



**Benefits 2008-2009**

# *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*



# Crystal Studies 2008-2009

**Crystal Studies** is an insurance solution specially designed for students and school children who are expatriated anywhere in the world, or repatriated in France, for a maximum of 1 year, renewable once.

This insurance policy meets the needs of people under 41 living abroad for holidays, studies, internships or language courses. It covers them for everyday health problems as well as emergency hospitalisation, repatriation and loss of luggage.

## Comprehensive cover

### High-level reimbursement of medical costs

- Medical expenses covered from the first Euro or as a top-up to the European Health Insurance Card (EHIC) **with up to 100% of actual costs with no excess or waiting time.**
- Payment of hospital fees up to 100% of actual costs: nothing to pay up front in the event of hospitalisation of more than 24 hours (unless you selected level B of the Expatrio option).

### Extensive repatriation assistance

- In the event of illness or accident, APRIL Mobilité Assistance will organise your return home or to the best equipped hospital, 24 hours a day so you can be sure of receiving the best possible medical care.

### Personal liability cover - non professional and internships

- You are covered for any damage (physical and/or consequential) that you cause to a third party in a non-professional capacity,
- You are also covered for any damage you cause during the course of an in-company internship.

### Useful additional cover

- Luggage: your luggage is insured in the event of loss, theft or damage during your trip and the stay,
- Personal accident: a lump sum is paid to your family in the event of your death, benefit will be paid in the event of disability
- Legal cover: in the event of legal proceedings against you, your legal fees are covered.



### > A policy specially designed for students

APRIL Mobilité provides innovative cover specially adapted to your needs:

- **Delayed departure:** if your exam dates are changed or if you need to re-sit an exam, the cost of changing your travel tickets is covered,
- Contraceptives: **the cost of condoms is covered,**
- **Counselling:** when things go wrong abroad, a team of psychologists is available to support you, 24 hours a day and 7 days a week.



### > Cover you can depend on

**APRIL Mobilité covers you for medical expenses up to € 200,000 per year with no excess to pay or waiting time.**

*Real-life example:*

A student was seriously injured in a car accident on an island off the coast of the United States and had to be flown to Miami. His condition was such that he could only be repatriated to France following three weeks of intensive care. APRIL Mobilité covered the cost, almost \$200,000.

**Go home for the holidays.** With Crystal Studies, you are covered during short trips to your home country.



### > Real savings

Crystal Studies is specially designed for students at a special student price: from **€ 22 per month.**

What's more, to help you manage your budget, APRIL Mobilité offers **monthly payments** of your premium!

## Additional services

### Your client advisory service

#### Looking for more information on your Crystal Studies policy?

Our Client Advisory Service is made up of **specialist consultants** who will guide you towards the best solution for cover during your trip abroad.



This **multilingual team** can be contacted Monday to Thursday from 8.30 to 18.00 (8.30 to 17.30 on Friday):

Tel: + 33 (0)1 73 02 93 93, Fax: + 33 (0)1 73 02 93 90, E-mail: [info@aprilmobilite.com](mailto:info@aprilmobilite.com)

You can also come to see us at our headquarters at:

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

Metro: Père Lachaise or Saint-Maur - Lines 2 and 3. Car parks: Alhambra or Les Trois Bornes.

### Our website

During trips abroad, easy, 24/24 access to information about your policy.

Go to [www.aprilmobilite.com](http://www.aprilmobilite.com) using a secure access code and personal password to:

- view your reimbursement statements and premium payments (if you are a policyholder), insurance cover and general conditions,
- check your personal information and bank details,
- check your payment methods and get contact details for your insurance consultant.

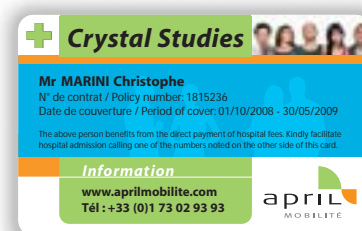
### Your Membership Card

This personalised card provides you with emergency contact numbers available 24/24 and 7/7 for:

- direct payment of hospital fees during approved hospitalisation for 24 hours or more (unless you selected level B of the Expatrio option),
- requesting emergency assistance,
- contacting the counselling service.

