

[LA MOBILITÉ]
INDIVIDUALS



Crystal Studies

Application form 2011-2012

APRIL International supports
the Foundation for Nature and Mankind
and Handicap International



Changing the face of insurance.

FOR MEDICAL EXPENSES, YOU CAN BE REIMBURSED BY:

- cheque in euros
- bank transfer to a bank account in France. In this case, please send us details of your bank account.
- bank transfer to an account in the USA. International bank details are required including the IBAN number, SWIFT code, your bank's address, sort code and an ABA routing number.
- bank transfer to an account in other countries. International bank details are required including the IBAN number, SWIFT code, your bank's address.

Bank charges will be deducted from any payment over the equivalent of €75. Bank charges are shared for all transfers (of any amount) carried out within the Euro zone.

Your reimbursement statements are available by email or on your insurance website. If you would also like to receive a paper version, please tick this box:

OTHER INFORMATION FOR THE COMPLETE OPTION

In the event of death I name as beneficiary:

- My surviving spouse on condition that we were not legally separated when the lump sum became payable, second, equally, my children living, unborn or represented as such; third, equally my ascendants and fourth my other heirs.
- Other beneficiary:

Surname:

First names:

Date of birth: / /

Place of birth:

CALCULATION OF PREMIUM

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

Depending on your age band, the choice of cover (1st euro or EHIC top-up) and the payment method selected (full payment on application or monthly instalments), go to page 9 of the brochure to calculate your premium.

Monthly premium (all taxes included) for your level of cover: €

Number of months required: - Total premium (all taxes included): €

SELECTION OF PAYMENT METHOD

Full payment at time of application by cheque or debit/credit card:

- by cheque**, please make them payable to **APRIL International Expat**
- 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:

Payment in monthly instalments from a French bank account:

Complete the direct debit authorisation and enclose bank details.

**MAKING A DIFFERENCE WITH
APRIL International**



On behalf of our sponsored associations, APRIL International invites you to support the protection of the environment or the improvement of living conditions of disadvantaged populations worldwide.

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I would like to make a donation to:

- Handicap International The Foundation for Nature and Mankind

To make my contribution:

- I will make a donation of: €5 €8 €12 *(to be added to my premium payment)*

and/or

- I will donate the cents from my healthcare reimbursements *(available to beneficiaries only)*

If you are a French taxpayer, part of your donation is tax-deductible. For Handicap International, you can claim 75% of your donation up to €510 and 66% for higher amounts (capped at 20% of your net taxable income). For the Foundation for Nature and Mankind, you can claim 66% of your donation (capped at 20% of your net taxable income). You will automatically receive a tax receipt for any donation over €8.

HEALTH STATEMENT

Insured's surname and first name(s):

Deadline for signature of the Health statement: 6 months.

If you would like your policy to start on 01/07/2012, you can sign this Health statement between 01/01/2012 and 30/06/2012.

I declare that I am in good health and do not suffer from any disability or illness for which I am currently receiving treatment and which is likely to reoccur or develop. I declare that I have not undergone any medical treatment lasting more than one month during the last three years and do not plan to undergo any therapy, treatment or surgery in the country I will be visiting during the period of insurance cover.

I declare that I do not expect to be hospitalised within 12 months of the effective date of my policy for any reason whatsoever (removal of tonsils or cysts, knee surgery, childbirth etc.).

I authorise the Medical Examiner to request any information he considers necessary from the doctors who have treated me or whom I have consulted. I authorise these doctors to pass on the information, within the bounds of patient confidentiality, to the Medical Examiner.

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 present policy.

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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).

If you cannot sign the health statement, please give us the reasons why:

Signed in (city) Date / /

Signature of the insured preceded by the words « I have read, understood and accepted the policy document »:

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

Your Insurance consultant + APRIL International Expat Code:

SIGNING YOUR APPLICATION FOR INSURANCE

I hereby apply for membership of the Association of APRIL Mobilité Insured under their agreements with Groupama Gan Vie and ACE Europe. I have read the Association's statutes and regulations.

I understand that, by choosing Personal liability (private capacity) cover and Legal assistance (included under the Complete Option), I am applying for insurance with Gan Eurocourtage and Solucia PJ.

I have read the General conditions and booklet CS 2012 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 International Expat'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 International Expat, the insurer or their agent for the requirements of my insurance cover.

Under the French Act of 6th January 1978 (amended), I have the right to access and, if necessary, rectify any personal information held on file by writing to APRIL International Expat, 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE. APRIL International Expat has the right to use 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 French Act of 6th January 1978 (amended), I have the right to prevent my details being passed on in this way by writing to APRIL International Expat at the above address. Postal charges will be refunded.

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

I understand that cover under the present policy does not exempt me from paying contributions to any state scheme to which I may belong.

