



Benefits 2008

Euro Cover +

[solutions] for **europatriates et impatriates**



*Insurance cover for europatriates
and impatriates up to age 70
in Europe and the Mediterranean*



Euro Cover + 2008

Euro Cover + is the first **insurance product specially designed for « Europatriates »**, individuals living in one or more countries in the « Europe-Mediterranean » zone, including France, regardless of the length of stay. It also provides a comprehensive insurance solution for impatriates in France (including overseas departments and regions).

The policy provides highly flexible medical, assistance and life/disability insurance available for a minimum of one year up to and including age 70.

Comprehensive cover

Reliable and flexible medical cover

- A choice of 3 healthcare options with cover from the first euro spent, to 100% of actual costs up to € 1,000,000 and a choice of 3 levels of excess: € 0, € 20 and € 40,
- No waiting period for hospitalisation and medical expenses: you are covered from day one,
- Upper limit of medical expenses cover doubled in the event of accident or critical illness,
- Payment of hospital fees up to 100% of actual costs: nothing to pay up front,
- Counselling service: a team of psychologists to support you in difficult times,
- Looking after your well-being: cover for alternative medicine and homeopathy,
- Lifetime insurance: cover available for as long as you need it.

Comprehensive assistance cover

- Extensive repatriation assistance in the event of accident or illness: APRIL Mobilité will arrange for you to be taken to your home or to the most suitable hospital at any time of the day or night.

Life and disability cover designed to meet your needs

- Life and disability cover: payment of a lump sum to your beneficiaries in the event of your death,
- Daily sick leave allowance: provides continued payment of part of your salary for a fixed period. You are free to choose the level of daily allowance you need.

Convenient personal liability cover

- You are covered for the consequences of acts committed in a private capacity having caused bodily injury or physical damage to a third party.



> A policy specially designed for Europatriates

The policy provides cover in France and in the Europe-Mediterranean zone regardless of the length of stay in each location.

If you want insurance that will cover you in both your home country and abroad, choose the option « Extension of medical cover to the home country ».



> A truly flexible policy

- Flexible cover: adjust the level of cover to meet your changing needs throughout the entire life of the policy.
- Cover a la carte: create personalised cover to meet your needs.



> Payment facilities

To help you manage your budget, APRIL Mobilité offers easy monthly payments of your premium, at no additional cost, by direct debit from a French bank account.

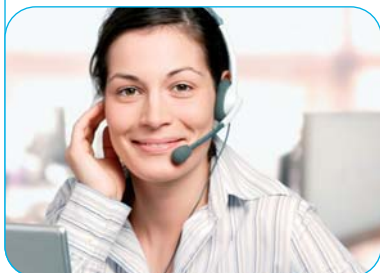
If you prefer, you can also make quarterly, six-monthly or annual payments.

Additional services

Your client advisory service

Looking for more information on your Euro Cover + 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@aprimobilite.com

You can also make an appointment to see us at our headquarters at:
110, avenue de la République - 75011 Paris - FRANCE.

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

Our website

During trips abroad, easy, 24/7 access to information about your policy. Go to www.aprimobilite.com using a secure access code and personal password to:

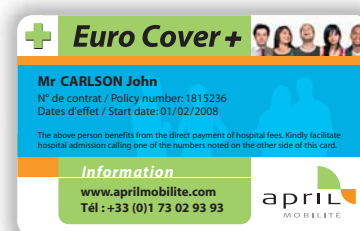
- view your reimbursement statements and premium payments (if you are a policyholder), insurance cover and general conditions,
- check your personal information and bank details,
- check your payment methods and get contact details for your insurance consultant.

Your Membership Card

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

- direct payment of hospital fees during approved hospitalisation of 24 hours or more,
- requesting emergency assistance,
- contacting the counselling service.

The card facilitates your admission to a medical centre in the event of emergency hospitalisation of 24 hours or more, once medical approval has been obtained. 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 the processing of 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.

