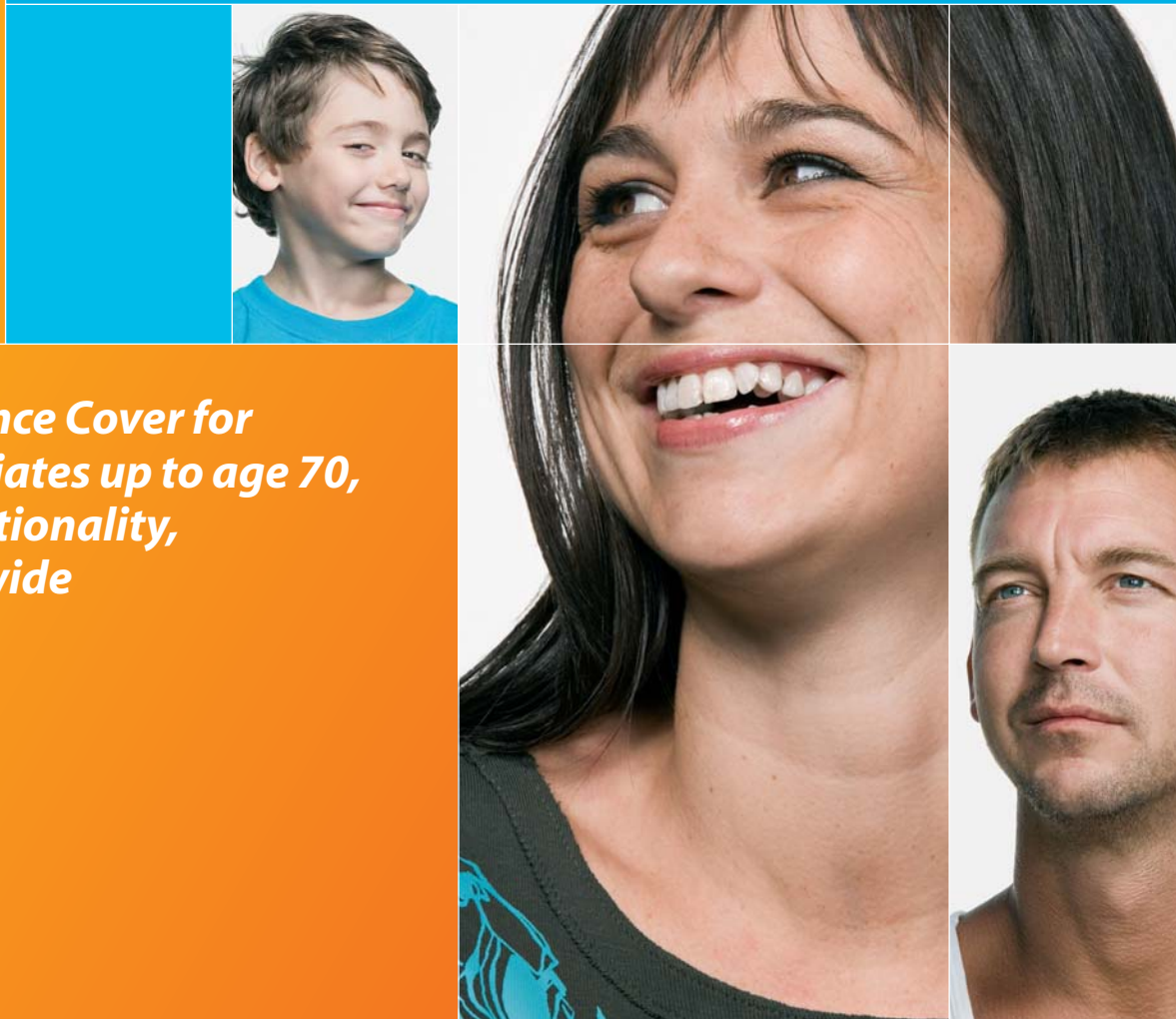




**Benefits 2008**

# *Ambassade*

[ solutions ] for expatriates



*Insurance Cover for  
Expatriates up to age 70,  
any nationality,  
worldwide*



# Ambassade 2008

**Ambassade** is an insurance solution designed for expatriates of any nationality spending more than a year abroad anywhere in the world (excluding France, the French Overseas Departments and the country of origin).

