

Fully
flexible
benefits



[La Mobilité] Individuals

Benefits 2010

Ambassade

[solutions] for expatriates

*Insurance cover for
expatriates up to age 70,
any nationality,
worldwide*





Ambassade 2010

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 Regions and the home country).

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

Cover à la carte

Routine or unforeseen healthcare expenses?

Ambassade covers you for both routine and unforeseen healthcare expenses from the first euro spent with flexible benefits and numerous associated services:

- 3 options depending on your needs with varying reimbursement upper limits: **Essentielle, Medium, Extenso**, with 3 levels of cover:
 - Hospitalisation only,
 - Hospitalisation + Routine healthcare,
 - Hospitalisation + Routine healthcare + Optical-dental care.
- Reduce your premium by selecting reimbursement at 80% or 90% or actual costs,
- Direct payment of hospital fees: nothing to pay up front if you are admitted to hospital,
- Upper limit for Medical Expenses doubled in the event of accident or critical illness,
- Counselling service when things go wrong.

Need assistance during your stay?

You are involved in an accident and urgently require repatriation.

You are hospitalised and waiting for a friend or relative to arrive.

In the event of accident or illness, tailored repatriation assistance is available: APRIL Mobilité will arrange your medical repatriation 24/7 to your home or to the best equipped hospital. You can be sure of receiving the best medical care.

In the event of your admission to hospital, APRIL Mobilité will cover the cost of a return trip and accommodation to allow a close friend or relative to be with you

Need Life & Disability cover?

Want to protect your loved ones? On sick leave from work?

Choose a lump sum to be paid in the event of death or loss of autonomy: choose between € 20 000 and € 400 000 which your loved ones will receive in the event of your death.

You can also opt for a daily allowance: this benefit guarantees payment of part of your salary for a fixed period.

Held personally liable to a third party?

You are covered for the consequences of acts committed in a private capacity causing bodily injury and/or physical damage to a third party.



> Reliable healthcare cover

... up to € 1,000,000

APRIL Mobilité includes the doubling of upper limits for reimbursements 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 in your home country

Returning to your home country? 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.

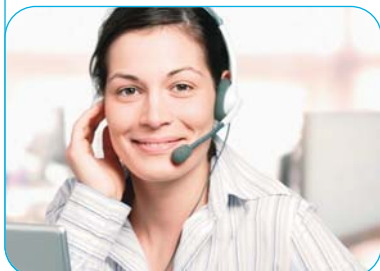
If you prefer, you can also make quarterly, six-monthly or annual payments.

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) - Paris time:

Tel: + 33 (0)1 73 02 93 93, Fax: + 33 (0)1 73 02 93 90, E-mail: info@aprilmobilite.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, 24/24 access to information about your policy. Go to www.aprilmobilite.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 member:

- view your personal details and those of your insurance consultant,
- view details of your premium payments and your preferred payment method,
- pay your premium online using a bank card.

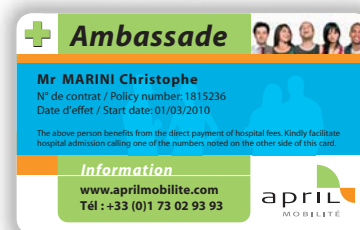
Your Ambassade Card

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

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

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

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



Our commitment to service levels

Top quality management of your account

Our teams are equipped to process applications within 24 hours and claims within 48 hours (*excluding postal delivery 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.

Benefits

1 Medical expenses

Choose from 3 options depending on your needs and your country of expatriation:

Essentielle : reimbursements up to € 200,000 with basic cover,

Medium : reimbursements up to € 300,000 with intermediate cover,

Extenso : reimbursements up to € 500,000 with generous cover.

3 levels of cover

Hospitalisation only

Hospitalisation + Routine healthcare

Hospitalisation + Routine healthcare + Optical-dental care

9 possible combinations

to meet your every need:

Essentielle ▼ reimbursements up to € 200,000 with basic cover			Medium ▼ reimbursements up to € 300,000 with intermediate cover			Extenso ▼ reimbursements up to € 500,000 with generous cover		
1	2	3	4	5	6	7	8	9
Hospi only	Hospi + Routine healthcare	Hospi + Routine healthcare + Optical Dental care	Hospi only	Hospi + Routine healthcare	Hospi + Routine healthcare + Optical Dental care	Hospi only	Hospi + Routine healthcare	Hospi + Routine healthcare + Optical Dental care

Benefits schedule

OPTIONS	Essentielle	Medium	Extenso
Maximum amount of healthcare expenses	€ 200,000 per insured per insurance year. Up to € 400,000 in the event of accident or critical illness*	€ 300,000 per insured per insurance year. Up to € 600,000 in the event of accident or critical illness*	€ 500,000 per insured per insurance year. Up to € 1,000,000 in the event of accident or critical illness*