1 Assistance

In the case of an accident, illness or serious problems, we will come to your aid 24 hours a day, 7 days a week. Simply call us or send a fax:

Benefits	Levels of cover
In the event of accident or illness:	
Medical repatriation or medical transportation to the most appropriate hospital or the country of origin	covered
Search and rescue expenses	up to € 5,000 per person up to € 15,000 per event
Return of the insured to the host country after stabilisation	one-way economy class airline ticket or 1 st class railway ticket
Advance payment of hospital expenses in the host country *	up to € 15,000 (advance)
Cost of a relative or friend if the insured is hospitalised for more than 10 days and was expatriated alone	return ticket and € 80 per night up to a max. of 10 nights
Sending essential medication not available locally	covered
Repatriation of other beneficiaries in the event of repatriation of the insured	one-way economy class airline ticket or 1 st class railway ticket
In the event of the death of the insured:	
Returning the body or ashes to residence	covered
Cost of a transport coffin for repatriation of the body by air	up to € 1,500
Cost of a relative or friend attending burial abroad if the deceased insured was expatriated alone	return ticket and € 50 per night up to a max. of 4 nights
Repatriation of other beneficiaries: members of the family, spouse and children living with the insured	one-way economy class airline ticket or 1 st class railway ticket
If your personal effects are lost or stolen abroad:	
Advance of funds abroad	up to € 1,500
Provision of new travel document	one-way economy class airline ticket or 1 st class railway ticket
Sending urgent messages	covered
In the event of an unintentional infraction of the law abroad:	
Legal expenses incurred while abroad	up to € 1,500 per event
Cost of bail while abroad	up to € 15,000 per event
In the event of the death or the hospitalisation of a relative:	
Early return home if a close relative dies	return economy class airline ticket or 1 st class railway ticket
Early return due to the hospitalisation for 5 days or more of a family member in the country of origin	return economy class airline ticket or 1 st class railway ticket

* If you have no healthcare cover.

Assistance cover is valid for one year in the Europe-Mediterranean zone and for stays of no more than 90 consecutive days in the rest of the world.

Note

The decision to return you to your country of origin or to send you to a local hospital is made by APRIL Mobilité Assistance on the advice of the attending physician. The date of repatriation, the location of the hospital and the means of transport are decided solely on the basis of medical needs.

Annual premiums (all taxes included) for cover commencing prior to 01/12/2008

Location of the home country	European and Mediterranean countries	Worldwide
Individual under 31	€ 156	€ 204
Individual aged 31 to 70	€ 192	€ 240
Family	€ 420	€ 516

The amount of the family premium is determined by the home country of the insured.

Europe and Mediterranean countries: Albania, Algeria, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Denmark, Egypt, Estonia, Faroe Islands, Finland, Metropolitan France, Germany, Georgia, Gibraltar, Great Britain, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lebanon, Libya, Lichtenstein, Lithuania, Luxembourg, Macedonia, Malta, Monaco, Moldavia, Morocco, The Netherlands, Norway, Palestine, Poland, Portugal, The Czech Republic, Romania, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Svalbard and Jan Mayen, Syria, Tunisia, Turkey, Ukraine, Vatican State.

2 Medical expenses

The insured can choose between 3 options covering 100% of actual costs depending on the desired level of reimbursement: Option 1, Option 2 or Option 3.

These 3 options cover healthcare in Europe and the Mediterranean countries excluding the home country. For each of these options, the insured can choose between 3 levels of excess per item: € 0, € 20 and € 40 (the excess does not apply in the event of hospitalisation, with surgery or without surgery of more than 24 hours).

The insured can opt for the "permanent extension of medical cover to the home country". He or she will then be covered as detailed below in the home country (on condition that the home country is located in the Europe-Mediterranean zone).

Type of cover	Option 1	Option 2	Option 3
Maximum amount of healthcare expenses	€ 200,000 per insured per insurance year. Up to € 400,000 in the event of accident or critical illness <i>see definition</i>	€ 300,000 per insured per insurance year. Up to € 600,000 in the event of accident or critical illness <i>see definition</i>	€ 500,000 per insured per insurance year. Up to € 1,000,000 in the event of accident or critical illness <i>see definition</i>
Hospitalisation			
Hospitalisation with surgery	100% of actual costs	100% of actual costs	100% of actual costs
Hospitalisation without surgery (more than 24 hours)	100% of actual costs	100% of actual costs	100% of actual costs
Direct payment of hospital costs <i>see definition</i> during approved hospitalisation for 24 hours or more	yes, if pre-payment agreement has been obtained <i>see definition</i>	yes, if pre-payment agreement has been obtained <i>see definition</i>	yes, if pre-payment agreement has been obtained <i>see definition</i>
Private room	up to € 40 per day	up to € 60 per day	up to € 80 per day
Daily hospital charge <i>see definition</i>	100% of actual costs	100% of actual costs	100% of actual costs
Staying with your child in hospital	up to € 30 per day for children under 12	up to € 45 per day for children under 12	up to € 60 per day for children under 16
Doctors' fees	100% of actual costs	100% of actual costs	100% of actual costs
Medical equipment (including use of the operating theatre and recovery room, laboratory tests, scans and medication)	100% of actual costs	100% of actual costs	100% of actual costs
Ambulance if hospital costs covered by APRIL Mobilité	100% of actual costs	100% of actual costs	100% of actual costs
Organ transplant	100% of actual costs	100% of actual costs	100% of actual costs
Treatment of AIDS	100% of actual costs	100% of actual costs	100% of actual costs
Treatment of cancer	100% of actual costs	100% of actual costs	100% of actual costs
Stay in a psychiatric unit	100% of actual costs, up to 30 days a year	100% of actual costs, up to 30 days a year	100% of actual costs, up to 30 days a year