Comprehensive, flexible cover available worldwide, applications accepted up to age 70: medical expenses, repatriation assistance, personal liability, death & disability and sick leave from work. The insured is free to select the options which best meet his or her needs.

## Cover à la carte

### High-level reimbursement of medical costs

- Medical expenses covered from the first Euro, with up to 100% of actual costs,
- 3 medical expenses options covering 80%, 90% and 100% of actual costs, **with no excess** or waiting time for hospitalisation or medical cover,
- 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.

### Extensive repatriation assistance

- In the event of illness or accident, APRIL Mobilité Assistance will organise your return home or transport to the best equipped hospital 24 hours a day so you can be sure of receiving the best possible medical care.
- In the event of the illness or death of a close friend or relative, APRIL Mobilité will pay for you to travel to and from your country of origin.

### Useful additional cover

- Personal liability: you are covered for the consequences of acts committed in a private capacity having caused bodily injury or physical damage to a third party.
- Death & 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.



### > Reliable healthcare cover

... up to € 1,000,000

**APRIL Mobilité has introduced a new level of cover by doubling the maximum amount of medical expenses** (€ 400,000, € 600,000 or € 1,000,000 depending on the option selected) in the event of accident or critical illness.

*Example: An expatriate diagnosed with cancer while living in Canada: APRIL Mobilité helped him cope in these difficult circumstances and assisted with the cost of treatment by offering a higher level of cover.*

... with no time limit

APRIL Mobilité offers lifetime healthcare cover if you take out a policy before age 71. You are then covered for as long as you wish with no increase in premium regardless of the level of your expenses.

... valid en France and in your country of origin

Returning to France or to your country of origin? With Ambassade your cover remains in place during short trips of up to 90 consecutive days.



### > Cover à la carte

With APRIL Mobilité, you can design your own insurance cover. Ambassade is a fully flexible policy which can be adapted to meet your personal needs.

What's more, you can choose between 3 medical expenses options and set the level of death and disability benefits as well as the amount of your daily sick leave allowance.



### > Payment facilities

To help you manage your budget, APRIL Mobilité offers easy monthly payments of your premiums, 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 Ambassade 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 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, 24/24 access to information about your policy. Go to [www.aprilmobilite.com](http://www.aprilmobilite.com) using a secure access code and personal password to:

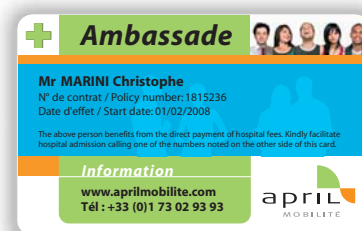
- view your reimbursement statements and premium payments (if you are a policyholder), insurance cover and general conditions,
- check your personal information and bank details,
- check your payment methods and get contact details for your insurance consultant.

### Your Membership Card

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

- direct payment of hospital fees during approved hospitalisation for 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, for 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 and claims within 24 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 Medical expenses

Three medical expenses options allowing you to choose the benefits best suited to cover your healthcare expenses: PRIMO, INTERMEDIO and EXTENSO. The benefits indicated are valid in the country of expatriation and in France or in the country of origin during short trips of up to 90 consecutive days.