The card facilitates your admission to a medical centre in the event of emergency hospitalisation, for 24 hours or more.

To simplify procedures, the card contains your personal details: name, first name(s) and policy numbers.



### Our commitment to service levels

#### Top quality management of your account

Our teams are equipped to process applications within 24 hours and claims within 48 hours (excluding postal delivery times). Our automatic email service means we can send you instant information on your claims.

#### At your service

Committed to the ongoing improvement of our client service levels, APRIL Mobilité regularly checks and measures:

- that we answer all telephone calls within 3 rings,
- that we answer all emails and letters within 24 hours,
- that our clients always receive polite and professional responses to their queries.

# Benefits

	Trip abroad: <b>EXPATRIO</b>	Trip in France and the French Overseas Departments: <b>IMPATRIO</b>
<b>1 Medical expenses</b>	up to € 200,000 per membership year	
Hospitalisation for surgery (including ambulance service)	100% of actual costs <i>see definition</i>	100% of the French Social security reimbursement rate <i>see definition</i>
Hospitalisation without surgery		
Direct payment of hospital costs <i>see definition</i> during approved hospitalisation for 24 hours or more (unless you selected level B of the Expatrio option)	provided on request 24 hours a day, if pre-payment agreement has been obtained	
In France: daily hospital charge <i>see definition</i> and private room	not covered	up to € 50 a day
Examinations and treatment carried out in hospital and lasting less than 24 hours	100% of actual costs	100% of the French Social security reimbursement rate <i>see definition</i>
Consultations, visits, procedures carried out by GPs or specialists (up to € 130 per year for eye care consultations)		
Diagnostic tests, laboratory tests, x-rays and drugs		
Procedures carried out by medical auxiliaries ( <b>following a reported accident</b> )		
Dental treatment ( <b>following a reported accident</b> )	up to € 600 per year	up to € 230 per year
Cost of dentures ( <b>following a reported accident</b> )	up to € 600 per year	up to € 230 per year
Prostheses excluding dentures - Eye care: lenses, contact lenses and frames ( <b>following a reported accident</b> )	up to € 500 per year	up to € 230 per year
Contraceptives (condoms)	up to € 20 per year	up to € 20 per year
<b>2 Repatriation</b>		
Transportation or repatriation for medical reason	covered	
A relative or friend to stay with you during hospital stays of 6 days or more	return ticket and € 80 per night, <b>max. 10 nights</b>	
Sourcing and sending you medication not available in the host country	covered	
Early return home if a close relative dies	covered	
Search and rescue services	up to € 3,800	
Returning your body to your home if you die	covered	
Provision of coffin	up to € 1,000	
Advance payment of bail abroad	up to € 15,000	
Passing on urgent messages	covered	
Travel assistance if personal items are lost or stolen	up to € 1,000	
<b>3 Counselling</b>		
Telephone calls or exchanges of email with a clinical psychologist	up to 5 per year	
<b>4 Personal liability</b>		
Bodily injury	up to € 4,500,000	
Physical and consequential damage to a third party	up to € 460,000, including € 92,000 for consequential damage, <b>excess € 76</b>	
Physical and consequential damage caused to group leader	up to € 12,000, <b>excess € 76</b>	
Legal cover - recourse	up to € 3,100, <b>for costs over € 228</b>	
<b>5 Personal accident</b>		
Death through accident	€ 8,000 or funeral expenses for the under 16's	
Disablement through accident	up to € 35,000, <b>excess 20%</b>	
<b>6 Delayed departure</b>		
Reimbursement of fee charged by airline company for change of outward flight	up to € 100, <b>airline tickets only</b>	
<b>7 Baggage cover</b>		
Luggage which is lost, stolen, destroyed in an explosion or fire or by water during the trip or the stay	up to € 1,600, <b>excess of € 30 per claim limited to 50% for valuables</b>	

## Benefits

### ■ Si vous séjournez aux États-Unis :



During stays in the US, when your doctor is unavailable in the evening or at weekends, take advantage of the InRoomMD™ in some U.S. cities (*consult us*).