Benefits

Type of cover	Option 1	Option 2	Option 3
Medical expenses <i>excluding dental care and maternity (see below)</i>			
Consultations and visits: general practitioners	100% of actual costs, up to € 40 per procedure	100% of actual costs, up to € 60 per procedure	100% of actual costs, up to € 100 per procedure
Consultations and visits: specialists	100% of actual costs, up to € 60 per procedure	100% of actual costs, up to € 80 per procedure	100% of actual costs, up to € 150 per procedure
Alternative medicine: consultations with osteopaths, homoeopaths, chiropractors, acupuncturists and dieticians when prescribed by a doctor	100% of actual costs, up to € 40 per procedure	100% of actual costs, up to € 60 per procedure	100% of actual costs, up to € 100 per procedure
Examinations and treatments of not more than 24 hours carried out in hospital (including diagnostic tests and x-rays)	100% of actual costs, up to € 500 per day	100% of actual costs, up to € 700 per day	100% of actual costs, up to € 1,000 per day
Diagnostic tests	100% of actual costs	100% of actual costs	100% of actual costs
X-rays	100% of actual costs	100% of actual costs	100% of actual costs
Medical auxiliaries	100% of actual costs, up to € 500 per year	100% of actual costs, up to € 700 per year	100% of actual costs, up to € 1,000 per year
Treatment of cancer	100% of actual costs	100% of actual costs	100% of actual costs
Treatment of AIDS	100% of actual costs	100% of actual costs	100% of actual costs
Drugs <i>excluding eye care, dental care and maternity (see below)</i>			
All prescription drugs including homeopathy	100% of actual costs	100% of actual costs	100% of actual costs
Prevention			
Vaccination	100% of actual costs, up to € 100	100% of actual costs, up to € 150	100% of actual costs, up to € 200
Tests for colon or prostate			
Mammogram			
Osteodensitometric examination (osteoporosis screening)			
Counselling			
This benefit allows the insured to release tension in order to improve his equilibrium. It is also applicable in the 6 months following the return to the country of origin.	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week
Maternity <i>waiting period 9 months. Maternity cover includes all benefits listed below</i>			
Consultations, drugs and pre or post-natal care	100% of actual costs, up to € 2,000 in the event of surgical delivery the ceiling is multiplied by 1.5	100% of actual costs, up to € 3,000 in the event of surgical delivery the ceiling is multiplied by 1.5	100% of actual costs, up to € 5,000 in the event of surgical delivery the ceiling is multiplied by 1.5
Private room			
Delivery			
Up to 10 sessions of post-natal physical therapy			
HIV screening (as part of pre-natal tests only)			
Screening for chromosomal abnormalities**			
IVF	100% of actual costs, up to € 200 per year	100% of actual costs, up to € 400 per year	100% of actual costs, up to € 600 per year

Benefits

Type of cover	Option 1	Option 2	Option 3
Dental care <i>waiting period 6 months*</i>			
Treatment	100% of actual costs, up to € 600 per year per person and up to € 1,000 from the third year	100% of actual costs, up to € 1,000 per year per person and up to € 1,500 from the third year	100% of actual costs, up to € 1,500 per year per person and up to € 2,000 from the third year
Parodontology (treatment of receding gums & gum disease)			
Dentures**			
Orthodontics up to age 16**	100% of actual costs, up to € 400 per year per person for a maximum of 2 years	100% of actual costs, up to € 800 per year per person for a maximum of 2 years	100% of actual costs, up to € 1,200 per year per person for a maximum of 2 years
Eye care <i>waiting period 9 months*</i>			
Lenses and frames, contact lenses (including disposable)	100% of actual costs, up to € 150 per year	100% of actual costs, up to € 200 per year	100% of actual costs, up to € 400 per year
Physiotherapy not linked to maternity**			
Waiting period 6 months* unless following surgery covered by APRIL Mobilité	100% of actual costs € 25 per session, up to 10 sessions per year per person. Following surgery: up to 20 sessions	100% of actual costs € 35 per session, up to 20 sessions per year per person. Following surgery: up to 40 sessions	100% of actual costs € 50 per session, up to 30 sessions per year per person. Following surgery: up to 60 sessions
Equipment and prosthetics** <i>excluding eye, dental and maternity care (see above)</i>			
Without hospitalisation	100% of actual costs, up to € 200 per prosthetic	100% of actual costs, up to € 400 per prosthetic	100% of actual costs, up to € 700 per prosthetic
If hospitalisation is covered by APRIL Mobilité	100% of actual costs, up to € 2,000 per hospital stay	100% of actual costs, up to € 3,000 per hospital stay	100% of actual costs, up to € 4,000 per hospital stay