Type of cover	PRIMO Option	INTERMEDIO Option	EXTENSO Option
<b>Maximum amount of healthcare expenses</b>	€ 200,000 per insured per insurance year. <b>Up to € 400,000 in the event of accident or critical illness</b> <i>see definition</i>	€ 300,000 per insured per insurance year. <b>Up to € 600,000 in the event of accident or critical illness</b> <i>see definition</i>	€ 500,000 per insured per insurance year. <b>Up to € 1,000,000 in the event of accident or critical illness</b> <i>see definition</i>
<b>Hospitalisation:</b> <i>excluding maternity (see below)</i>			
Hospitalisation for surgery	100% of actual costs	100% of actual costs	100% of actual costs
Medical hospitalisation (>24h)	100% of actual costs	100% of actual costs	100% of actual costs
Second opinion before surgery	not covered	not covered	covered
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>
Ambulance if hospital cost covered by APRIL Mobilité	100% of actual costs	100% of actual costs	100% of actual costs
Daily hospital charge <i>see definition</i>	100% of actual costs	100% of actual costs	100% of actual costs
Private room	up to € 50 per day	up to € 60 per day	up to € 80 per day
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
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
Cancer treatments: chemotherapy and radiotherapy	100% of actual costs	100% of actual costs	100% of actual costs
<b>Medical expenses:</b> <i>excluding dental care and maternity (see below)</i>			
Consultations and visits: general practitioners	80% of actual costs up to € 70 per procedure	90% of actual costs up to € 100 per procedure	100% of actual costs up to € 130 per procedure
Consultations and visits: specialists (including acupuncturists, dieticians, osteopaths and homoeopaths if referred by a GP)	80% of actual costs up to € 100 per procedure an overall upper limit of € 150 per year per person applies to consultations with dieticians, osteopaths and homoeopaths	90% of actual costs up to € 130 per procedure an overall upper limit of € 200 per year per person applies to consultations with dieticians, osteopaths and homoeopaths	100% of actual costs up to € 150 per procedure an overall upper limit of € 300 per year per person applies to consultations with dieticians, osteopaths and homoeopaths
Examinations and treatments of not more than 24 hours carried out in hospital	80% of actual costs up to € 500 per day	90% of actual costs up to € 700 per day	100% of actual costs up to € 1,000 per day
Medical auxiliaries and specialist care	80% of actual costs	90% of actual costs	100% of actual costs
Diagnostic tests / x-rays	80% of actual costs	90% of actual costs	100% of actual costs
<b>Drugs:</b> <i>excluding eye care, dental care and maternity (see below)</i>			
All prescription drugs including homeopathy	80% of actual costs	90% of actual costs	100% of actual costs

Type of cover	PRIMO Option	INTERMEDIO Option	EXTENSO Option
<b>Prevention and screening</b>			
Vaccination	up to €60 per year per person	up to €100 per year per person	up to €150 per year per person
Osteodensitometric examination (osteoporosis screening)	up to €50 per year per person	up to €90 per year per person	up to €90 per year per person
Screening for colorectal, breast or testicular cancer	up to €40 per year per person	up to €60 per year per person	up to €60 per year per person
<b>Counselling</b>			
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
<b>Maternity:</b> waiting period 9 months. Maternity cover includes all benefits listed below:			
Consultations, drugs and pre or post-natal care	100% of actual costs  overall maternity limit: up to €3,500 in zone A and up to €2,000 in zones B and C  in the event of surgical delivery the ceiling is multiplied by 1.5	100% of actual costs  overall maternity limit: up to €5,000 in zone A and up to €3,000 in zones B and C  in the event of surgical delivery the ceiling is multiplied by 1.5	100% of actual costs
Private room			overall maternity limit: up to €8,000 in zone A and up to €5,000 in zones B and C  in the event of surgical delivery the ceiling is multiplied by 2  adoption : € 4,000 in zone A € 2,500 in zones B and C
Delivery			
Up to 10 sessions of post-natal physical therapy			
Pre-natal classes (held by a doctor or midwife)			
HIV screening (as part of pre-natal tests only)			
Screening for chromosomal abnormalities** (prior agreement must be obtained)	up to €300 per year, included in the overall limit per zone indicated above	up to €500 per year, included in the overall limit per zone indicated above	up to €800 per year, included in the overall limit per zone indicated above
Medically assisted procreation			
<b>Dental care:</b> waiting period 6 months*			
Treatment	80% of actual costs up to €200 per tooth up to €600 per year per person and up to €1,500 from the third year	90% of actual costs up to €380 per tooth up to €800 per year per person and up to €2,000 from the third year	100% of actual costs up to €500 per tooth up to €2,000 per year per person and up to €2,500 from the third year
Parodontology (treatment of receding gums & gum disease)			
Dentures **			
Orthodontics up to age 16 **	80% of actual costs up to €500 per year per person for a maximum of 2 years	90% 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 3 years
<b>Eye care:</b> waiting period 9 months*			
Cost of frames and lenses	80% of actual costs up to €200 per year	90% of actual costs up to €350 per year	100% of actual costs up to €650 per year
Laser eye surgery	not covered	not covered	covered under the above limit
Contact lenses including disposable lenses	80% of actual costs up to €100 per year per person	90% of actual costs up to €200 per year per person	100% of actual costs up to €300 per year per person