HOSPITALISATION <i>(excluding outpatient care - see under medical expenses)</i>	Essentielle	Medium	Extenso
Hospitalisation <i>see definition p8</i> for surgery	100% of actual costs <i>see definition p8</i>	100% of actual costs <i>see definition p8</i>	100% of actual costs <i>see definition p8</i>
Medical hospitalisation	100% of actual costs	100% of actual costs	100% of actual costs
Day hospitalisation <i>see definition p8</i>	100% of actual costs	100% of actual costs	100% of actual costs
Outpatient consultation following hospitalisation/day surgery - 30 days before and after hospitalisation <i>(hospital certificate required)</i>	100% of actual costs	100% of actual costs	100% of actual costs
Home care <i>(medical certificate required)</i>	100% of actual costs	100% of actual costs	100% of actual costs
Direct payment of hospital costs <i>see definition p8</i>	provided on request 24 hours a day, if prior agreement has been obtained	provided on request 24 hours a day, if prior agreement has been obtained	provided on request 24 hours a day, if prior agreement has been obtained
Second opinion before surgery	not covered	not covered	covered
Ambulance if hospital costs covered by APRIL Mobilité	100% of actual costs	100% of actual costs	100% of actual costs
Daily hospital charge <i>see definition p8</i> (in France)	100% of actual costs	100% of actual costs	100% of actual costs
Private room	100% of actual costs, up to € 50 per day	100% of actual costs, up to € 60 per day	100% of actual costs, up to € 80 per day
Staying with your child in hospital	100% of actual costs, up to € 30 per day (for children under 12)	100% of actual costs, up to € 45 per day (for children under 12)	100% of actual costs, up to € 60 per day (for children under 16)
Stay in a psychiatric unit	not covered	100% of actual costs, up to 30 days a year	100% of actual costs, up to 30 days a year
Treatment in a specialist re-education unit covered by APRIL Mobilité	100% of actual costs, up to 30 days	100% of actual costs, up to 30 days	100% of actual costs, up to 30 days
Emergency reconstructive dental surgery following an accident	not covered	100% of actual costs	100% of actual costs
Cancer treatments: chemotherapy and radiotherapy	100% of actual costs	100% of actual costs	100% of actual costs

Important

Under the Hospitalisation only option, **in the event of an accident** and on production of a medical certificate, you are also covered for routine healthcare up to € 75 per treatment and € 1,000 per person (including dental treatment and prostheses - other than dentures).

Under the option, Routine healthcare and Optical-dental care are reimbursed at 100% of actual costs. You can also opt for reimbursement of Routine healthcare and Optical-dental care at 90% or 80% of actual costs (the upper limits remain the same regardless of the percentage of reimbursement selected and Hospitalisation cover remains at 100%).

Benefits

ROUTINE HEALTHCARE	Essentielle	Medium	Extenso
Medical expenses <i>excluding dental care and medically assisted procreation (see below)</i>			
Consultations and visits: general practitioners	100% of actual costs, up to € 50 per procedure	100% of actual costs, up to € 70 per procedure	100% of actual costs, up to € 130 per procedure
Consultations and visits: specialists	100% of actual costs, up to € 70 per procedure	100% of actual costs, up to € 100 per procedure	100% of actual costs, up to € 150 per procedure
Alternative medicine: consultations with osteopaths, homoeopaths, chiropractors, acupuncturists and dieticians when prescribed by a doctor	not covered	100% of actual costs, up to € 1,000 per year per person, up to € 150 per session	100% of actual costs, up to € 1,500 per year per person, up to € 200 per session
Physiotherapy*** (waiting period 3 months** unless following surgery covered by APRIL Mobilité)	100% of actual costs, up to € 500 per year per person	100% of actual costs, up to € 1,000 per year per person, up to € 150 per session	100% of actual costs, up to € 1,500 per year per person, up to € 200 per session
Examinations and treatments of not more than 24 hours carried out in hospital (including diagnostic tests and x-rays)	100% of actual costs, up to € 500 per day per person	100% of actual costs, up to € 700 per day per person	100% of actual costs, up to € 1,000 per day per person
Tests, radiography and other medical procedures not carried out in hospital	100% of actual costs	100% of actual costs	100% of actual costs
Medical auxiliaries***	100% of actual costs	100% of actual costs	100% of actual costs
Treatment of cancer	100% of actual costs	100% of actual costs	100% of actual costs
Treatment of AIDS	100% of actual costs	100% of actual costs	100% of actual costs
Drugs <i>excluding eye care, dental care and medically assisted procreation (see below)</i>			
All prescription drugs including homeopathy	100% of actual costs	100% of actual costs	100% of actual costs
Prevention and screening			
Vaccination	not covered	100% of actual costs, up to € 100 per year per person	100% of actual costs, up to € 150 per year per person
Screening for cancer of the colon, prostate, breast or cervix		100% of actual costs, up to € 50 per year per person	100% of actual costs, up to € 70 per year per person
Osteodensitometric examination (osteoporosis screening)		100% of actual costs, up to € 80 per year per person	100% of actual costs, up to € 100 per year per person
Smoking cessation support		not covered	100% of actual costs, up to € 100 per year per person
Counselling			
This benefit allows the insured to release tension in order to improve his equilibrium. It is also applicable in the 6 months following the return to the home country.	not covered	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week
Maternity <i>Pre and post natal care and delivery are covered under hospitalisation, medicine and drugs</i>			
Pre-natal classes (held by a doctor or midwife)	100% of actual costs, up to € 25 per session	100% of actual costs, up to € 40 per session	100% of actual costs, up to € 60 per session
HIV screening (as part of pre-natal tests only)	100% of actual costs	100% of actual costs	100% of actual costs
Screening for chromosomal abnormalities	100% of actual costs	100% of actual costs	100% of actual costs

Benefits

ROUTINE HEALTHCARE	Essentielle	Medium	Extenso
Adoption <i>waiting period 12 months</i>			
Transport and procedural costs	not covered	not covered	100% of actual costs, up to € 4,000 in zone A and up to € 2,500 in zones B and C
Medically assisted procreation <i>waiting period 12 months**</i>			
Drugs	not covered	100% of actual costs, up to € 500 per year per person	100% of actual costs, up to € 1,000 per year per person
In vitro fertilisation			
Diagnostic tests			
Follow-up examinations			
Thermal cure and mineral treatments*** <i>waiting period 12 months**</i>			
Valid for three months following hospitalisation of more than 10 days or childbirth covered by APRIL Mobilité	not covered	not covered	100% of actual costs, up to € 500 per year per person
Health check-ups			
One check-up every 2 years	not covered	not covered	100% of actual costs, up to € 400 per person
Equipements and prosthetics*** <i>excluding eye and dental care (see below)</i>			
Without hospitalisation	100% of actual costs, up to € 150 per prosthetic	100% of actual costs, up to € 300 per prosthetic	100% of actual costs, up to € 600 per prosthetic
If hospitalisation is covered by APRIL Mobilité	100% of actual costs, up to € 1,000 per hospital stay	100% of actual costs, up to € 3,000 per hospital stay	100% of actual costs, up to € 4,000 per hospital stay