* The waiting period may be shortened (except for maternity cover) if the insured had equivalent or higher level cover which was cancelled less than one month previously. Proof of this previous insurance and the Exit Certificate must be produced.

** Requires a pre-payment agreement *see definition*

The following treatments require prior agreement: dentures, prosthetics, orthodontics, physiotherapy, screening for chromosomal abnormalities, courses of treatment. The request for pre-payment agreement *see definition* must be sent to APRIL Mobilité. This request is valid for 6 months.

Definitions

Actual costs: total medical expenses charged to the insured.

Critical illnesses: Stroke, Cancer, Hepatitis C, HIV, Heart attack, Terminal kidney failure, Legionnaire's disease, Alzheimer's disease, Motor neuron disease, Creutzfeldt-Jacob disease, Endocrine disorders, Heart failure, Chronic degenerative arthritis, Rheumatoid arthritis, Multiple sclerosis, AIDS.

Daily hospital charge: the part of the daily cost not covered by French Social Security.

Pre-payment agreement: certain medical treatments and procedures require the prior agreement of our Medical Examiner. The practitioner prescribing these treatments or procedures must provide you with a request for a pre-payment agreement and a detailed breakdown of costs.

Direct hospitalisation payment: under the three medical expenses options and with prior agreement from the insurer, if the insured is hospitalised for more than 24 hours, he or she may take advantage of the direct payment of expenses at any hospital using the APRIL Mobilité card. An advance payment of expenses is made in the event of childbirth.

Request for pre-payment: form completed by a competent medical authority allowing the patient to obtain a pre-payment agreement from APRIL Mobilité for certain procedures or treatments.

Waiting period: period defined in the policy during which no benefits are paid. The waiting period applies starting from the start date of cover.

The medical expenses options provide cover for the following types of complementary and preventive medicine:

- consultations, consultations with dieticians, acupuncturists, osteopaths, homoeopaths, chiropractors and homeopathic medicine with a doctor's prescription,
- vaccines, osteodensitometric examinations and screening for colorectal, breast or testicular cancer,
- medically assisted procreation, pre-natal classes (held by a doctor or midwife), HIV screening as part of pre-natal tests and screening for chromosomal abnormalities subject to prior agreement

Examples of healthcare expenses reimbursements

Example number 1: hospitalisation in metropolitan France for removal of appendix

Cost of the operation = € 1,800

→ APRIL Mobilité reimbursement: 100% of actual costs = € 1,800

→ You pay: € 0

Example number 2: consultation with a private specialist in London

Cost of the consultation = € 110

→ APRIL Mobilité reimbursement: 100% of actual costs up to € 150/item (under option 3) = € 110

→ You pay: € 0

Annual premiums including all taxes (for cover commencing prior to 01/12/2008)

