

Valid in all
countries
visited



[La Mobilité] Individuals

Benefits 2010

Magellan

[Insurance solutions] for **globetrotters and short-term expatriates**

*Personal insurance
for globetrotters and
short-term expatriates
up to age 75,
from € 55 per month*





Magellan 2010

The **Magellan** policy is designed for anyone **under the age of 75** spending up to a year travelling anywhere in the world (excluding France, the French Overseas Departments and Regions and the home country). Maximum period of cover one year.

The policy insures you against the unexpected during your time abroad, thanks to our comprehensive medical expenses, repatriation assistance, personal liability cover...

Comprehensive cover

Faced with medical expenses?

Emergency hospitalisation?

Doctor's appointment?

Magellan covers you for both regular and unexpected medical expenses including from the 1st euro you spend or as a top-up to French Social Security cover or to the CFE and offers a direct payment service for hospital fees: you have nothing to pay up front if you are hospitalised for more than 24 hours.

Need assistance during your trip?

Involved in an accident and need to be repatriated straight away?

Hospitalised and awaiting the arrival of a relative?

APRIL Mobilité will organise your repatriation on medical grounds, at any time, day or night, to your home or to the best equipped hospital. We also cover the transport and accommodation costs incurred by a friend or relative coming to visit you.

If you lose your luggage during the trip?

You arrive at your destination but your luggage doesn't.

APRIL Mobilité reimburses you up to € 1 600 in the event of the loss, theft or destruction of your luggage. The policy also covers you for essential items up to the value of € 200 if your luggage is delayed.



> A policy specially designed for globetrotters

- **Travelling round the world?** You are covered by the Magellan policy wherever you go.
- Applying for a **Working Holiday Visa (WHV)**? Magellan meets the WHV insurance requirements.
- **Visiting your home country from time to time?** You will also be covered there during visits of 90 consecutive days between two stays abroad.
- **Need to manage your budget?** Opt for monthly payments of your premium.



> StandbyMD service: Doctor's home visits in North America

In emergencies, during evenings or weekends, when your doctor is unavailable we can provide a home consultation service.

To avoid long waits in Accident & Emergency, you can request the StandbyMD service: a doctor will make a preliminary diagnosis by telephone before advising you on what you should do next: arrange a home visit or attend A&E.

This service is available in the following cities:

- **In the US:** Los Angeles, Miami, Orlando, San Francisco, Las Vegas, Washington, Chicago, Boston, Hollywood, Ft. Lauderdale, Bonita Springs, San Diego, Dallas, Phoenix, Scottsdale, Baltimore, Philadelphia, Atlanta, Houston, Naples, Fort Myers
- **In Mexico:** Cancun
- **In Canada:** Toronto



Additional services

Your client advisory service

Looking for more information on your Magellan 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) - Paris time:

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

You can also call in at our headquarters at:

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

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

Our website

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

If you are the insured:

- view your reimbursement statements, insurance cover and general conditions,
- check your personal information and bank details.

If you are the policyholder:

- view your personal details and those of your insurance consultant,
- view details of your premium payments and your preferred payment method.

Your insurance Card

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

- direct payment of hospital costs with no upfront payment during approved hospitalisation for 24 hours or more (unless you selected option 2, as a top-up to the French Social Security scheme),
- requesting emergency assistance,
- contacting the counselling service.

The card facilitates your admission to a medical centre in the event of emergency hospitalisation.

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 48 hours (*excluding postal delivery and bank processing times*).

Our automatic email service means we can send you instant information on your claims.

At your service

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

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

1 Medical expenses

The maximum amount of medical expenses cover is € 200,000 per insured person per year (for one year from the date of commencement of cover). The insured can opt for reimbursements:

- from the 1st euro spent as a percentage of actual costs,
- as a top-up to the French Social Security scheme (stays of up to 3 months),
- as a top-up to the Caisse des Français de l'Etranger (stays of 3 months or more).

In both cases, the APRIL Mobilité benefits top-up those provided under Social security scheme. Proof of Social Security reimbursement must be provided.