DENTAL AND OPTICAL CARE	Essentielle	Medium	Extenso
Dental care <i>waiting period 3 months** for treatment and parodontology and 6 months** for dentures and orthodontics</i>			
Treatment	100% of actual costs, up to € 200 per tooth, up to € 500 per year per person and up to € 1,500 per year per person from the third year	100% of actual costs, up to € 380 per tooth, up to € 800 per year per person and up to € 2,000 per year per person 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 per year per person from the third year
Dentures***			
Parodontology (treatment of receding gums & gum disease)	not covered		
Orthodontics*** up to age 16	not covered	100% of actual costs, up to € 800 per year per person, for a maximum of 2 years	100% of actual costs, up to € 1,200 per year per person, for a maximum of 3 years
Optical care <i>waiting period 6 months**</i>			
Cost of frame and lenses	100% of actual costs, up to € 150 per year per person	100% of actual costs, up to € 350 per year per person	100% of actual costs, up to € 650 per year per person
Laser eye surgery	not covered	not covered	
Contact lenses including disposable lenses	100% of actual costs, up to € 100 per year per person	100% of actual costs, up to € 200 per year per person	100% of actual costs, up to € 300 per year per person

* For the purpose of the policy, the following are classified as critical illness: AIDS, Alzheimer's disease, Cancer, Cardiomyopathy, Chronic degenerative arthritis, Creutzfeldt-Jacob disease, Heart attack, Hepatitis C, HIV, Legionnaire's disease, Motor neuron disease, Multiple sclerosis, Myopathy, Stroke, Terminal kidney failure, Type 1 diabetes.

** The waiting period may be shortened if you 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 prior agreement *see definition p8*. Courses of treatment are subject to prior agreement if more than 20 sessions are prescribed per insurance year.

If you are staying in the US: in emergencies, when your doctor is unavailable in the evening or at weekends, we offer a home visit service. This service gives you access to a network of doctors who will attend to you in your home. A simple telephone call can help you avoid long, sometimes unnecessary waits at Accident and Emergency.

Product comparison		Essentielle up to € 200,000 per year per insured	Medium up to € 300,000 per year per insured	Extenso up to € 500,000 per year per insured
Hospitalisation	<i>You have an operation for appendicitis</i> →	private room up to € 50 per day	private room up to € 60 per day	private room up to € 80 per day
Routine healthcare	<i>You consult a GP</i> →	up to € 50 per visit	up to € 70 per visit	up to € 130 per visit
	<i>You go to the chemist</i> →	the cost of your medicines is covered*	the cost of your medicines is covered*	the cost of your medicines is covered*
	<i>You consult an osteopath (when prescribed by a doctor)</i> →	this consultation will not be covered	alternative medicines covered up to € 1,000 per year, up to € 150 per session	alternative medicines covered up to € 1,500 per year, up to € 200 per session
	<i>You consult an osteopath (when prescribed by a doctor)</i> →	the cure will not be covered	the cure will not be covered	covered up to € 500 per year per person
Optical Dental care	<i>Your child needs orthodontic treatment</i> →	the treatment will not be covered	covered up to € 800 per year per child for a maximum of 2 years	covered up to € 1,200 per year per child for a maximum of 3 years

* within the limits of the selected option.

Examples of healthcare expenses reimbursements

Example 1: hospitalisation following an accident in the United-States

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 including routine healthcare cover) = € 134

→ You pay: € 0

Definitions

Actual costs: total medical expenses charged to you.

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

Day hospitalisation: hospitalisation of less than 24 hours where you are allocated a bed but do not stay overnight.

Direct payment of hospital costs: under all medical expenses options, if you are hospitalised (for more than 24 hours or day hospitalisation) you may be eligible for direct payment of hospital fees with no upfront payment. This facility is subject to medical approval. An advance payment of expenses is made in the event of childbirth.

Hospitalisation: stay of more than 24 hours (with or without surgery) in a public or private hospital as a result of illness or accident.

Prior 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 prior agreement and a detailed breakdown of costs.

Request for prior agreement: form completed by a competent medical authority allowing the patient to obtain a prior agreement from APRIL Mobilité for certain procedures or treatments (courses of treatment, thermal and mineral springs cures, equipments and prosthetics, dentures, orthodontics...).

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

Premiums 2010

Annual premiums 2010 (all taxes included) for cover commencing prior to 01/12/2010

Important

The premiums below correspond to cover at 100% of actual costs.

You can reduce your premium by choosing reimbursement at 90% or 80% of actual costs for Routine healthcare and Optical-dental care (Hospitalisation cover will nevertheless remain at 100% of actual costs).

Calculation of premium for cover at 90% or 80% of actual costs:

Calculation of premium for cover at 90% of actual costs: the premium corresponding to the option selected **x 0.9** (does not apply to the Hospitalisation only cover)

Calculation of premium for cover at 80% of actual costs: the premium corresponding to the option selected **x 0.8** (does not apply to the Hospitalisation only cover)

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, 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.