Option 1			
Amount of excess	Excess of € 0	Excess of € 20	Excess of € 40
0-20 years	ind. € 1,176	ind. € 1,008	ind. € 840
21-30 years	ind. € 1,584 / fam. € 3,864	ind. € 1,356 / fam. € 3,288	ind. € 1,128 / fam. € 2,724
31-40 years	ind. € 1,956 / fam. € 4,788	ind. € 1,668 / fam. € 4,080	ind. € 1,380 / fam. € 3,372
41-50 years	ind. € 2,280 / fam. € 5,628	ind. € 1,956 / fam. € 4,788	ind. € 1,620 / fam. € 3,948
51-60 years	ind. € 2,952 / fam. € 7,296	ind. € 2,520 / fam. € 6,204	ind. € 2,088 / fam. € 5,124
61-65 years	ind. € 3,816 / fam. € 9,456	ind. € 3,252 / fam. € 8,052	ind. € 2,688 / fam. € 6,636
66-70 years	ind. € 5,328	ind. € 4,536	ind. € 3,744
Option 2			
Amount of excess	Excess of € 0	Excess of € 20	Excess of € 40
0-20 years	ind. € 1,224	ind. € 1,056	ind. € 876
21-30 years	ind. € 1,656 / fam. € 4,044	ind. € 1,416 / fam. € 3,444	ind. € 1,176 / fam. € 2,856
31-40 years	ind. € 2,040 / fam. € 5,016	ind. € 1,752 / fam. € 4,272	ind. € 1,452 / fam. € 3,528
41-50 years	ind. € 2,388 / fam. € 5,892	ind. € 2,040 / fam. € 5,016	ind. € 1,692 / fam. € 4,140
51-60 years	ind. € 3,096 / fam. € 7,644	ind. € 2,640 / fam. € 6,504	ind. € 2,184 / fam. € 5,364
61-65 years	ind. € 4,008 / fam. € 9,924	ind. € 3,408 / fam. € 8,436	ind. € 2,820 / fam. € 6,960
66-70 years	ind. € 5,580	ind. € 4,752	ind. € 3,924
Option 3			
Amount of excess	Excess of € 0	Excess of € 20	Excess of € 40
0-20 years	ind. € 1,452	ind. € 1,248	ind. € 1,032
21-30 years	ind. € 1,968 / fam. € 4,824	ind. € 1,680 / fam. € 4,104	ind. € 1,392 / fam. € 3,396
31-40 years	ind. € 2,424 / fam. € 5,976	ind. € 2,076 / fam. € 5,088	ind. € 1,716 / fam. € 4,200
41-50 years	ind. € 2,844 / fam. € 7,020	ind. € 2,424 / fam. € 5,976	ind. € 2,016 / fam. € 4,932
51-60 years	ind. € 3,684 / fam. € 9,108	ind. € 3,144 / fam. € 7,752	ind. € 2,592 / fam. € 6,396
61-65 years	ind. € 4,764 / fam. € 11,832	ind. € 4,056 / fam. € 10,068	ind. € 3,360 / fam. € 8,304
66-70 years	ind. € 6,648	ind. € 5,664	ind. € 4,668

Benefits

The level of the family premium depends on the age of the eldest person.

If a family is taking out individual cover, the same option must be selected for all family members.

The « permanent extension of medical cover to the home country » option can be added to medical expenses options 1, 2 or 3 by adding 10% to the medical expenses premium.

Example of premium calculation

A 41-year old Italian applies for option 3 with an excess of € 20 and the extension of medical cover to the home country option:

→ Premium: €2,424 + (€ 2,424 x 0.10) = € 2,666.40

The list of countries temporarily excluded can be obtained on www.aprilmobilite.com or by calling us on +33 (0)1 73 02 93 93. The list of excluded countries is liable to change.

Note

From the age of 60, new subscribers will be requested to have a medical visit paid for by the insured and to submit a medical report provided by APRIL Mobilité.

3 Personal liability

We will cover you for any money that you have to pay as a result of any damage you are held responsible for in a non-business capacity. The commute to and from your home and your place of work is also covered.

You are covered if you, or any person you are responsible for, are held legally responsible for damage to a third party *see definition* while travelling to your country of expatriation and during your stay abroad.

Note

Personal liability cover must be taken out in combination with other cover under the policy.

Type of cover	Level of cover
Bodily injury, material and consequential damage	up to € 7,500,000 per claim per insurance year
including:	
Inexcusable fault <i>see définition</i>	up to € 300,000 per victim up to € 1,500,000 per insurance year
Material and consequential damage	up to € 750,000 per claim and per insurance year deductible € 150 per claim
Damage (including fire, explosion and water damage to property leased or borrowed by the insured for the organisation of family ceremonies)	up to € 150,000 per claim and per insurance year deductible € 150 per claim

Annual premiums (all taxes included) per policy cover commencing prior to 01/12/2008

Per policy:	€ 120
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The premium is the same per policy regardless of the number of persons insured.

Definitions

Inexcusable fault: exceptionally serious error caused by a voluntary act or omission, the danger of which the person responsible should have been aware, committed without justification and which is not deliberate. An intentional fault is caused by the deliberate wish to hurt others.

Third party: any person who is not the insured, who occasionally cares for the insured's children or animals free of charge, and the employees of the insured.

4 Death and total permanent disability benefits

In the event of an illness leading to death, we will pay a lump sum to the beneficiary or beneficiaries named by the insured in the policy. The amount of the sum is doubled if the death is caused by an accident. In addition, the amount is fully paid in the case of total and permanent disability *see definition*.