Abroad	Option 1: reimbursement from the 1 st euro	Option 2: reimbursement as a top-up to the French Social Security scheme or to the CFE
Direct payment of hospital costs <i>see definition</i> during approved hospitalisation for 24 hours or more (unless you selected option 2, as a top-up to the French Social Security scheme)	provided on request 24 hours a day, if prior agreement has been obtained	
Hospitalisation without surgery or for surgery	100% of actual costs <i>see definition</i>	Reimbursement as a top-up to the French Social Security scheme or to the CFE with the same percentages of reimbursement and the same upper limits as in option 1.
Daily hospital charge <i>see definition</i>	100% of actual costs	
Private room	up to € 50 per day	
Visits and consultations with GPs and specialists	100% of actual costs up to € 80 per item	
Radiography, diagnostic tests, drugs, nursing* and specialist care	100% of actual costs	
Physiotherapy (following surgery covered by the policy)*	100% of actual costs up to € 50 per item	
Eye care (following reported accident <i>see definition</i>)	100% of actual costs up to € 350 per person per year	
Dental treatment and dentures (following reported accident)		
Other prostheses (following reported accident)		
Contraceptives (condoms)	up to € 20 per year	up to € 20 per year

In France and your home country

If you return temporarily to France or to your home country for a period of less than 90 days between two stays abroad, the same cover is maintained up to a maximum of 100% of the French Social Security reimbursement rate *see definition* and within the limits outlined above.

If you are receiving French Social Security or CFE benefits and/or private healthcare benefits, these are supplemented by the Magellan plan.

* Prior agreement *see definition* must be obtained where more than 20 sessions are prescribed during the insurance year.

What am I reimbursed for ?

Example 1: hospitalisation in the USA (option 1)

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

→ APRIL Mobilité payment of 100% of actual costs = \$15,200 → You pay: \$0

Example 2: private doctor's visit in Italy (option 2, as a top-up to the French Social Security scheme or to the CFE)

Cost of the consultation = € 60

→ French Social Security reimbursement = € 14,40 → APRIL Mobilité reimbursement: € 60 - € 14,40 = € 45,60 → You pay: € 0

Definitions

Actual costs: all the medical expenses charged to you.

Caisse des Français de l'Etranger: Social Security scheme for French nationals living abroad providing benefits equivalent to the standard French Social Security scheme.

Daily hospital charge: portion of daily hospital costs not covered by Social Security.

Direct payment of hospital costs: if you are hospitalised for more than 24 hours, you may be eligible for direct payment of your hospital fees with no upfront payment. This facility is subject to medical approval.

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

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

Prior agreement: certain medical treatments and procedures require the prior agreement of our Medical Examiner. The practitioner prescribing these treatments or procedures require the prior agreement and a detailed breakdown of costs.

Reported accident: an accident recorded by a competent authority (police force, fire fighters, medical authority, etc.) and for which a certificate has been issued specifying the circumstances, type of injury and date of the accident.

Benefits

② Counselling helpline

Helping you cope in difficult circumstances.

Dialogue with a clinical psychologist

Telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week

This telephone or email support does not constitute psychotherapy.

③ Repatriation assistance

If you are seriously ill or injured, and APRIL Mobilité Assistance has accepted your claim, we will organise and pay for the following:

Repatriation	covered
Search and emergency services	up to € 5,000 per person and up to € 15,000 per incident
Accompanying you on the home journey	covered
Return to the country of expatriation or cost of sending a colleague to replace you	covered
Cost of a family member if the insured is hospitalised for 6 days or more	return ticket and € 80 per night up to a max. of 10 nights
Early return due to the hospitalisation for 5 days or more of a family member	return economy class airline ticket or 1 st class railway ticket
Early return home if your home is very badly damaged	return economy class airline ticket or 1 st class railway ticket
Early return home if a family member dies	return economy class airline ticket or 1 st class railway ticket
Sending you essential medication not available locally	covered
Sending urgent messages	covered
Returning your body to your home if you die	covered
Provision of coffin	up to € 1,500
Cost of bail while abroad	up to € 15,000
Legal expenses incurred while abroad	up to € 3,000
Provision of funds if your personal money is lost or stolen	up to € 1,000 per incident
Delayed baggage	up to € 200

④ Personal liability

You are covered for damage caused to others while you are travelling and during your stay abroad, in a private capacity only. Per claim:

Bodily injury	up to € 4,500,000
Physical and consequential damage	up to € 460,000, excess: € 76
Legal costs of claims made against you	up to € 3,100, if costs are over € 228
In a professional capacity: Internship: physical damage	up to € 12,000, excess: € 76

⑤ Personal accident

Amount we will pay if you die in an accident	€ 8,000, limited to funeral expenses for the under 16's
Amount we will pay if you are totally and permanently disabled in an accident, reduced if you are partially and permanently disabled	€ 30,000, proportional excess: 20%

⑥ Baggage

Luggage which is lost, stolen, destroyed in an explosion or fire or by water during the outward or return trip or during the stay	up to € 1,600, excess of 7€ claim limited to 50% for valuables
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Premiums

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

The following family members can be covered under the family option: the principal insured, his or her spouse/partner and his or her dependent children. Dependent children are defined as any children of the insured under the age of 21 (or under 26 if full-time study).

The period of cover is between 2 weeks and 12 months if the insured has selected option 1 (reimbursements from the 1st euro).

The period of cover is between 2 weeks and 3 months if the insured has selected option 2 as a top-up to the French Social Security scheme.

The period of cover is between 3 and 12 months if the insured has selected option 2 as a top-up to the CFE.

Payment of premium: (all taxes included for cover commencing prior to 31/12/2010, including € 3 monthly / fortnightly administration fee)

OPTION 1: reimbursement of medical expenses from the 1st euro

	<= 30 years old		31- 40 years old		41-50 years old		51- 64 years old		65-74
	indiv	fam	indiv	fam	indiv	fam	indiv	fam	indiv
Full payment (by cheque or credit/debit card)									
15 days	€ 50	€ 135	€ 72	€ 194	€ 94	€ 254	€ 117	€ 316	€ 146
1 month	€ 74	€ 200	€ 98	€ 265	€ 131	€ 354	€ 164	€ 443	€ 221
Monthly payments (by direct debit from a French bank account)									
Amount of direct debit if the trip does not include any half-months									
1 month	€ 80	€ 206	€ 104	€ 271	€ 137	€ 360	€ 170	€ 449	€ 227
Amount of direct debit if the trip includes half-months									
1,5 months → 2 monthly instalments	€ 68.00	€ 173.50	€ 91.00	€ 235.50	€ 118.50	€ 310.00	€ 146.50	€ 385.50	€ 189.50
2,5 months → 3 monthly instalments	€ 72.00	€ 184.34	€ 95.34	€ 247.33	€ 124.67	€ 326.66	€ 154.34	€ 406.67	€ 202.00
3,5 months → 4 monthly instalments	€ 74.02	€ 189.76	€ 97.52	€ 253.26	€ 127.77	€ 335.01	€ 158.26	€ 417.26	€ 208.26
4,5 months → 5 monthly instalments	€ 75.20	€ 193.00	€ 98.80	€ 256.80	€ 129.60	€ 340.00	€ 160.60	€ 423.60	€ 212.00
5,5 months → 6 monthly instalments	€ 76.00	€ 195.16	€ 99.66	€ 259.17	€ 130.83	€ 343.34	€ 162.16	€ 427.83	€ 214.50
6,5 months → 7 monthly instalments	€ 76.57	€ 196.72	€ 100.29	€ 260.86	€ 131.72	€ 345.72	€ 163.29	€ 430.86	€ 216.29
7,5 months → 8 monthly instalments	€ 77.00	€ 197.88	€ 100.74	€ 262.13	€ 132.37	€ 347.51	€ 164.12	€ 433.13	€ 217.62
8,5 months → 9 monthly instalments	€ 77.33	€ 198.78	€ 101.12	€ 263.11	€ 132.89	€ 348.89	€ 164.78	€ 434.89	€ 218.67
9,5 months → 10 monthly instalments	€ 77.61	€ 199.50	€ 101.41	€ 263.90	€ 133.30	€ 350.00	€ 165.31	€ 436.30	€ 219.51
10,5 months → 11 monthly instalments	€ 77.82	€ 200.09	€ 101.63	€ 264.55	€ 133.63	€ 350.91	€ 165.72	€ 437.46	€ 220.18
11,5 months → 12 monthly instalments	€ 78.01	€ 200.59	€ 101.84	€ 265.09	€ 133.93	€ 351.67	€ 166.10	€ 438.42	€ 220.76