Zone A	Essentielle			Medium			Extenso		
	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care
under 20	ind. € 624	ind. € 1,452	ind. € 1,656	ind. € 720	ind. € 1,896	ind. € 2,136	ind. € 792	ind. € 2,184	ind. € 2,664
21 to 25	ind. € 792 fam. € 2,280	ind. € 1,836 fam. € 5,388	ind. € 2,088 fam. € 6,132	ind. € 900 fam. € 2,628	ind. € 2,364 fam. € 6,840	ind. € 2,688 fam. € 7,788	ind. € 1,008 fam. € 2,916	ind. € 2,724 fam. € 7,872	ind. € 3,348 fam. € 9,732
26 to 30	ind. € 912 fam. € 2,568	ind. € 2,184 fam. € 6,048	ind. € 2,508 fam. € 6,888	ind. € 1,080 fam. € 2,940	ind. € 2,820 fam. € 7,692	ind. € 3,204 fam. € 8,748	ind. € 1,176 fam. € 3,276	ind. € 3,252 fam. € 8,844	ind. € 4,020 fam. € 10,932
31 to 35	ind. € 1,080 fam. € 2,820	ind. € 2,424 fam. € 6,612	ind. € 2,700 fam. € 7,536	ind. € 1,164 fam. € 3,216	ind. € 3,060 fam. € 8,400	ind. € 3,516 fam. € 9,564	ind. € 1,320 fam. € 3,576	ind. € 3,516 fam. € 9,672	ind. € 4,380 fam. € 11,940
36 to 40	ind. € 1,176 fam. € 3,348	ind. € 2,796 fam. € 7,884	ind. € 3,228 fam. € 8,988	ind. € 1,404 fam. € 3,840	ind. € 3,588 fam. € 10,008	ind. € 4,104 fam. € 11,388	ind. € 1,536 fam. € 4,284	ind. € 4,164 fam. € 11,520	ind. € 5,172 fam. € 14,232
41 to 45	ind. € 1,272 fam. € 3,564	ind. € 3,096 fam. € 8,388	ind. € 3,492 fam. € 9,564	ind. € 1,500 fam. € 4,080	ind. € 3,888 fam. € 10,656	ind. € 4,452 fam. € 12,132	ind. € 1,668 fam. € 4,560	ind. € 4,476 fam. € 12,252	ind. € 5,544 fam. € 15,144
46 to 50	ind. € 1,548 fam. € 4,008	ind. € 3,660 fam. € 9,420	ind. € 4,164 fam. € 10,728	ind. € 1,776 fam. € 4,596	ind. € 4,668 fam. € 11,940	ind. € 5,316 fam. € 13,608	ind. € 1,992 fam. € 5,112	ind. € 5,388 fam. € 13,740	ind. € 6,636 fam. € 16,992
51 to 55	ind. € 2,028 fam. € 4,692	ind. € 4,764 fam. € 11,064	ind. € 5,436 fam. € 12,624	ind. € 2,316 fam. € 5,400	ind. € 6,072 fam. € 14,040	ind. € 6,912 fam. € 15,996	ind. € 2,580 fam. € 6,000	ind. € 6,984 fam. € 16,176	ind. € 8,628 fam. € 19,980
56 to 60	ind. € 2,484 fam. € 5,736	ind. € 5,820 fam. € 13,536	ind. € 6,636 fam. € 15,420	ind. € 2,844 fam. € 6,600	ind. € 7,416 fam. € 17,136	ind. € 8,436 fam. € 19,524	ind. € 3,156 fam. € 7,344	ind. € 8,532 fam. € 19,752	ind. € 10,524 fam. € 24,396
61 to 65	ind. € 3,144 fam. € 6,792	ind. € 7,428 fam. € 15,996	ind. € 8,448 fam. € 18,228	ind. € 3,612 fam. € 7,800	ind. € 9,420 fam. € 20,256	ind. € 10,728 fam. € 23,088	ind. € 4,032 fam. € 8,676	ind. € 10,848 fam. € 23,352	ind. € 13,392 fam. € 28,824
66 to 70	ind. € 4,032	ind. € 9,492	ind. € 10,800	ind. € 4,620	ind. € 12,048	ind. € 13,704	ind. € 5,148	ind. € 13,872	ind. € 17,124
over 70	ind. € 4,980	ind. € 11,772	ind. € 13,404	ind. € 5,736	ind. € 14,904	ind. € 16,992	ind. € 6,372	ind. € 17,172	ind. € 21,216