Note

The amount of death benefit paid may be fixed between € 20,000 to € 400,000.
The premium is calculated as follows:

Example of premium calculation

In order to obtain cover of € 122,000 in the event of death, a person aged 37 would pay a premium of:
 $(€ 122,000 / € 20,000) \times € 72 = € 439.20$

The calculation rule is as follows:

$(\text{Level of cover requested} / € 20,000) \times \text{Premium corresponding to € 20,000 in the appropriate age group.}$

Annual premiums (all taxes included) per insured aged 18 to 64 for cover commencing prior to 01/12/2008								
	18 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 64
Minimum death benefit: € 20 000*	€ 48	€ 54	€ 72	€ 96	€ 132	€ 180	€ 264	€ 396
Maximum death benefit: € 400 000*	€ 960	€ 1,080	€ 1,440	€ 1,920	€ 2,640	€ 3,600	€ 5,280	€ 7,920

* doubled if death is caused by an accident

Note

Depending on the level of death benefit requested, the insured will be asked to complete the following medical requirements:

- death benefit between € 20,000 and € 150,000: Health questionnaire;
- death benefit between € 150,001 and € 250,000: Health questionnaire + doctor's medical report**;
- death benefit between € 250,001 and € 400,000: Health questionnaire + doctor's medical report**, electrocardiogram, blood and urine samples (ask us for details).

(** reimbursed by APRIL Mobilité if you are under 60)

The amount paid for death benefit is not subject to inheritance tax under current legislation.

Definition

Total and permanent disability:

disability following an illness or accident making it impossible for the insured to carry out a profession and, additionally,

obliged to receive assistance from a third party to carry out all ordinary activities.

5 Sick leave from work

We will pay a daily allowance or a disability amount if you cannot work due to illness or accident. This cover ensures that you receive a regular part of your salary for a fixed period.

Note

You can take out this cover only if you are already covered for death benefit under the policy. You are free to choose the level of daily allowance (between € 20 and € 140) on condition that you comply with the following rule: **the amount of daily allowance paid over one month must not exceed 70% of your gross monthly income.** You must be in paid employment to benefit from this cover.

Daily allowance:

Daily indemnities may be paid starting from the 31st day or the 61st day based on the option selected and for a maximum period of 3 years. The number of days paid per month is 30 days. Daily allowance cover applies from the 31st day or the 61st day of the exemption benefit: in case of financial difficulties caused by a leave of absence from work with the right to daily allowance, the insured receives free social protection cover. This benefit will stop when the insured reaches the age of 60.

Disability pension:

We will pay a long-term disability pension if you are disabled through illness. The daily allowance is converted to an annual pension after a maximum of 3 years' payment of the daily allowance. The annual pension is paid once your condition has stabilised and until you reach retirement age, 60 at the latest. The amount of the annual pension is in proportion to the disability rate. In order to receive a disability pension, you must have a home or address in metropolitan France.

Annual premiums (all taxes included) per insured aged 18 to 60 for cover commencing prior to 01/12/2008		
Excess choice of 30 or 60 days	€ 20 of daily allowance with excess of 30 days	€ 20 of daily allowance with excess of 60 days
Minimum death benefit or D.A. selected x 1,000	€ 20,000	€ 20,000
Maximum annual amount D.A. selected x 360	€ 7,200	€ 7,200
18 to 30	€ 144.00	€ 128.40
31 to 35	€ 156.00	€ 136.80
36 to 40	€ 204.00	€ 180.00
41 to 45	€ 276.00	€ 243.60
46 to 50	€ 420.00	€ 368.40
51 to 55	€ 444.00	€ 391.20
56 to 60	€ 288.00	€ 247.20

Calculation: Rule of proportionality, for example a person aged 40 requesting a daily allowance of € 62 with an excess of 30 days will pay (€ 62 x € 204) / € 20 = € 632.40 per year.

Note

Depending on the level of daily allowance and disability pension selected, the insured will be asked to complete the following medical requirements:

- daily allowance of between € 20 and € 80: Health questionnaire,
- daily allowance of between € 81 and € 100: Health questionnaire + doctor's medical report*,
- daily allowance of between € 101 and € 140: Health questionnaire + doctor's medical report*, electrocardiogram, blood and urine samples (ask us for details)

(*reimbursed by APRIL Mobilité if you are under 60)

How the policy operates

The insured

Cover is available to any person aged between 0 and 70 inclusive, of any nationality, residing in France and/or in one or more countries in the Europe-Mediterranean zone (other than his or her home country). The insured, whose home country must be located in the Europe-Mediterranean zone, can opt for a permanent extension of medical cover to the home country.

The upper age limit for applications for cover for sick leave from work and total and permanent disability is 60.

In the case of new membership from the age of 60, a medical visit paid for by the insured will be required and a medical report given by APRIL Mobilité must be completed.