OPTION 2: reimbursement of medical expenses as a top-up to the French Social Security scheme or the CFE

	<= 30 years old		31- 40 years old		41-50 years old		51- 64 years old		65-74
	indiv	fam	indiv	fam	indiv	fam	indiv	fam	indiv
Full payment (by cheque or credit/debit card)									
15 days	€ 41	€ 111	€ 55	€ 149	€ 71	€ 192	€ 85	€ 230	€ 98
1 month	€ 55	€ 149	€ 66	€ 178	€ 84	€ 227	€ 100	€ 270	€ 127
Monthly payments (by direct debit from a French bank account)									
Amount of direct debit if the trip does not include any half-months									
1 month	€ 61	€ 155	€ 72	€ 184	€ 90	€ 233	€ 106	€ 276	€ 133
Amount of direct debit if the trip includes half-months									
1,5 months → 2 monthly instalments	€ 54.01	€ 136.00	€ 66.51	€ 169.50	€ 83.51	€ 215.54	€ 98.51	€ 256.00	€ 118.51
2,5 months → 3 monthly instalments	€ 56.33	€ 142.34	€ 68.34	€ 174.33	€ 85.66	€ 221.38	€ 101.00	€ 262.67	€ 123.34
3,5 months → 4 monthly instalments	€ 57.51	€ 145.51	€ 69.26	€ 176.76	€ 86.76	€ 224.31	€ 102.26	€ 266.01	€ 125.76
4,5 months → 5 monthly instalments	€ 58.20	€ 147.40	€ 69.80	€ 178.20	€ 87.40	€ 226.05	€ 103.00	€ 267.99	€ 127.20
5,5 months → 6 monthly instalments	€ 58.67	€ 148.66	€ 70.17	€ 179.17	€ 87.84	€ 227.23	€ 103.51	€ 269.33	€ 128.17
6,5 months → 7 monthly instalments	€ 59.00	€ 149.58	€ 70.43	€ 179.86	€ 88.14	€ 228.07	€ 103.86	€ 270.29	€ 128.86
7,5 months → 8 monthly instalments	€ 59.25	€ 150.26	€ 70.62	€ 180.38	€ 88.37	€ 228.69	€ 104.13	€ 271.00	€ 129.37
8,5 months → 9 monthly instalments	€ 59.44	€ 150.78	€ 70.78	€ 180.77	€ 88.55	€ 229.17	€ 104.33	€ 271.56	€ 129.78
9,5 months → 10 monthly instalments	€ 59.61	€ 151.20	€ 70.91	€ 181.09	€ 88.71	€ 229.56	€ 104.51	€ 272.00	€ 130.11
10,5 months → 11 monthly instalments	€ 59.72	€ 151.55	€ 71.00	€ 181.37	€ 88.81	€ 229.88	€ 104.63	€ 272.36	€ 130.36
11,5 months → 12 monthly instalments	€ 59.84	€ 151.84	€ 71.08	€ 181.59	€ 88.92	€ 230.15	€ 104.75	€ 272.68	€ 130.58

If you opt for monthly payments, please fill in the direct debit authorisation form included in the Application form and send it to us along with your bank details.

General information

Insured

Any person aged under 75 travelling outside of his or her home country is eligible (excluding France and the French Overseas Departments and Regions).

Territorial limits

The cover applies in the country being visited, **with the exception of France and the home country** (other than temporary return visits to France or to the home country for not longer than 90 days between two visits abroad). **Certain countries may be excluded from the policy as a result of heightened tension there.** The list of excluded countries is liable to change and can be consulted by calling us on +33 (0)1 73 02 93 93.

How the Magellan plan operates

The insurance is taken out **for a minimum of 15 days and a maximum of 12 months. It can be renewed with the agreement of the insurer (if Option 2, as a top-up of the French Social Security scheme, is selected, the maximum period of cover is 3 months ; if Option 2 is selected, as a top-up to the CFE, the minimum duration of the policy is 3 months).**

Cover starts, at the earliest, on the day following receipt by APRIL Mobilité of the Application form and the corresponding premium. Cover ends on the day of the final return to the home country and, at the latest, on the date shown on the Policyholder certificate (other than for periods of less than 90 consecutive days in the home country).

Waiting periods: none if you are involved in an accident. In other cases: 8 days.