Premiums 2010

Zone B	Essentielle			Medium			Extenso		
	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care
under 20	ind. € 360	ind. € 888	ind. € 1,044	ind. € 432	ind. € 1,176	ind. € 1,356	ind. € 480	ind. € 1,368	ind. € 1,680
21 to 25	ind. € 468 fam. € 1,236	ind. € 1,116 fam. € 2,964	ind. € 1,308 fam. € 3,444	ind. € 540 fam. € 1,404	ind. € 1,452 fam. € 3,780	ind. € 1,692 fam. € 4,392	ind. € 600 fam. € 1,608	ind. € 1,704 fam. € 4,464	ind. € 2,112 fam. € 5,496
26 to 30	ind. € 564 fam. € 1,500	ind. € 1,332 fam. € 3,624	ind. € 1,560 fam. € 4,212	ind. € 624 fam. € 1,728	ind. € 1,704 fam. € 4,620	ind. € 2,004 fam. € 5,364	ind. € 708 fam. € 1,944	ind. € 2,088 fam. € 5,436	ind. € 2,520 fam. € 6,696
31 to 35	ind. € 624 fam. € 1,680	ind. € 1,476 fam. € 4,056	ind. € 1,704 fam. € 4,728	ind. € 708 fam. € 1,920	ind. € 1,932 fam. € 5,160	ind. € 2,208 fam. € 6,012	ind. € 804 fam. € 2,184	ind. € 2,208 fam. € 6,096	ind. € 2,736 fam. € 7,500
36 to 40	ind. € 732 fam. € 1,824	ind. € 1,764 fam. € 4,392	ind. € 2,064 fam. € 5,112	ind. € 840 fam. € 2,088	ind. € 2,280 fam. € 5,592	ind. € 2,580 fam. € 6,504	ind. € 960 fam. € 2,364	ind. € 2,676 fam. € 6,588	ind. € 3,276 fam. € 8,112
41 to 45	ind. € 828 fam. € 1,980	ind. € 2,004 fam. € 4,812	ind. € 2,340 fam. € 5,604	ind. € 960 fam. € 2,292	ind. € 2,580 fam. € 6,132	ind. € 3,048 fam. € 7,140	ind. € 1,080 fam. € 2,592	ind. € 3,024 fam. € 7,212	ind. € 3,744 fam. € 8,892
46 to 50	ind. € 1,020 fam. € 2,316	ind. € 2,448 fam. € 5,580	ind. € 2,868 fam. € 6,492	ind. € 1,164 fam. € 2,652	ind. € 3,144 fam. € 7,092	ind. € 3,648 fam. € 8,256	ind. € 1,320 fam. € 3,000	ind. € 3,696 fam. € 8,352	ind. € 4,548 fam. € 10,320
51 to 55	ind. € 1,212 fam. € 2,520	ind. € 2,916 fam. € 6,096	ind. € 3,396 fam. € 7,116	ind. € 1,380 fam. € 2,904	ind. € 3,732 fam. € 7,752	ind. € 4,320 fam. € 9,024	ind. € 1,572 fam. € 3,288	ind. € 4,380 fam. € 9,132	ind. € 5,388 fam. € 11,256
56 to 60	ind. € 1,476 fam. € 3,096	ind. € 3,552 fam. € 7,452	ind. € 4,152 fam. € 8,688	ind. € 1,680 fam. € 3,540	ind. € 4,536 fam. € 9,456	ind. € 5,280 fam. € 11,004	ind. € 1,920 fam. € 4,020	ind. € 5,340 fam. € 11,160	ind. € 6,588 fam. € 13,740
61 to 65	ind. € 1,872 fam. € 3,876	ind. € 4,512 fam. € 9,360	ind. € 5,268 fam. € 10,896	ind. € 2,136 fam. € 4,452	ind. € 5,760 fam. € 11,868	ind. € 6,696 fam. € 13,812	ind. € 2,436 fam. € 5,052	ind. € 6,768 fam. € 13,992	ind. € 8,340 fam. € 17,256
66 to 70	ind. € 2,388	ind. € 5,784	ind. € 6,732	ind. € 2,736	ind. € 7,356	ind. € 8,544	ind. € 3,132	ind. € 8,664	ind. € 10,680
over 70	ind. € 2,964	ind. € 7,164	ind. € 8,328	ind. € 3,408	ind. € 9,096	ind. € 10,584	ind. € 3,864	ind. € 10,728	ind. € 13,224

Zone C	Essentielle			Medium			Extenso		
	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care	Hospitalisation only	Hospitalisation + Routine healthcare	Hospitalisation + Routine healthcare + Optical Dental care
under 20	ind. € 276	ind. € 708	ind. € 840	ind. € 324	ind. € 936	ind. € 1,104	ind. € 372	ind. € 1,116	ind. € 1,356
21 to 25	ind. € 360 fam. € 1,032	ind. € 876 fam. € 2,556	ind. € 1,056 fam. € 3,024	ind. € 420 fam. € 1,176	ind. € 1,152 fam. € 3,264	ind. € 1,368 fam. € 3,888	ind. € 480 fam. € 1,380	ind. € 1,404 fam. € 3,948	ind. € 1,704 fam. € 4,848
26 to 30	ind. € 420 fam. € 1,140	ind. € 1,056 fam. € 2,844	ind. € 1,260 fam. € 3,384	ind. € 492 fam. € 1,308	ind. € 1,404 fam. € 3,636	ind. € 1,644 fam. € 4,320	ind. € 564 fam. € 1,524	ind. € 1,656 fam. € 4,380	ind. € 2,004 fam. € 5,388
31 to 35	ind. € 480 fam. € 1,260	ind. € 1,152 fam. € 3,144	ind. € 1,368 fam. € 3,744	ind. € 552 fam. € 1,440	ind. € 1,512 fam. € 4,020	ind. € 1,824 fam. € 4,776	ind. € 636 fam. € 1,680	ind. € 1,824 fam. € 4,836	ind. € 2,256 fam. € 5,940
36 to 40	ind. € 564 fam. € 1,452	ind. € 1,392 fam. € 3,624	ind. € 1,656 fam. € 4,296	ind. € 636 fam. € 1,668	ind. € 1,812 fam. € 4,608	ind. € 2,136 fam. € 5,484	ind. € 756 fam. € 1,932	ind. € 2,160 fam. € 5,556	ind. € 2,664 fam. € 6,840
41 to 45	ind. € 648 fam. € 1,644	ind. € 1,572 fam. € 4,080	ind. € 1,872 fam. € 4,860	ind. € 720 fam. € 1,884	ind. € 2,040 fam. € 5,220	ind. € 2,412 fam. € 6,192	ind. € 840 fam. € 2,184	ind. € 2,448 fam. € 6,288	ind. € 3,000 fam. € 7,728
46 to 50	ind. € 780 fam. € 1,932	ind. € 1,920 fam. € 4,812	ind. € 2,292 fam. € 5,724	ind. € 876 fam. € 2,208	ind. € 2,472 fam. € 6,132	ind. € 2,940 fam. € 7,272	ind. € 1,032 fam. € 2,580	ind. € 2,976 fam. € 7,392	ind. € 3,660 fam. € 9,084
51 to 55	ind. € 912 fam. € 2,112	ind. € 2,292 fam. € 5,256	ind. € 2,724 fam. € 6,240	ind. € 1,056 fam. € 2,412	ind. € 2,940 fam. € 6,684	ind. € 3,480 fam. € 7,956	ind. € 1,236 fam. € 2,820	ind. € 3,528 fam. € 8,052	ind. € 4,332 fam. € 9,924
56 to 60	ind. € 1,116 fam. € 2,580	ind. € 2,784 fam. € 6,420	ind. € 3,324 fam. € 7,644	ind. € 1,284 fam. € 2,964	ind. € 3,576 fam. € 8,172	ind. € 4,248 fam. € 9,696	ind. € 1,500 fam. € 3,444	ind. € 4,296 fam. € 9,840	ind. € 5,292 fam. € 12,108
61 to 65	ind. € 1,416 fam. € 3,036	ind. € 3,540 fam. € 7,584	ind. € 4,212 fam. € 9,036	ind. € 1,632 fam. € 3,504	ind. € 4,512 fam. € 9,624	ind. € 5,364 fam. € 11,460	ind. € 1,896 fam. € 4,068	ind. € 5,448 fam. € 11,628	ind. € 6,696 fam. € 14,316
66 to 70	ind. € 1,824	ind. € 4,524	ind. € 5,376	ind. € 2,088	ind. € 5,760	ind. € 6,852	ind. € 2,436	ind. € 6,948	ind. € 8,544
over 70	ind. € 2,256	ind. € 5,604	ind. € 6,660	ind. € 2,592	ind. € 7,140	ind. € 8,472	ind. € 3,000	ind. € 8,604	ind. € 10,584