This service gives you access to a network of doctors available for home visits. A simple telephone call can help you avoid long, sometimes unnecessary waits at Accident and Emergency. The cost of these visits is fully paid directly by our US subsidiary so you have nothing to pay up front.

### Definitions

**Actual costs:** total medical expenses charged to the insured person.

**Daily hospital charge:** portion of daily hospital costs not covered by French Social security.

**Direct Payment of hospital costs:** with the insurer's prior agreement and if you are hospitalised for more than 24 hours, direct cover of hospital fees is available to holders of the APRIL Mobilité card (unless you have selected level B of the Expatrio option.)

**French Overseas Departments:** Guadeloupe, French Guyana, Martinique and Reunion Island.

**French Social security reimbursement rate:** rate used by French Social security to reimburse treatments or prescriptions delivered by healthcare professionals. Where generic drugs are available, the reimbursement will be based on the cost of the generic version.

## EXPATRIO

**for visits abroad with the exception of France and the French Overseas Departments.**



### temporary extension

to all countries including France and the home country for periods of less than 30 consecutive days between 2 visits to the host country

## IMPATRIO

**for visits to France and the French Overseas Departments**



### temporary extension

to the home country and all European countries with the exception of Russia for periods of less than 30 consecutive days between 2 visits to France and French Overseas Departments

### What am I reimbursed for?

**Example 1: hospitalisation in the US following an accident (Expatrio option)**

2 days in intensive care = \$7,600 x 2 = \$15,200  
APRIL Mobilité payment of 100% of actual costs = \$15,200  
You pay: \$0

**Example 2: consultation with an approved specialist in France (Impatrio option)**

Cost of the consultation = € 25 (on 01/09/2008)  
APRIL Mobilité payment of 100% of the Social security reimbursement rate = € 25  
You pay: € 0

→ If the insured person is covered by the French Social security scheme and/or a top-up healthcare plan, APRIL Mobilité pays the difference between these benefits and actual costs. Only healthcare costs prescribed by a qualified medical authority and which are approved by Social security will be reimbursed. Claims for reimbursement must be made within the 3 months following treatment.

## Premiums

### Monthly premiums (all taxes included) for visits of up to 12 months (holidays, studies, training...)

For cover commencing prior to 01/10/09 (including € 1 monthly / fortnightly administration fee).

**Payment by monthly instalments is not available if your trip includes a half month.**

COMPLETE Option Cover ① to ⑦	Area	Length	Schoolchildren or students up to 30 included		Students aged between 31 and 40 included	
			Full payment of premium at time of application	Payment by monthly instalments	Full payment of premium at time of application	Payment by monthly instalments
<b>Expatrio</b> Level A	worldwide or in Europe if the child or student does not hold the European Health Insurance Card <i>see definition</i>	15 days	€ 26	N/A	€ 44	N/A
		1 month	€ 36	€ 39	€ 61	€ 64
<b>Expatrio</b> Level B	in the EU countries if you hold the European Health Insurance Card <i>see definition</i>	15 days	€ 20	N/A	€ 34	N/A
		1 month	€ 28	€ 31	€ 48	€ 51
<b>Impatrio</b>	principal destination France or the French Overseas Departments	15 days	€ 32	N/A	€ 54	N/A
		1 month	€ 45	€ 48	€ 76	€ 79

**i** Level B applies to children and students who are covered by the Social security healthcare scheme of one of the countries of the European Union. **Before leaving the home country you must obtain the European Health Insurance Card *see definition*, which you will present to the medical authorities in the host country. In this case APRIL Mobilité will only pay the difference between the Social security reimbursements and actual costs.**