## Benefits

Type of cover	PRIMO Option	INTERMEDIO Option	EXTENSO Option
<b>Equipment and prosthetics</b> ** <i>excluding eye, dental and maternity care (see above)</i>			
Without hospitalisation	80% of actual costs up to €160 per prosthetic	90% of actual costs up to €300 per prosthetic	100% of actual costs up to €600 per prosthetic
If hospitalisation is covered by APRIL Mobilité	up to €1,500 per hospital stay	up to €3,000 per hospital stay	up to €4,000 per hospital stay
<b>Physical therapy not linked to maternity</b> **			
waiting period 6 months * unless following surgery covered by APRIL Mobilité	80% of actual costs up to €25 per session up to 10 sessions per year per person. Following surgery: up to 20 sessions	90% of actual costs up to €35 per session up to 15 sessions per year per person. Following surgery: up to 40 sessions	100% of actual costs up to €50 per session up to 30 sessions per year per person. Following surgery: up to 60 sessions
<b>Thermal cure and mineral springs treatments</b> **: <i>waiting period 12 months*</i>			
Valid for three months following hospitalisation of more than 10 days or childbirth covered by APRIL Mobilité	–	–	up to €500 per year per person, including mineral spring therapy up to €300 per year per person
<b>Health check-ups</b>			
	one check-up every 3 years up to €200	one check-up every 3 years up to €300	one check-up every 2 years up to €400

\* 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*

### 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.

**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.

**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.

**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 with dietitians, acupuncturists, osteopaths, homoeopaths 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,
- paradontology and laser eye surgery (under the EXTENSO option).

Counselling services abroad and on return to France or to the country of origin are also covered.

## Examples of healthcare expenses reimbursements

### Example 1: hospitalisation following an accident in the USA

2 days in intensive care = \$ 7,600 x 2 = \$ 15,200

→ APRIL Mobilité reimbursement of 100% of actual costs (all options) = \$ 15,200

→ You pay: \$ 0

### Example 2: consultation with a private specialist in Singapore

Cost of the consultation = € 134 (converted from local currency)

→ APRIL Mobilité reimbursement of 100% of actual costs, maximum € 150 per procedure (EXTENSO option) = € 134