Notes

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

As a result of heightened tension, cover in certain countries is subject to prior agreement from APRIL Mobilité.

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

2 Repatriation assistance

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

Benefits	Levels of cover
In the event of accident or illness:	
Medical repatriation or medical transportation to the most appropriate hospital or the home country	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 st class railway ticket
Advance payment of hospital expenses in country of expatriation*	up to € 15,000 (advance)
Cost of a relative if the insured is hospitalised for more than 10 days and was expatriated alone	return economy class airline ticket or 1 st class railway 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 st class railway ticket
In the event of the death of the insured:	
Returning the body or ashes to residence	covered
Cost of a transport coffin for repatriation of the body by air	up to € 1,500
Cost of a relative or friend attending burial abroad if the deceased insured was expatriated alone	return economy class airline ticket or 1 st class railway ticket and € 50 per night up to a max. of 4 nights
Repatriation of other beneficiaries: members of the family, spouse and children living with the insured	one-way economy class airline ticket or 1 st class railway ticket
If your personal effects are lost or stolen abroad:	
Advance of funds abroad	up to € 1,500
Provision of new travel document abroad	one-way economy class airline ticket or 1 st class railway ticket
Sending urgent messages	covered
In the event of an unintentional infraction of the law abroad:	
Legal expenses incurred while abroad	up to € 1,500 per event
Cost of bail while abroad	up to € 15,000 per event (advance)
In the event of the death or the hospitalisation of a family member:	
Early return home if a family member dies	return economy class airline ticket or 1 st class railway ticket
Early return due to the hospitalisation for 5 days or more of a family member in the home country	return economy class airline ticket or 1 st class railway ticket

* If you have no healthcare cover.

These repatriation assistance benefits are valid for periods of one year in the selected geographical area and for stays of less than 90 consecutive days in the rest of the world and the home country.

Note

The decision to return you to your home country 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 2010 (all taxes included) for cover commencing prior to 01/12/2010		
	European and Mediterranean countries	Worldwide
Individual under 31	€ 144	€ 240
Individual aged 31 to 70 inclusive	€ 156	€ 276
Family	€ 336	€ 600

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 *see definition* while travelling to your country of expatriation and during your stay abroad.

Note

Personal liability cover must be taken out in combination with other cover under the policy. It is not available separately.

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

Definitions

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

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

Annual premiums 2010 (all taxes included) per policy cover commencing prior to 01/12/2010		
	Worldwide excluding USA and Canada	Worldwide
Per policy:	€ 132	€ 180

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 and irreversible loss of autonomy

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 irreversible loss of autonomy *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:

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

Annual premiums 2010 (all taxes included) per insured aged 18 to 64 for cover commencing prior to 01/12/2010								
	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	€ 60	€ 72	€ 96	€ 144	€ 192	€ 276	€ 420
Maximum death benefit: € 400,000*	€ 960	€ 1,200	€ 1,440	€ 1,920	€ 2,880	€ 3,840	€ 5,520	€ 8,400

* doubled if death is caused by an accident.

Note

Depending on the level of death benefit requested, you 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 irreversible loss of autonomy: where the insured is totally and permanently medically unfit for gainful employment and requires the assistance of a third party to carry out basic daily tasks.

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 the following rules are followed:

- **the monthly equivalent of the daily allowance must not exceed 70% of your gross monthly income,**
- **the amount of daily allowance selected depends on the level of death benefit selected: for example, for a daily allowance of € 20 the death capital selected must be at least € 20 000.**

You must be in paid employment to benefit from sick leave cover.

Daily allowance:

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

**Annual premiums 2010 (all taxes included) per insured aged 18 to 60
for cover commencing prior to 01/12/2010**

Excess <i>choice of 30 or 60 days</i>	€ 20 of daily allowance with excess of 30 days	€ 20 of daily allowance with excess of 60 days
Minimum death benefit <i>or D.A. selected x 1,000</i>	€ 20,000	€ 20,000
Maximum annual amount <i>D.A. selected x 360</i>	€ 7,200	€ 7,200
18 to 30	€ 156.00	€ 132.00
31 to 35	€ 168.00	€ 144.00
36 to 40	€ 216.00	€ 192.00
41 to 45	€ 288.00	€ 252.00
46 to 50	€ 444.00	€ 384.00
51 to 55	€ 468.00	€ 408.00
56 to 60	€ 300.00	€ 252.00

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 € 216) / € 20 = € 669.60 per year.

Note

Depending on the level of daily allowance and disability pension selected, you 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)

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 and Regions or in his or her home country is eligible. The upper age limit for applications for cover for sick leave from work and total and irreversible loss of autonomy is 60, 64 for death benefit and personal liability cover. Over the age of 60, new subscribers will be required to attend a mandatory visit at their own expense and complete a medical report which is available on request from APRIL Mobilité.

