
E-mail:	<input type="text"/>
<i>Providing an email address will allow you to receive information on your reimbursements</i>	
Reason for trip:	<input type="checkbox"/> Study <input type="checkbox"/> Leisure <input type="checkbox"/> Training <input type="checkbox"/> Language Course
School or organisation which the insured attends:	<input type="text"/>
	<input type="text"/>



**For medical expenses, you can be reimbursed by:**

- cheque in euros sent to the address of your choice. You will have no bank charges to pay,
- bank transfer to a bank account in France. You will have no bank charges to pay. In this case, please send us details of your bank account,
- bank transfer to a foreign account in any country and in any currency. International bank details are required including the IBAN number, SWIFT code, your bank's address, routing number or sort code and an ABA routing number for the US. Please specify your choice of currency. You will pay bank charges on any payment over € 75.

**Period and level of cover**

I, the undersigned, request cover under the Crystal Studies policy from:  /  /  *m m / d d / y y y y*

to:  /  /  for a duration of:  ,  months (**minimum 1 month**, maximum 12 months)  
*m m / d d / y y y y*

Are you renewing an existing policy?  YES  NO Customer Number: C

**Level of cover selected:**

- either**  Formule Complète Expatrio →  Niveau A  Niveau B  
**or**  Formule Mini Expatrio →  Niveau A  Niveau B  
**or**  Formule Complète Impatrio  
**or**  Formule Mini Impatrio

**Please note:** you must send us a photocopy of your student card or current school attendance certificate before your policy can take effect.

**Calculation of premium**

**Minimum period of cover: 1 month; maximum period of cover: 12 months.**

Depending on the age, the option (Expatrio or Impatrio), the level of cover (A or B) and the payment method selected (full payment on application or monthly instalments), go to page 6 of the booklet to calculate your premium.

Payment method:  Full payment at time of application by cheque or debit/credit card  
 Payment in monthly instalments from a French bank account (please send us the originals of the direct debit authorisation)

Monthly premium all taxes included for your level of cover: €  (see page 6 of the booklet)

Number of months required:  ,  Total premium all taxes included: €

**If you have opted for full payment at time of application** (by cheque or debit/credit card)

by **cheque**, please make them **payable to APRIL Mobilité**.

by **credit/debit card**, please enter your card details below:

Only Eurocard-Mastercard and Visa cards are accepted:  Eurocard-Mastercard  Visa

Card number:  /  /  /  Expiry date:  /

The last three digits of the security number printed on the reverse side of your card:

Cardholder:

**If you have opted for payment in monthly instalments** (from a French bank account)

Complete the direct debit authorisation and enclose bank details.

I will pay my first instalments by:

- direct debit from my bank account in France**
- bank card** (please fill the boxes below)
- cheque** (made payable to APRIL Mobilité)

## Signature of the subscription

*I hereby apply for cover under the CRYSTAL STUDIES policy insured by Gan Eurocourtage Vie, Gan Eurocourtage IARD and ACE EUROPE for myself and the beneficiaries listed on the Application form.*

*I have read the General conditions and booklet CS 2010 outlining the details of my insurance cover. I am aware of my right to cancel the insurance and accept the terms and conditions. I have retained a copy of these. I also understand the terms and conditions of APRIL Mobilité's handling of my insurance cover.*

*If my insurance cover is subsequently amended, I accept that the General conditions applied will be those outlined above.*

*I have been informed that the information requested is required in order to process my application and that these details will be held electronically by APRIL Mobilité, the insurer or their agent for the requirements of my insurance cover.*

*Under the Act of 6<sup>th</sup> January 1978, I have the right to access and, if necessary, rectify any personal information held on file by writing to APRIL Mobilité, 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, France. APRIL Mobilité has the right to utilise certain administrative information and to share it with associated businesses who may use it to make me aware of new products or services. A list of these companies is available on request. Under the Act of 6th January 1978, I have the right to prevent my details being passed on in this way by writing to APRIL Mobilité at the above address. Postal charges will be refunded.*

*I understand that telephone calls to APRIL Mobilité may be recorded for administrative purposes and that I may have access to recordings made of my calls by writing to APRIL Mobilité at the above address. I understand that each recording is kept for a maximum of 2 months.*

*I may at any time, and in writing, stop copies of my statutory Healthcare reimbursements being sent to APRIL Mobilité.*

*I agree to pay APRIL Mobilité any reimbursements made to me by Social security or any private healthcare insurer.*

*I confirm that I have answered all of the questions accurately and honestly and have neither included or omitted anything which could mislead the insurers of the Association of CRYSTAL STUDIES policy.*

In ..... date.....

Signature of the insured preceded by the words  
« Read, understood and accepted »:

Signature of the policyholder preceded by the words  
« Read, understood and accepted »:

# Simplified health questionnaire

**What is the deadline for completion of the health questionnaire: 6 months.**

If you would like your policy to start on 07/01/2010, you can sign this questionnaire between 01/01/2010 and 06/30/2010.