→ You pay: € 0

## Premiums per year for cover commencing prior to 01/12/2008

	Zone A			Zone B			Zone C		
	PRIMO Option	INTERMEDIO Option	EXTENSO Option	PRIMO Option	INTERMEDIO Option	EXTENSO Option	PRIMO Option	INTERMEDIO Option	EXTENSO Option
<b>under 20</b>	ind. € 1,476	ind. € 1,788	ind. € 2,064	ind. € 972	ind. € 1,260	ind. € 1,404	ind. € 792	ind. € 1,008	ind. € 1,128
<b>21 to 30</b>	ind. € 1,932 fam. € 5,772	ind. € 2,388 fam. € 7,032	ind. € 2,892 fam. € 8,472	ind. € 1,212 fam. € 3,252	ind. € 1,668 fam. € 4,296	ind. € 1,956 fam. € 5,172	ind. € 1,032 fam. € 2,616	ind. € 1,344 fam. € 3,792	ind. € 1,584 fam. € 4,560
<b>31 to 40</b>	ind. € 2,424 fam. € 6,912	ind. € 3,000 fam. € 8,448	ind. € 3,720 fam. € 10,164	ind. € 1,524 fam. € 3,900	ind. € 2,100 fam. € 5,148	ind. € 2,520 fam. € 6,204	ind. € 1,296 fam. € 3,132	ind. € 1,692 fam. € 4,524	ind. € 2,028 fam. € 5,448
<b>41 to 50</b>	ind. € 3,084 fam. € 8,268	ind. € 3,816 fam. € 10,080	ind. € 4,716 fam. € 12,144	ind. € 2,112 fam. € 5,004	ind. € 2,904 fam. € 6,636	ind. € 3,504 fam. € 7,980	ind. € 1,788 fam. € 4,008	ind. € 2,340 fam. € 5,844	ind. € 2,808 fam. € 7,032
<b>51 to 60</b>	ind. € 4,884 fam. € 11,880	ind. € 6,072 fam. € 14,508	ind. € 7,512 fam. € 17,460	ind. € 3,048 fam. € 6,660	ind. € 4,224 fam. € 8,844	ind. € 5,088 fam. € 10,656	ind. € 2,568 fam. € 5,364	ind. € 3,384 fam. € 7,788	ind. € 4,080 fam. € 9,384
<b>61 to 65</b>	ind. € 6,696 fam. € 15,120	ind. € 8,508 fam. € 18,348	ind. € 10,524 fam. € 22,704	ind. € 4,152 fam. € 9,024	ind. € 5,904 fam. € 12,216	ind. € 7,104 fam. € 14,724	ind. € 3,516 fam. € 6,828	ind. € 4,728 fam. € 10,140	ind. € 5,688 fam. € 12,204
<b>66 to 70</b>	ind. € 8,604	ind. € 10,884	ind. € 13,464	ind. € 5,304	ind. € 7,548	ind. € 9,096	ind. € 4,500	ind. € 6,048	ind. € 7,272
<b>over 70</b>	ind. € 10,620	ind. € 13,488	ind. € 16,692	ind. € 6,564	ind. € 9,348	ind. € 11,268	ind. € 5,556	ind. € 7,476	ind. € 9,012

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

**Zone A :** The Bahamas, Canada, Switzerland, United States.

**Zone B :** Albania, Andorra, Armenia, Australia, Austria, Azerbaijan, Belgium, Belarus, Bosnia-Herzegovina, Brazil, Bulgaria, Chile, Croatia, Cyprus, Denmark, Estonia, Faroe Islands, Finland, Georgia, Germany, Gibraltar, Great Britain, Greece, Hong Kong, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lichtenstein, Lithuania, Luxemburg, Macedonia, Malta, Moldavia, Monaco, The Netherlands, New Zealand, Norway, Poland, Portugal, The Czech Republic, Romania, Russia, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Svalbard and Jan Mayen, Taiwan, Ukraine, Vatican State, Venezuela.

**Zone C :** Any country not listed under Zones A and B.

The list of countries temporarily excluded can be obtained on [www.aprilmobilite.com](http://www.aprilmobilite.com) or by calling us on +33 (0)1 73 02 93 93.

### 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.

## 2 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
<b>In the event of accident or illness:</b>	
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 country of expatriation after stabilisation	one-way economy class airline ticket or 1 <sup>st</sup> class railway ticket
Advance payment of hospital expenses in country of expatriation *	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 case of repatriation of the insured	one-way economy class airline ticket or 1 <sup>st</sup> class railway ticket
<b>In the event of the death of the insured:</b>	
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 <sup>st</sup> class railway ticket
<b>If your personal effects are lost or stolen abroad:</b>	
Advance of funds abroad	up to € 1,500
Provision of new travel document	one-way economy class airline ticket or 1 <sup>st</sup> class railway ticket
Sending urgent messages	covered
<b>In the event of an unintentional infraction of the law abroad:</b>	
Legal expenses incurred while abroad	up to € 1,500 per event
Cost of bail while abroad	up to € 15,000 per event
<b>In the event of the death or the hospitalisation of a relative :</b>	
Early return home if a close relative dies	return economy class airline ticket or 1 <sup>st</sup> 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 <sup>st</sup> class railway ticket

\* If you have no healthcare cover.