Note

Membership can be on an individual or family basis (except for death benefit and total and irreversible loss of autonomy/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. Repatriation 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 Regions and the home country). Death, total and irreversible loss of autonomy 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.

You are 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 by calling us on + 33 (0)1 73 02 93 93. The list of excluded countries is liable to change.

Commencement of cover

Cover starts, at the earliest, on the first day of the month following receipt of the completed application form and supporting documents, when the premium has been paid and medical approval has been obtained.

Note

Cover ceases automatically:

- when the age limit is reached:
 - **21** for dependent children (26 if in full time education), 31 for repatriation assistance benefits;
 - **60** for cover for sick leave from work and total and irreversible loss of autonomy benefits;
 - **65** for personal liability and death benefits;
 - **71** for repatriation assistance benefits;
- 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 home country, 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 you to make arrangements under the state scheme of your home country while ensuring continuity of cover.

Customer Service

Throughout your period of cover 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

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 insured from continuing his travel;
- convalescence, infections in the process of being treated and not yet cured and/or requiring additional care programs;
- illnesses which had been identified prior to departure and which were at risk of aggravation or relapse;
- infections causing hospitalisation in the 6 months prior to departure;
- any consequences (check-ups, further treatment, recurrences) of an infection having caused repatriation;
- pregnancy barring unforeseeable complications but in all cases:
 - pregnancy and any complications and, in all cases, after the 28th week;
 - births and further developments relating to newborns;
 - termination of pregnancy;
- the consumption of alcohol and the consequences thereof under local legislation;
- cosmetic surgery;
- trips undertaken for diagnosis and /or treatment;
- the consequences of the failure of, unfeasibility of or reaction to any vaccination or treatment desired or essential for travel;
- congenital illnesses or deformities;
- search and rescue expenses resulting from the non-observance of the rules of caution dictated by the site operators and/or regulatory measures governing the activity practised by the insured;
- search and rescue expenses resulting from the practice of a professional sport, participation in an expedition or competition, unless otherwise expressly stipulated.

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 insured'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 (unless otherwise stated on the benefits schedule);
- 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 up to 30 days a year);
- related expenses such as telephone charges in the event of hospitalisation or expenses judged to be excessive, unreasonable or unusual considering the country in which they were incurred;
- transportation expenses other than for the ambulance to the care centre deemed closest;
- medical hospitalisation expenses or stays in sanatoriums or homes, when the institutions that treated the insured are not authorised by the competent public authority;
- treatment requiring prior agreement, dispensed without prior agreement.

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

Sick leave benefit is awarded only when the absence from work is due to illness or an accident. As maternity is not itself an illness, any absences during pregnancy will be covered under the policy only if they are due to illness (i.e. on medical grounds). Any leave granted for reasons of maternity or paternity is not due to illness and is therefore excluded under the policy.

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 the insured 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 claim);
- 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, kitesurfing and the following sports when practised off piste: skiing, cross country skiing, tobogganing and snowboarding;
- participation in all sports competitions and entertainment, practicing sports in a club or federation, both professionally and as an amateur, as well as all sports requiring the use of a terrestrial, nautical or aerial engine;
- air navigation accidents except if the insured is an ordinary passenger and is on board a craft for which the owner or pilot has all the appropriate authorisations and licenses;
- sailing or pleasure cruising on the high seas;
- carrying out any professional activity on an oil rig.

Except in application of Articles L.113-8 and L.113-9 of the French Insurance Code, the benefits apply as a consequence of diseases or medical illnesses which occurred before the date of signing the Application form if they were declared on the said Application form and are not subject to a particular exclusion, of which the member has been notified of by registered letter and which has been accepted by the member.

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 member, the principal insured (and his or her spouse or partner) should sign the Application form on page 7.

- 2 The principal insured, his or her insured spouse or partner and his or her insured children over 18 should sign the Health questionnaire (not required for repatriation assistance and personal liability cover) on pages 8, 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 14), 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 APRIL Mobilité's Medical Examiner.

- 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 - 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.

The Ambassade policy, as described in the General conditions and booklet serving as the schedule under the reference Am 2010, comprises the insurance and assistance plans listed below, effected by the Association of APRIL Mobilité insured, with the following insurers:

- Axéria Prévoyance (Plans No. A3MAMBFDS2010 and A3MAMBPREV2010) - 83-85, boulevard Vivier Merle, 69003 Lyon, FRANCE,
- ACE Europe (Plan No. FRBBBAO1853) - Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE,

The Ambassade policy also provides cover for personal liability in a private capacity insured by:

- Gan Eurocourtage IARD (Policy No. 78178143) - 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE.

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

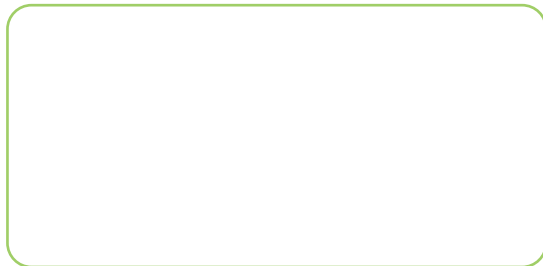
www.aprilgroup.com

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

Tel: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90

E-mail : info@aprilmobilite.com - Internet : 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)
Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09



Fully
flexible
benefits



[La Mobilité] Individuals

Application form 2010

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: / / *dd/mm/yyyy*

Home country:

Country of residence abroad:

Occupation:

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

MEMBER
WHO IS PAYING THE PREMIUM

Required only if the principal insured is not paying the premium

Corporate

Name of company:

Individual

Title:

 Mrs

 Miss

 Mr

Surname:

First names:

Date of birth:

 / / *dd/mm/yyyy*

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

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.