Note

Membership can be on an individual or family basis (except for death benefit and total permanent disability/cover for sick leave from work which can only be provided on an individual basis). The Personal liability premium is the same regardless of the number of persons insured under the policy. The attached Health questionnaire does not need to be filled out for repatriation assistance and personal liability cover.

Territorial limits

Cover applies for the duration of the policy in the Europe-Mediterranean zone (excluding the home country).

Cover is extended to the home country for stays of no longer than 30 consecutive days (unless the insured's home country is located in the Europe-Mediterranean zone and the « permanent extension of medical cover to the home country » option has been selected).

Assistance cover is extended to the home country and the rest of the world for stays of no more than 90 consecutive days.

The Europe-Mediterranean zone includes: Albania, Algeria, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Denmark, Egypt, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Libya, Lichtenstein, Lithuania, Luxemburg, Macedonia, Malta, Moldavia, Monaco, Montenegro, Morocco, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, The Czech Republic, The Netherlands, Tunisia, Turkey, Ukraine, United Kingdom.

Start date of cover

Cover takes effect, at the earliest, on the first day following receipt of the completed application form and supporting documents, when the premium has been paid and medical approval has been obtained. For applications from the over 60s, a medical visit, paid for by the insured, is required. The medical report to be completed by the doctor is available from APRIL Mobilité.

Duration of cover

Cover is for a minimum period of one year (unless specified otherwise) and can be cancelled at each annual renewal date with two months' prior notice. Otherwise it is renewed automatically.

If the premium is not paid APRIL Mobilité will send a reminder. If the premium remains unpaid, a formal notice of cancellation will be issued. **Notices of cancellation which are sent by recorded delivery will be charged at € 23 per item.**

Upon return to France or to the country of origin, cover can be extended for a maximum period of three months if specifically requested, and if the corresponding premium indicated by APRIL Mobilité is paid. Extending cover in this way allows the insured to make arrangements under the state scheme of his or her country of origin while ensuring continuity of cover.

Note

Cover ceases automatically:

- when the age limit is reached:
 - **21** for dependent children (26 if in full time education and covered by French Social Security or by a students' Social Security scheme);
 - **60** for cover for sick leave from work and total and permanent disability benefits;
 - **65** for personal liability, and death benefits;
 - **71** for healthcare expenses and assistance benefits;
- Medical expenses cover can be extended after age 70 on request and on payment of the corresponding premium.*
- if you do not pay the premium.

How the policy operates

Customer Service

Throughout your period of Membership and during your stay abroad, APRIL Mobilité's customer service team is available to provide you with any assistance you may require in connection with your policy.

You can:

- change the level of cover to suit your needs at any time throughout the life of your policy,
- add a beneficiary,
- sign up to new options,
- update contact or bank details,
- make any other changes to your cover.

The customer service team can be contacted on:

Tel: +33 (0)1 73 02 93 93 or e-mail: suivi.client@aprilmobilite.com

Paying the premium

Premiums are payable in euros per month, quarter, every 6 months or annually.

Payment can be made by cheque, bank transfer, bank card or direct debit from a French bank account.

Exclusions from benefits

Exclusions from the repatriation assistance benefits

- any interventions and/or reimbursements related to medical visits, check-ups, or preventative screenings;
- infections or benign injuries that can be treated on site and that do not prevent the beneficiary from continuing his travel;
- convalescence, infections in the process of being treated and not yet cured and/or requiring additional care programs;
- illnesses which had been identified prior to departure and which were at risk of aggravation or relapse;
- infections causing hospitalisation in the 6 months prior to departure;
- any consequences (check-ups, further treatment, recurrences) of an infection having caused repatriation;
- pregnancy barring unforeseeable complications but in all cases:
 - pregnancy and any complications and, in all cases, after the 28th week;
 - births and further developments relating to newborns;
 - termination of pregnancy;
- the consumption of alcohol and the consequences thereof under local legislation;
- cosmetic surgery;
- trips undertaken for diagnosis and/or treatment;
- the consequences of the failure of, unfeasibility of or reaction to any vaccination or treatment desired or essential for travel;
- congenital illnesses or deformities;
- AIDS and STDs.

Not covered are:

- medical expenses;
- cures, stays in rest homes and physiotherapy expenses;
- contraception and sterility treatment;
- spectacles and contact lenses;
- cosmetic prostheses, dentures, hearing aids;
- regular transportation required as a result of the beneficiary's health.