The waiting period starts from the date of commencement of cover shown on the Policyholder certificate. No benefits are paid during the waiting period.

The Magellan policy as described in the General conditions serving as the schedule under the reference APRIL Mobilité Ma 2010, comprises the insurance policies cited below insured with the following insurers:

- Gan Eurocourtage Vie (Policy No. 219/936 265) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE,
- Gan Eurocourtage IARD (Policy No. GCRV000004) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE,
- ACE EUROPE (Policy No. 32022520) - Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex - FRANCE.

How to apply for cover

- 1 Complete the Application form in CAPITAL LETTERS (one letter in each box) using a black biro pen.
- 2 The policyholder must sign the Application form on page 5 (a parent or legal guardian should sign on behalf of a minor). If the policyholder (person paying the premium) is not the insured, he or she should sign the Application form on page 5.
- 3 The policyholder must complete the Health questionnaire on pages 6 and 7 by marking each question YES or NO using a black biro pen. If you answer YES to any of the questions, please provide further details about the events surrounding the illness or accident and its consequences in the space on page 7. The Health questionnaire must be completed during the 6 months preceding the requested commencement date of cover.
- 4 The policyholder must sign the Health questionnaire on page 8 (a parent or legal guardian should sign on behalf of a minor). 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.
- 5 If you opt for payment of the whole premium, a cheque in € made payable to **APRIL Mobilité** should be enclosed with the Application form or the debit card details entered on the form. If you have chosen to pay monthly from a French bank account, the completed direct debit authorisation form should be enclosed, with your bank details.

If the insured wishes to become a member of the CFE in order to select option 2 (top-up to the CFE), he/she should download the CFE application form (available at www.aprilmobilite.com "Our Solutions"), complete, sign and return it to APRIL Mobilité with the Magellan policy. On his/her final return to France, he/she should therefore remember to cancel CFE membership.

Contact details for APRIL Mobilité:

- APRIL Mobilité - Service Conseil Client - 110, avenue de la République - CS 51108 -75127 Paris Cedex 11- FRANCE
- Telephone: +33 (0)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) - Paris time
- 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

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

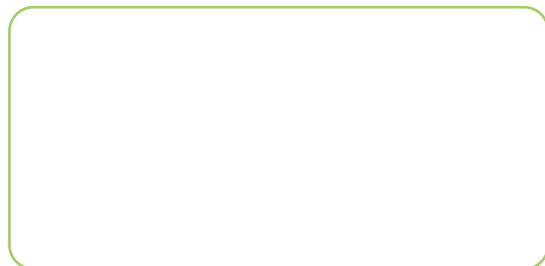
www.aprilgroup.com

APRIL GROUP, changing the face of insurance

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

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

For more information, contact your insurance consultant:



APRIL MOBILITÉ MEMBER OF APRIL GROUP

Headquarters

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

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Public limited company with capital of € 200 000 - Registered with Companies House in Paris under number 309 707 727
Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)
Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09





Application form 2010

Magellan

[Insurance solutions] for **globetrotter and short-term expatriates**

***Personal insurance
for globetrotter
and short-term expatriates
up to age 75,
from € 55 per month***



Application form

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

Points to remember

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

INSURED	Person to be insured
1 Title of principal insured : ☐ Mrs ☐ Miss ☐ Mr	
Surname of principal insured :	
First names of principal insured :	
Date of birth: / / dd/mm/yyyy (upper age limit of 74)	
Home country:	
Country of residence abroad:	
Occupation:	
Status of the insured: ☐ Student ☐ Employee ☐ Self-employed ☐ Language course ☐ Working Holiday Programme ☐ Other	
French Social Security number/CFE*: Check digit:	
<i>* If top-up cover to French Social Security or the CFE has been selected.</i>	
E-mail*:	
<i>* Providing an email address will allow you to receive information on your reimbursements.</i>	
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: / / dd/mm/yyyy	
Home country:	
Country of residence abroad:	
Occupation:	
French Social Security number/CFE*: Check digit:	
<i>* If top-up cover to French Social Security or the CFE has been selected.</i>	

3 Surname of 1st dependent child:

First names of 1st dependent child:

Date of birth:

dd/mm/yyyy

Sex: ☐ Male ☐ Female

4 Surname of 2nd dependent child:

First names of 2nd dependent child:

Date of birth:

dd/mm/yyyy

Sex: ☐ Male ☐ Female

5 Surname of 3rd dependent child:

First names of 3rd dependent child:

Date of birth:

dd/mm/yyyy

Sex: ☐ Male ☐ Female

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

PRINCIPAL INSURED

Address for delivery of correspondence

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*

My language of choice of correspondence is: ☐ french ☐ english

POLICYHOLDER = WHO IS PAYING THE PREMIUM

Required only if the principal insured is not paying the premium

Individual ☐

Corporate ☐

Name of company:

Title:

Mrs ☐ Miss ☐ Mr ☐

Date of birth:

dd/mm/yyyy

Surname:

First names:

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*

E-mail*:

** Providing an email address will allow you to receive information on your reimbursements.*

While you are insured with us, please visit our extranet service via the "Espace Particulier" link at www.aprilmobile.com to amend or update your contact details.

Beneficiary in the event of death

Principal insured: I name as beneficiary (or beneficiaries) in the event of my death:

- ☐ My surviving spouse on condition that where not legally separated when the lump sum became payable, second, equally, to my children living, to be born or represented as such ; third, equally to my ascendants and fourth to my other heirs.
- ☐ Other beneficiary: Surname: First names:
- Date of birth: |_|_|_|_|_|_|_|_| Place of birth:

Spouse/Common-law spouse: I name as beneficiary (or beneficiaries) in the event of my death:

- ☐ My surviving spouse on condition that where not legally separated when the lump sum became payable, second, equally, to my children living, to be born or represented as such ; third, equally to my ascendants and fourth to my other heirs.
- ☐ Other beneficiary: Surname: First names:
- Date of birth: |_|_|_|_|_|_|_|_| Place of birth:

1st dependent child: I name as beneficiary (or beneficiaries) in the event of my death:

- [illegible]

2nd dependent child: I name as beneficiary (or beneficiaries) in the event of my death:

- ☐ My surviving spouse on condition that where not legally separated when the lump sum became payable, second, equally, to my children living, to be born or represented as such ; third, equally to my ascendants and fourth to my other heirs.
- ☐ Other beneficiary: Surname: First names:
- Date of birth: |_|_|_|_|_|_|_|_|_|_| Place of birth:

Beneficiaries in the event of death of the dependant childs are the principal insured, his spouse/common-law spouse and their heirs in equal parts.

If the insured have more than 3 dependant children, please photocopy page 4 and fill it out.

For medical expenses, you can be reimbursed by:

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

Period and level of cover

I, the undersigned, request cover under the Magellan policy from: / /

to: / / for a duration of: , months

Are you renewing an existing policy? ☐ NO ☐ YES

Customer Number: C

Level of cover selected:

either ☐ **option 1** → reimbursement from the 1st euro spent (for stays of between 2 weeks and 12 months)

either ☐ **option 2** → reimbursement as a top-up to: ☐ Social Security (only available for stays of up to 3 months)

☐ the CFE (for stays of 3 months or more)

Subscription: ☐ Individual ☐ Family

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

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

See amounts on page 6 of the policy booklet.

Monthly premium for your age group: €

Fortnightly premium for your age group: €

Number of months required: ,

Total premium due for the period of cover: €

You have chosen to pay: ☐ by **chèque**, please make them payable to **APRIL Mobilité**.

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

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

Card number: / / / Expiry date: /

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

Name of cardholder:

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

I will pay my first instalments by: ☐ **direct debit from my bank account in France**

☐ **bank card** (please fill the boxes below)

☐ **cheque** (made payable to APRIL Mobilité)

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

I have read the General conditions and booklet Ma 2010 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 6th January 1978, I have the right to access and, if necessary, rectify any personal information held on file by writing to APRIL Mobilité, 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, France. APRIL Mobilité has the right to utilise certain administrative information and to share it with associated businesses who may use it to make me aware of new products or services. A list of these companies is available on request.

Under the Act of 6th January 1978, I have the right to prevent my details being passed on in this way by writing to APRIL Mobilité at the above address. Postal charges will be refunded.

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

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

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 Magellan policy.