A **Mini option covering only medical expenses and repatriation** is also available to schoolchildren and students. The monthly premium (all taxes included) is:

MINI Option Cover ① and ② only	Area	Length	Schoolchildren or students up to 30 included		Students aged between 31 and 40 included	
			Full payment of premium at time of application	Payment by monthly instalments	Full payment of premium at time of application	Payment by monthly instalments
<b>Expatrio</b> Level A	worldwide or in Europe if the child or student does not hold the European Health Insurance Card <i>see definition</i>	15 days	€ 21	N/A	€ 35	N/A
		1 month	€ 29	€ 32	€ 49	€ 52
<b>Expatrio</b> Level B	in the EU countries if you hold the European Health Insurance Card <i>see definition</i>	15 days	€ 16	N/A	€ 26	N/A
		1 month	€ 22	€ 25	€ 37	€ 40
<b>Impatrio</b>	principal destination France or the French Overseas Departments	15 days	€ 26	N/A	€ 45	N/A
		1 month	€ 37	€ 40	€ 63	€ 66

**i** Unlike the Complete option, the Mini option does not provide cover for all eventualities arising during a trip abroad. It provides basic cover but APRIL Mobilité recommends the Complete option.

### Definition

#### The European Health Insurance Card:

From 1<sup>st</sup> June 2004 forms E111 and E128 are replaced by the European Health Insurance Card (EHIC) which provides proof of entitlement to healthcare insurance for members of the European Union. It allows you to access the public healthcare system while on a temporary stay in another Member State in accordance with local legislation and formalities. It is valid for 12 months.

#### The card can be used in the following countries:

Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France (including Guadeloupe, Martinique, French Guyana and Reunion Island), Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lichtenstein, Lithuania, Luxemburg, Malta, the Netherlands, Norway, Poland, Portugal (including Madeira and the Azores), Rumania, Slovakia, Slovenia, Spain (including the Balearic and Canary Islands), Sweden, Switzerland and the United Kingdom (including England, Scotland, Wales, Northern Ireland and Gibraltar).

## How the policy operates

- The insured must be a member of the Association of APRIL Insured and be under 41 years of age.
- **The insured must provide a photocopy of a current student card or certificate of attendance at school.**
- **Certain countries may be excluded from the policy as a result of heightened tension there. The list of excluded countries is liable to change and can be consulted by calling us on +33 (0)1 73 02 93 93.**
- The insurance is taken out **for a minimum of one month and a maximum of 12 months. It can be renewed only once with the agreement of the insurer, if the insured is still a student.** A different option can be selected only at the time of renewal of the policy.
- The maximum insurance period is 2 years.
- Your cover starts, at the earliest, on the day following receipt by APRIL Mobilité of your Application form and the corresponding premium. The cover ends on the day you return to your home country (other than for periods of less than 30 consecutive days between two visits to the host country) and, at the latest, on the date shown on the Membership certificate.
- **Certain sporting or professional activities are subject to prior approval and agreement by the insurer. Consult us.**
- **If you cancel your trip, the premium will be refunded to you on condition that APRIL Mobilité is informed prior to the date of commencement of cover and the originals of the Membership certificate (and the APRIL Mobilité card for Expatrio cover) are returned. Under no circumstances will the administration fee be refunded. If you cut short your stay, no refund of premium will be made.**
- The Crystal Studies policy as described in the General conditions serving as the schedule under the reference APRIL Mobilité CS 2009, comprises the insurance policies cited below effected by the Association of APRIL Insured with the following insurers:
  - Gan Eurocourtage Vie (Policies No. 219/877 763 and 220/877 764) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE
  - Gan Eurocourtage IARD (Policies No. 78 347 432 and 78 410 999) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE
  - Inter Partner Assistance - Part of the AXA Group (Policy No. 0800598\*04) - 6, rue André Gide - 92320 Châtillon - FRANCE.