Exclusions from benefits

Exclusions for healthcare expense benefits

- any medical or surgical expense not prescribed by a qualified medical authority that would not be covered by the French Social Security system;
- non-medically motivated aesthetic treatment expenses, cosmetic, weight-loss, and weight-gain treatments, thermal treatments;
- psychological support, psychoanalysis, mental illness, depression or anxiety treatments (other than stays in a psychiatric hospital);
- related expenses such as telephone charges in the event of hospitalisation or expenses judged to be excessive, unreasonable or unusual considering the country in which they were incurred;
- transportation expenses other than for the ambulance to the care centre deemed closest;
- medical hospitalisation expenses or stays in sanatoriums or homes, when the institutions that treated the insured are not authorised by the competent public authority.

Exclusions from personal liability benefits

- damage resulting from the exercise of any professional activity or functions completed under the context of elected offices;
- driving any motorized or animal-drawn vehicle;
- the consequences of any material damage or bodily harm suffered by the insured;
- material damage caused by fire, explosion, or water leaks having begun or occurred in the buildings or places of which the insured is owner, lessor or for which he has private ownership under any title whatsoever;
- damage caused by pollution;
- noise pollution;
- consequences of hunting activities.

Exclusion from sick leave from work cover

Absence from work during statutory maternity or paternity leave is not covered.

Exclusions common to all benefits

In addition to the exclusions set forth for each benefit, all the costs and consequences are excluded from cover:

- intentional acts by the member or beneficiary and/or infractions of the law of the country where the insured is travelling;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism that occur in the same place as the events and regardless of the protagonists except in the case of legitimate self-defense;
- suicide or suicide attempts in the first year of benefits, the use of drugs or narcotics without a medical prescription;
- alcoholism or drunkenness by the insured (alcohol level higher than that defined by the traffic law applicable on the day of the accident);
- the direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except for under the framework for indemnity for natural disasters;
- accidents or illnesses, infections, deformities after the start date of cover which are subject to relapses or which have not stabilised, congenital illnesses or deformities that were not declared on application;
- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-carts, parachuting, mountain climbing, rock climbing, underwater diving except for free-diving up to 50 meters, caving, skeletoning, ski jumping, bobsleighbing, bungee jumping, rafting, canyoning, air-ballooning, jet-skiing and the following sports when practised off piste: skiing, cross country skiing, tobogganing and snowboarding;
- participation in all sports competitions and entertainment, practicing sports in a club or federation, both professionally and as an amateur, as well as all sports requiring the use of a terrestrial, nautical or aerial engine;
- air navigation accidents except if the insured is an ordinary passenger and is on board a craft for which the owner or pilot has all the appropriate authorisations and licenses;
- sailing or pleasure cruising on the high seas;
- carrying out any professional activity on an oil rig.

Except in application of Articles L113.8 and L113.9 of the French Insurance Code, the benefits apply as a consequence of diseases or medical illnesses which occurred before the date of signing the Application form contract if they were declared on the said Application form and are not subject to a particular exclusion, of which the member has been notified of by registered letter.

How to apply for cover ?

- 1 Complete the Application form attached, in CAPITAL LETTERS (one letter in each box) using a black biro pen. The policyholder, the insured (and his or her spouse or partner) should sign the Application form on page 7.
- 2 The policyholder, his or her insured spouse or partner and his or her children over 18 should sign the Health questionnaire (not required for repatriation assistance and personal liability cover) on pages 8 and 9 by marking each question YES or NO using a black biro pen. If you answer YES to any of the questions (other than question 13), please provide further details about the events surrounding the illness or accident and its consequences in the space on page 10. If you would prefer your responses to remain confidential you should photocopy the blank Health questionnaire, complete it and send it in a sealed envelope marked "Confidential" for the attention of the Applications Medical Department.
- 3 Send your Application form and the Health questionnaire together with a cheque for the first premium in euros made **payable to APRIL Mobilité** or fill in your credit card details on the Application form or complete the direct debit authorisation form or arrange for a bank transfer (enclose a copy of the transfer document).

Contact details for APRIL Mobilité

- APRIL Mobilité - Service Adhésions - 110, avenue de la République - 75011 Paris - FRANCE
- Telephone: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90 - E-mail: info@aprilmobilite.com
- 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.

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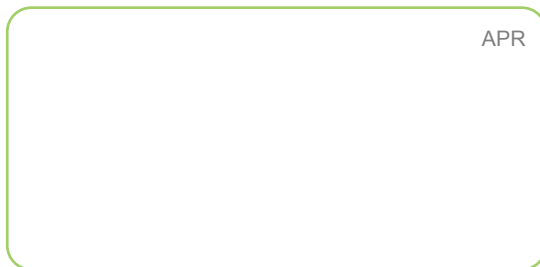
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