**These assistance benefits are valid for periods of one year in the selected geographical area and for stays of less than 90 consecutive days in France and the country of origin.**

### 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		
	European and Mediterranean countries	Worldwide
Individual under 31	€ 132	€ 228
Individual aged 31 to 70	€ 144	€ 264
Family	€ 324	€ 576

**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.

### 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 <sup>see definition</sup> 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

Nature of services	Levels of cover
Bodily injury, material and consequential damage	up to € 7,500,000 per claim per insurance year
<b>including:</b>	
Inexcusable fault <sup>see definition</sup>	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 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 year deductible € 150 per claim

#### Definitions

**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.

**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.

Annual premiums (all taxes included) per policy cover commencing prior to 01/12/2008		
	Worldwide excluding USA and Canada	Worldwide
Per policy:	€ 120	€ 174

The amount of the personal liability premium only depends on the country or countries to be visited. The premium is the same per policy regardless of the number of persons 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:

$(€ 122,000 / € 20,000) \times € 72 = € 439.20$  per year.

The calculation rule is as follows:

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

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
Minimum 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 31<sup>st</sup> day or the 61<sup>st</sup> 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 31<sup>st</sup> day or the 61<sup>st</sup> 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 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 Ambassade plan operates

### Insured

Any person covered under the policy aged between 0 and 70, not residing in France, in the French Overseas Departments or in his or her home country is eligible. You must not be over 60 when you apply for cover for sick leave from work and death and total permanent liability benefits. In the case of new membership from the age of 60, a medical visit paid for by the insured will be requested 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

The healthcare cover applies in the zone selected. Selecting zone A also gives you access to cover in zones B and C. Selecting zone B also gives you access to cover in zone C. Selecting zone C provides cover only in this zone. Assistance and personal liability cover applies in the selected zone. All three types of cover also apply during short-term stays of less than 90 consecutive days outside the selected zone (including France, the French Overseas Departments and the country of origin). Death, total permanent disability and sick leave from work indemnity apply in the country of expatriation and during short-term stays of less than 90 consecutive days outside the country of expatriation.

In the event of repatriation on the decision of APRIL Mobilité Assistance outside the selected zone, any medical expenses cover you have will apply.

For a stay of more than 90 consecutive days outside the selected zone, the member must inform APRIL Mobilité of the move to another geographical zone so that the premium level can be adjusted.

The insured is covered 24 hours a day in both a private and professional capacity with the exception of personal liability cover which applies only in a personal capacity.

### Note

*As a result of heightened tension, cover in certain countries is subject to prior agreement from APRIL Mobilité. A comprehensive list of temporarily excluded countries can be consulted on [www.aprilmobilite.com](http://www.aprilmobilite.com) by calling us on + 33 (0)1 73 02 93 93. The list of excluded countries is liable to change.*

### Commencement of cover

The cover starts on the first day of the month following receipt of the completed Application, the premium, any supporting documentation requested and the medical report.

### 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,
- if you are no longer an expatriate. Supporting documentation must be produced.

## How the Ambassade plan operates

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.

### 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 email: [suivi.client@aprilmobilite.com](mailto:suivi.client@aprilmobilite.com)

## 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 28<sup>th</sup> 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 member 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 member 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 Membership Application form contract if they were declared on the said Membership 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 9 and 10 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 Conseil Client - 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](mailto: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.

## 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**

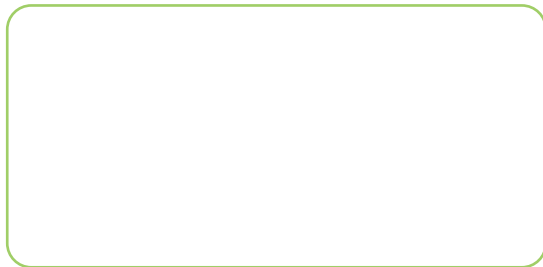
[www.aprilgroup.com](http://www.aprilgroup.com)

## 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 million people** know they can count on our **2060 employees** and 42 companies to protect their goods and families day after day.