## How to apply for cover ?

- 1 Complete the Application form in CAPITAL LETTERS (one letter in each box) using a black biro pen.
- 2 The insured must signed the Application form and the Health questionnaire on pages 5 and 6 (if the person to be insured is a minor, a parent or legal guardian must sign on his or her behalf). If the policyholder (person paying the premium) is not the insured, he or she should sign the Application form on page 5.
- 3 Please enclose a photocopy of a current student card or certificate of attendance at school with your Application form.
- 4 If the policyholder has opted for full payment of premium, send your Application form together with a cheque for the total premium amount in euros made payable to **APRIL Mobilité** or fill in your credit card details on the Application form. If the policyholder has opted for payment in monthly instalments, complete the direct debit authorisation and enclose bank details.

### Contact details for APRIL Mobilité:

- APRIL Mobilité - Service Conseil Client - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE
- Telephone: +33 (0)173 02 93 93 - Fax: +33 (0)173 02 93 90.
- Telephone lines open from: 8.30 - 18.00 Monday to Thursday (8.30 - 17.30 Friday)
- Metro: Père Lachaise or Saint-Maur - Lines 2 and 3. Car parks: Alhambra or Les Trois Bornes.

## 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.



**Personal and Group Insurance for expatriates, impatriates and travellers**

[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 **2,5 million people** know they can count on our **2460 employees** and **61 companies** to protect their goods and families day after day.

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

French Furnished Insurance  
173 RUE DE PARIS  
93260 LES LILAS  
Tél : 01 49 72 69 90  
Fax : 01 49 72 69 99  
E-mail : [info@french-furnished-insurance.com](mailto:info@french-furnished-insurance.com)  
13410

**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

### Headquarters

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

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Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 ([www.orias.fr](http://www.orias.fr))  
Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09





**Application form 2008-2009**

# *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*

# 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 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 Health statement), 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) <small>m m d d y y y y</small>
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"/>

**Remember to enclose a photocopy of your current student card or certificate of attendance from the school.**



### 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,
- cheque in US dollars only if you are resident in the United States. You will pay bank charges on any payment over € 75,
- 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:   /   /     to:   /   /

m m / d d / y y y y

for a duration of :   ,  months (**minimum 1 month**; maximum 12 months)

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

Level of cover selected: **either**  Complete Expatrio cover →  Level A  Level B  
**or**  Mini Expatrio cover →  Level A  Level B  
**or**  Complete Impatrio cover  
**or**  Mini Impatrio cover

My language of choice of correspondance is: french  english  spanish

### 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

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)

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

→ If paying by debit /credit 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:

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

Complete the direct debit authorisation and enclose bank details.

*I hereby apply for membership of the Association of APRIL Insured under their agreements with Gan Eurocourtage Vie, Gan Eurocourtage IARD and Inter Partner Assistance for myself and the beneficiaries listed on the Application form. I have read the Association's statutes and regulations.*

*I have read the General conditions and booklet CS 2009 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 6<sup>th</sup> 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 APRIL Insured.*

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

Signature of the policyholder and the insured preceded by the words "Read, understood and accepted":

# Health questionnaire

**What is the deadline for completion of the health statement? 3 months.**

If you are leaving on 04/01/2009, you can sign this questionnaire between 01/01/2009 and 03/31/2009.

You must personally answer all the questions as accurately as possible as your responses are binding. This 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.

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 ?

YES

NO

**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 Association of APRIL Insured.*

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**

French Furnished Insurance  
 173 RUE DE PARIS  
 93260 LES LILAS  
 Tél : 01 49 72 69 90  
 Fax : 01 49 72 69 99  
 E-mail : info@french-furnished-insurance.com  
 I3410

# 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 5108 - 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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## APRIL, tailor-made insurance solutions

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Tél : 01 49 72 69 90  
Fax : 01 49 72 69 99  
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**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

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