I agree to pay APRIL International Expat any reimbursements made to me by Social Security or any private healthcare insurer (unless an EHC top-up cover has been selected).

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 present policy.

Signed in (city) Date / /

Signature of the insured preceded by the words « I have read, understood and accepted the policy document »:

Signature of the member (if different from the insured) preceded by the words « I have read, understood and accepted the policy document »:

DIRECT DEBIT AUTHORISATION FORM (to be completed if you are paying by direct debit)

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 International Expat - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE
National Issuer Number 004082

● **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:

Postcode: 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:

Postcode: City:

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

● **Date:** / / **Signature:**

Please send this form to APRIL International Expat enclosing details of your bank, savings, or Post Office account.

Please send your completed application to:

**APRIL International Expat
Service Adhésions Individuelles
110, avenue de la République - CS 51108
75127 Paris Cedex 11 - FRANCE**

To cancel your policy, please use the tear-off slip below and send it to
 APRIL International Expat - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

CANCELLATION OF DOOR-TO-DOOR CONTRACT OF SALE

Article L.112-9 of the French insurance code

Any person who is canvassed at their home or residence or place of work, even if this visit was at their own request, and who signs an insurance proposal or contract for a purpose which is not related to their commercial or professional activity, may cancel this agreement by sending a letter by recorded delivery with proof of receipt during a period of 14 days from the day of signature of the agreement without requiring to specify the reason for the cancellation or being subject to penalties.

Conditions: If you wish to cancel your insurance policy, please fill in and sign this tear-off slip. You should then send it in a sealed envelope by registered letter with proof of receipt to the above address. It must be sent no later than 14 days on the day following signature of your application or, where the deadline expires on a Saturday, Sunday or a bank holiday or other non-working day, on the next working day.

I, the undersigned, wish to cancel my application for insurance under the following policy:

Policy name: **Crystal Studies Ref/ CS 2012**

Date of signature of application: / /

Member's surname:

Member's first name:

Date of birth: / /

Member's address:

Postcode: City:

Country:

Telephone: / / / / / *if outside France*

Name of insurance consultant:

Address of insurance consultant:

Postcode: City:

Country:

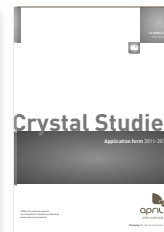
Telephone number: / / / / / *if outside France*

Date and member's signature:

Reserved for APRIL International Expat

Client reference number

Your application step by step:



Fill in your application form and send it to APRIL International Expat.

If you need help, read the tips on the next page or contact us.

Your application is processed within 24 hours.

You will be sent:

- your membership certificate serving as your insurance certificate,
- the general conditions showing how your policy operates,
- your insurance card containing emergency contact numbers for requesting assistance services or before admission to hospital.

TAKING OUT THE INSURANCE

- A. Fill in your personal details (surname, first name, address...) 1 and 2.
- B. Select the period and level of cover 3.
- C. Choose how you want to receive your healthcare reimbursements 4.
- D. If you are applying for the Crystal Studies "Complete" option, please designate a beneficiary in the event of death 5.
- E. Depending on your age band and your choice of cover (1st euro or EHIC top-up) and the selected method for paying the premium (full payment on application or monthly instalments), refer to page 9 of the brochure to calculate the amount of your premium and fill it in 6.
- F. Select the payment type (full or monthly) and the payment method 7.
- G. If you would like to make a donation to one of our sponsored associations, fill in part 8.
- H. Complete, date and sign the Health statement 9.
- I. Date and sign the application form 10.
- J. Enclose with your application:
- a photocopy of your current student card or school attendance certificate (if you are going abroad to work as an au pair, please send us a copy of your contract with the host family)
- If you are paying in full:**
- enclose a cheque in € made payable to APRIL International Expat or
 - provide your credit/debit card details on the application form
- If you are paying in monthly instalments:**
- fill in the attached direct debit authorisation form
 - enclose details of your bank account

Send to **APRIL International Expat - Service Adhésions Individuelles**
110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

WHAT HAPPENS NEXT?

Your application is processed within 24 hours, as soon as we receive your application form and supporting documents.

Your insurance is evidenced by the issue of a Membership certificate (serving as your insurance certificate) showing details of the cover you have selected and the effective date of your policy.

Your policy will start on the date shown on the Membership certificate and, at the earliest, on the day following receipt of your application form and supporting documents.

april international | expat

APRIL INTERNATIONAL EXPAT A MEMBER OF APRIL

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Public limited company with capital of €200,000

Registered with Companies House in Paris under number 309 707 727

Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)

Prudential Supervision Authority - 61, rue Taitbout - 75436 Paris Cedex 09 - FRANCE



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