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



**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

### Headquarters

110, avenue de la République - 75011 Paris - FRANCE

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

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](http://www.orias.fr))  
Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09





**Application form 2008**

# *Ambassade*

[ solutions ] for expatriates



*Insurance Cover for Expatriates  
up to age 70, any nationality,  
worldwide*



**2** Marital status of **spouse** or **common-law spouse**: Mrs  Miss  Mr

Surname of **spouse** or **common-law spouse**:

First names of **spouse** or **common-law spouse**:

Date of birth:  /  /

Nationality:

Country of residence abroad:

Occupation:

**3** Surname of **1<sup>st</sup> dependent child**:

First names of **1<sup>st</sup> dependent child**:

Date of birth:  /  /  Sex:  Male  Female

**4** Surname of **2<sup>nd</sup> dependent child**:

First names of **2<sup>nd</sup> dependent child**:

Date of birth:  /  /  Sex:  Male  Female

**5** Surname of **3<sup>rd</sup> dependent child**:

First names of **3<sup>rd</sup> dependent child**:

Date of birth:  /  /  Sex:  Male  Female

**If the insured have more than 3 dependent children, please photocopy page 2 and fill it out.**

**INSURED** Address abroad

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

Street name:

Street name (continued):

Postcode:

Town or City:

State/Region/Canton/Land/County:

Country:

Telephone:  /  /  /  /  /  *If outside France*



→ **Mailing address of the person paying the premium, for delivery of premium reminder notices**  
(if different from the main address)

Individual

Corporate

Name of company:

Title: Mrs  Miss  Mr

Surname:

First names:

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

Street name:

Street name (continued):

Postcode:

Town or City:

State/Region/Canton/Land/Country:

Country:

Telephone:  /  /  /  /  /  *If outside France*

E-mail:

*Providing us with an email address means we can send you information on your policy.*

You can update your details at [www.aprilmobilite.com](http://www.aprilmobilite.com).

**CHOICE OF BENEFITS AND LEVEL OF COVER:**

**1 Repatriation assistance**

Individual membership  Family membership

European and Mediterranean countries  Worldwide

Annual premium (all taxes included): €  **A**

**2 Medical expenses**

Individual membership  Family membership

*The level of the family premium is determined by the age of the eldest person.*

*In the case of an individual application made by each member of the same family, the same option must be selected for the entire family.*

Country of residence in zone A  Country of residence in zone B  Country of residence in zone C

PRIMO option  INTERMEDIO option  EXTENSO option

Annual premium (all taxes included): €  **B**

Method selected for payment of medical expenses reimbursements:

Cheque  Bank transfer (**send bank details with your application**)





## **Signature of the Member**

*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 Am 2008 outlining the details of my insurance cover. This information is available from my insurance advisor. 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, 75011 Paris, 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 from Social Security to APRIL Mobilité.*

*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.*

*I agree to pay APRIL Mobilité any reimbursements made to me by Social Security or any private healthcare insurer, if option 1 selected.*

In ..... Date .....

**Signature(s) of the insured, the policyholder and insured spouse or common-law spouse preceded by the words « I have read, understood and accepted the policy document »:**

# Health questionnaire

**To be completed not more than 6 months before the commencement of cover**

If you are leaving on 01/07/2008, you can sign this declaration between 01/01/2008 and 30/06/2008

**Please read the Health questionnaire carefully. The questionnaire is an important part of the insurance contract and must be dated and signed. You must answer all the questions.**