You must personally answer all the questions as accurately as possible as your responses are binding. This simplified health questionnaire is essential to the evaluation of the risk that the insurer proposes to undertake. Any unanswered questions will result in further enquiries. Any medical information you provide is held in strict confidence. Detailed answers will help us process your application promptly. To ensure your responses remain confidential, please send the health questionnaire and all supporting documentation in a sealed envelope for the attention of APRIL Mobilité Medical Examiner.

Some of the medical information you provide may be processed electronically for the use of APRIL Mobilité's Medical Examiner. Under the Act of 6<sup>th</sup> January 1978, you have the right to access and, if necessary, rectify any personal information held on file by writing to the Medical Examiner, APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11- FRANCE.

<b>1 -</b> Do you suffer from any disorder or illness requiring regular medical supervision or treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>2 -</b> Is it planned for you to be hospitalised for more than 48 hours for any reason whatsoever during the 12 months following the start date of your insurance cover (removal of tonsils, knee surgery, removal of cyst, childbirth...)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>3 -</b> Do you want your responses to this Health questionnaire to remain confidential?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Further details if the response to one of the following questions is yes (other than question 3):**

To help us process your application, please provide further details regarding the events surrounding the illness or accident and any consequences resulting from it.

*Details*

**THE INSURER'S MEDICAL EXAMINERS RESERVE THE RIGHT TO REQUEST FURTHER MEDICAL EXAMINATIONS. Any non-disclosure, intentional misrepresentation or inaccuracy altering the nature of the risk or influencing the insurers to reduce the risk will result in the cancellation of all cover under the policy. In such circumstances the premium will not be refunded (art. L113-8 of the French Insurance Code).**

*I hereby certify that I have answered all the questions accurately and honestly and have neither included or omitted anything which might mislead the Insurers of the Crystal Studies policy.*

In ..... date .....

Signature of the insured preceded by the words « Read, understood and accepted »:

If the person to be insured is a minor, a parent or legal guardian must sign on his or her behalf.

**Your Insurance Advisor + APRIL Mobilité Code**

# Direct debit authorization form

National Issuer Number 004082

(To be completed if monthly payments have been selected)

I hereby authorise my bank to effect transfers from my account, if adequate funds are available, on the instructions of the organisation named below. In the event of a disputed transaction I have the right to cancel the order by instructing my bank to do so. I will then settle the outstanding amount with the creditor.

**Name and address of the creditor:** APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

**Surname, first names and address of account holder:**

Surname of account holder:

First names of account holder:

Street number:  Street type (ave., st., blvd,...):

Street name:

Street name (continued):

Postcode:

Town or City:

Country:

**Account to be debited:**

Sort code:  Branch code:

Account number:  Transaction code:

**Name and address of the bank to be debited:**

Name:

Street number:  Street type (ave., st., blvd,...):

Street name:

Street name (continued):

Postcode:

Town or City:

Country: **F R A N C E**

**Date:** ..... **Signature:** .....

Please send this form to APRIL Mobilité and enclose your bank details (Transaction code, Sort Code or Savings Bank).

## APRIL Mobilité by your side

Specialising in insurance for people living outside their home country, APRIL Mobilité provides simple and innovative healthcare and life insurance products for individuals, businesses and the self-employed. Our products meet the needs of travellers, expatriates, impatriates, employees on assignment abroad and students. For more than 30 years, APRIL Mobilité (formerly AIPS) has been wholly committed to total client satisfaction by means of our clear and easy to understand products supported by a range of services and top quality management of your insurance choices.



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[www.aprilmobilite.com](http://www.aprilmobilite.com)

## APRIL, tailor-made insurance solutions

April provides a wide range of insurance solutions meeting the needs of individuals, professionals and businesses across all areas of insurance.

**To find out more about our insurance solutions**

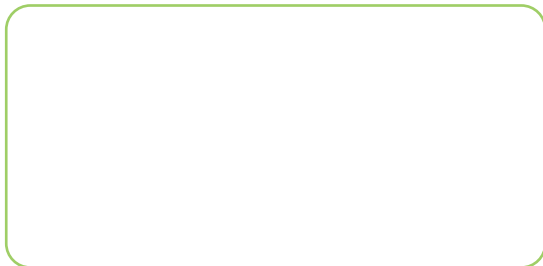
[www.aprilgroup.com](http://www.aprilgroup.com)

## APRIL GROUP, changing the face of insurance

From our beginnings in 1988, the APRIL GROUP has been committed to changing the face of the insurance industry by ensuring that the client is always at the heart of our business.

Today, more than **3 million people** know they can count on our **3 500 employees** and **72 companies** to protect their goods and families day after day.

**For more information,** contact your insurance consultant:



**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

### Headquarters

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