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

In date

Signature of the principal insured and from his or her spouse/common law
preceded by the words "Read, understood and accepted":

Signature of the policyholder (if different from the principal insured)
preceded by the words "Read, understood and accepted":

Health questionnaire

Validity of the health questionnaire: 6 months

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

You must personally answer all the questions as accurately as possible as your responses are binding. This Health questionnaire is essential to the evaluation of the risk that the insurer proposes to undertake. Any unanswered questions will result in further enquiries.

Any medical information you provide is held in strict confidence. Detailed answers will help us process your application promptly.

QUESTIONS:

- 1 Are you currently on partial or total sick leave from work due to illness or accident?
- 2 Within **the last 10 years**, have you:
 - a) undergone surgery?
 - b) undergone laser treatment, chemotherapy or radiation therapy?
- 3 Within **the last 5 years**, 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?
- 4 Within **the last 5 years**, have you consulted a doctor for:
 - a) emotional disorders (chronic fatigue, anxiety, depression)?
 - b) back complaints (back pain, sciatica, slipped disc)?
 - c) arthritis and /or rheumatism (hip, knee, shoulder...)?
- 5 Do you suffer from any disorder or illness requiring regular medical supervision or treatment?
- 6 Have you been tested for HBV (Hepatitis B)?
If you answered "Yes" to this question, were the results positive?
Date of the test:
- 6 b Have you been tested for HCV (Hepatitis C)?
If you answered "Yes" to this question, were the results positive?
Date of the test:
- 6 c Have you been tested for HIV (AIDS)?
If you answered "Yes" to this question, were the results positive?
Date of the test:
- 7 Do you have a disability which entitles you to benefit?
- 8 Is it planned, over **the next 6 months**, for you to undergo any diagnostic tests (lab tests, scans, endoscopy...) and/or have a consultation with a specialist and/or any treatment of surgery?
- 9 Is it planned for you to be hospitalised for more than 48 hours for any reason whatsoever during the **12 months following the start date of your insurance cover** (removal of tonsils, knee surgery, removal of cyst, childbirth...)?
- 10 Within **the last 12 months**, have you had :
 - a) more than three periods of sick leave of any duration?
 - b) special tests (other than routine screening) such as lab tests, scans, endoscopy,... ?
- 11 Do you want your responses to this Health questionnaire to remain confidential?

To ensure your responses remain confidential, please send the health questionnaire and all supporting documentation in a sealed envelope for the attention of APRIL Mobilité Medical Examiner.

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

	PRINCIPAL INSURED	Spouse or common-law spouse	1 st dependant child	2 nd dependant child	3 rd dependant child
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

Further details if the response to one of the questions is yes (other than question 11):

To help us process your application, 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 2, you would write in the space below: 2, appendix removed, 2003, 3 days in hospital. No further treatment required.

Details

THE INSURERS 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 excluded anything which might mislead the insurers of the Magellan policy.

In date

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

Signature of the spouse/common-law spouse preceded by the words
"Read, understood and accepted"

Signature of the dependent child preceded by the words
"Read, understood and accepted"

Your Insurance Advisor + APRIL Mobilité Code

I

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 - CS 51108 - 75127 Paris Cedex 11 - FRANCE

Surname, first names and address of account holder:

Surname of account holder:

First names of account holder:

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

Street name:

Street name (continued):

Postcode:

Town or City:

Country:

Account to be debited:

Sort code: Branch code:

Account number: Transaction code:

Name and address of the bank to be debited:

Name:

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

Street name:

Street name (continued):

Postcode:

Town or City:

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

Date: **Signature:**

Please send this form to APRIL Mobilité and enclose 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

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

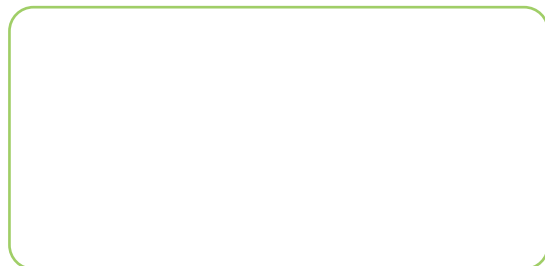
www.aprilgroup.com

APRIL GROUP, changing the face of insurance

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

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

For more information, contact your insurance consultant:



APRIL MOBILITÉ MEMBER OF APRIL GROUP

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