<b>1</b>	Height	
<b>2</b>	Weight	
<b>3</b>	Are you currently on partial or total sick leave from work due to illness or accident?	
<b>4</b>	Within the <b>last 10 years</b> , have you: a) undergone surgery? b) undergone laser treatment, chemotherapy or radiation therapy?	
<b>5</b>	Within the <b>last 5 years</b> , have you had an illness or an accident which resulted in: a) more than one month's sick leave from work? b) more than one month's medical treatment?	
<b>6</b>	Within the <b>last 5 years</b> , have you consulted a doctor for: a) nervous conditions (chronic fatigue, anxiety, depression)? b) back complaints (back pain, sciatica, slipped disc)? c) arthritis and/or rheumatism (hip, knee, shoulder...)?	
<b>7</b>	Do you suffer from any disorder or illness requiring regular medical supervision or treatment?	
<b>8</b>	Have you been tested for HBV (Hepatitis B)? If you answered "Yes" to this question, were the results positive?	<i>Date of the test:</i>
<b>8 Bis</b>	Have you been tested for HCV (Hepatitis C)? If you answered "Yes" to this question, were the results positive?	<i>Date of the test:</i>
<b>8 Ter</b>	Have you been tested for HIV (AIDS)? If you answered "Yes" to this question, were the results positive?	<i>Date of the test:</i>
<b>9</b>	Do you have a disability which entitles you to benefits?	
<b>10</b>	Will you undergo any diagnostic test <b>over the next 6 months</b> (lab tests, scans, endoscopy...) and /or have a consultation with a specialist and/or any treatment or surgery?	
<b>11</b>	Within the <b>last 12 months</b> , have you had: a) more than 3 periods of sick leave of any duration? b) specialist tests (other than routine screening) such as lab tests, scans, endoscopy...?	
<b>12</b>	Do you have, or have you ever had 100% cover from Social Security or the Caisse des Français de l'Étranger for a long-term complaint (with no contribution you towards costs)?	
<b>13</b>	Do you want your responses to this Health questionnaire to remain confidential?	

**Any medical information you provide is held in strict confidence in accordance with the Belorgey and AREAS conventions. Detailed answers will help us process your application promptly.**

**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.**

	Policyholder	Spouse or Common-law spouse	1 <sup>st</sup> dependent child	2 <sup>nd</sup> dependent child	3 <sup>rd</sup> dependent child
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

For new cover after the age of 60, a medical visit at your expense is required and a medical report provided by APRIL Mobilité must be completed.

If you wish your answers to remain confidential, make a copy of the blank Health questionnaire, fill it out and send it to us enclosing all the supporting documentation required in a sealed envelope with the word "Confidential" for the attention of the Applications Medical Department to the following address: APRIL Mobilité – 110, avenue de la République – 75011 Paris – FRANCE.

**Additional Information:**

If you answered **YES** to any of the questions (other than question 13), please provide further details regarding the events surrounding the illness or accident and any consequences resulting from it.

**Example:**

If you have had an operation to remove your appendix and answered **YES** to question 4, you would write in the space below: 4, appendix removed, 2003, 3 days in hospital. No further treatment required.

*Additional information*

THE INSURERS' 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(s) of person to be insured, spouse, common-law spouse and insured children preceded by the words « I have read, understood and accepted the policy document »:**

**Your Insurance Advisor + APRIL Mobilité Code:**

# Direct debit authorisation 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 - 75011 Paris - 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:

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

Please send this form to APRIL Mobilité and enclose details of your bank, postal or savings account.

## 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**

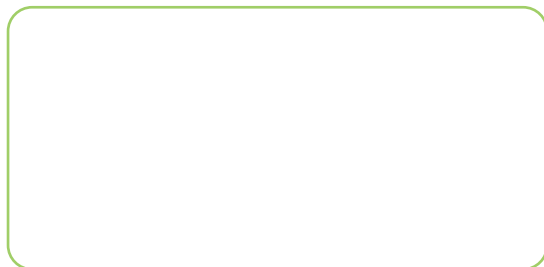
[www.aprilgroup.com](http://www.aprilgroup.com)

## 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 million people** know they can count on our **2060 employees** and 42 companies to protect their goods and families day after day.

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



**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

### Headquarters

110, avenue de la République - 75011 Paris - FRANCE

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

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](http://www.orias.fr))  
Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09