CHOICE OF BENEFITS AND LEVEL OF COVER:
1 Medical expenses
Membership: individual family *(The level of the family premium depends on the age of the eldest person)*
Country of residence: zone A zone B zone C

Option: Essentielle Medium Extenso

Cover required: Hospitalisation only Hospitalisation + Routine healthcare Hospitalisation + Routine healthcare + Optical-dental care

Level of reimbursement required*: 80% of actual costs 90% of actual costs 100% of actual costs

* Hospitalisation only cover is only available at 100% reimbursement of actual costs

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

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, please send us details of your bank account,
- bank transfer to a foreign bank account in any country and in any currency. International bank details are required including the IBAN number, SWIFT code, your bank's address, routing number or sort code and an ABA routing number for the US. Please specify your choice of currency. You will pay bank charges on any payment over € 75.

2 Repatriation assistance
Membership: individual family

Area of cover: European and Mediterranean countries Worldwide Annual premium (all taxes included): € **B**

Choice of start date: 01 / / 2010

(subject to acceptance of your application and, at the earliest, the first day of the month following receipt of the Application form)

Payment of the premium

Select a method of payment of the premium	Tick your chosen payment method			
	Direct debit from a French bank account	Debit card*	Bank transfer*	Cheque*
Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twice yearly	<input type="checkbox"/>	<input type="checkbox"/> € 23 per semester	<input type="checkbox"/> € 23 per semester	<input type="checkbox"/> € 23 per semester
Quarterly	<input type="checkbox"/>	<input type="checkbox"/> € 23 per quarter	<input type="checkbox"/> € 23 per quarter	<input type="checkbox"/> € 23 per quarter
Monthly	<input type="checkbox"/>	* If I choose any of these three payment methods it is my responsibility to ensure payment is made for each instalment		

Calculation of the premium

Total annual premium (all taxes included): **A + B + C + D + E + F + G**:

. € **H**

Annual membership fee in addition to cover selected:

+ **3 0 0 . 0 0** € **I**

Instalment charges of € 23 if payment is twice yearly (2 x € 23) or quarterly (4 x € 23), unless payment is by direct debit:

+ . € **J**

Total of annual premium (all taxes included)

+ annual membership fee + instalment charges: **H + I + J**:

. € **K**

Twice yearly premium (all taxes included): **K** / 2:

. €

Quarterly premium (all taxes included): **K** / 4:

. €

Monthly premium (all taxes included): **K** / 12:

. €

The Ambassade policy is renewed automatically every year on 1st January for one year. The premiums may be modified on this date depending on the claims history of the policy. The first payment will be pro-rated for the quarter, semester or year (from 1st January to 31st December).

Exemple

For a policy with a start date of 1st September and a twice yearly premium of € 1,200, a payment of € 800 would be due in the first year. The first payment of the following year would be € 1,200 plus any increase in premium effective on 1st January.

I will pay my first premium by cheque, postal order in euros payable to APRIL Mobilité, or by bank transfer or direct debit from a French bank account (please send us your bank details and complete the attached direct debit authorisation form).

I will pay my first premium by credit card (only Eurocard-Mastercard and Visa are accepted):

Eurocard-Mastercard Visa

Card number:

/ / /

Expiry date:

/

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

Cardholder:

I will make future payments by cheque/bank transfer/debit card. I understand that it is my responsibility to make the payments as each instalment becomes due.

I will make future payments by direct debit from a French bank account. Please send us your bank details and complete the attached direct debit authorisation form.

Signature of the application

I hereby apply for membership of the Association of APRIL Mobilité insured under their agreements with Axéria Prévoyance and ACE Europe for the insured listed on the Application form.

I have read the Association's statutes and regulations.

By choosing personal liability (personal capacity) cover, I am applying for insurance with Gan Eurocourtage IARD under this policy.

I have read the General conditions and booklet Am 2010 outlining the details of my insurance cover. I am aware of my right to cancel the insurance and accept the terms and conditions. I have retained a copy of these.

I also understand the terms and conditions of APRIL Mobilité's handling of my insurance cover. If my insurance cover is subsequently amended, I accept that the General conditions applied will be those outlined above.

I have been informed that the information requested is required in order to process my application and that these details will be held electronically by APRIL Mobilité, the insurer or their agent for the requirements of my insurance cover.

Under the Act of 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 present policy.

In Date

Signature of the principal insured and insured spouse or common-law spouse preceded by the words "I have read, understood and accepted the policy document":

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

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.

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

Any medical information you provide is held in strict confidence. Detailed answers will help us process your application promptly. To ensure your responses remain confidential, please send the health questionnaire and all supporting documentation in a sealed envelope for the attention of APRIL Mobilité's Medical Examiner.

Some of the medical information you provide may be processed electronically for the use of the 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 dependent child	2 nd dependent child	3 rd dependent child
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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 Medical Examiner to the following address: APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

Further details if the response to one of the questions is YES (other than question 14):

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 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 insurers of the present policy.

In Date

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

Signature of the insured spouse or common-law spouse preceded by the words "I have read, understood and accepted the policy document":

Signature(s) of the insured dependent child(ren) over 18 preceded by the words "I have read, understood and accepted the policy document":

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

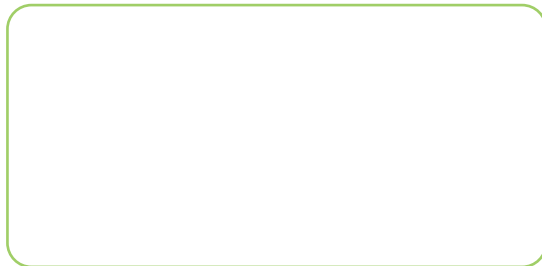
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APRIL GROUP, changing the face of insurance

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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:



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Headquarters

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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

