

Valid across
the Europe-
Mediterranean
zone



[La Mobilité] individuals

Benefits 2010

Euro Cover +

[solutions] for **europatriates and impatriates**

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





Euro Cover+ 2010

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

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

Comprehensive cover

Routine or unforeseen healthcare expenses?

Euro Cover+ covers you for both routine and unforeseen healthcare expenses from the first euro spent and at 100% of actual costs up to € 1 000 000. You can choose between 3 levels of excess per treatment or procedure: € 0, € 20 and € 40 whichever suits you best.

Dependable services and benefits:

- immediate cover for hospital fees and routine medical care (no waiting period),
- upper limits for Medical Expenses doubled in the event of accident or critical illness,
- alternative medicine and homeopathy cover,
- direct payment of hospital fees: nothing to pay up front if you are admitted to hospital,
- counselling service: when things go wrong, a team of psychologists to listen and help.

The Medical Expenses are life-long: you are covered for as long as you want and your premiums do not increase in line with your personal expenses.

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.



> A policy specially designed for Europatriates

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

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



> A truly flexible policy

- Flexible cover: adjust the level of cover to meet your changing needs throughout the entire life of the policy.
- Cover a la carte: create personalised cover to meet your needs.
- We offer a variety of solutions to help you manage your premium payments.



> Payment facilities

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

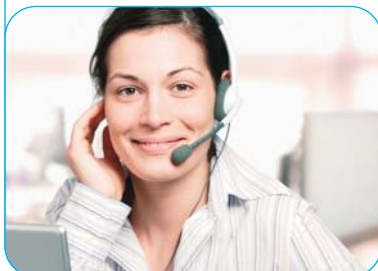
If you prefer, you can also make quarterly, six-monthly or annual payments.

Additional services

Your client advisory service

Looking for more information on your Euro Cover + policy?

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



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

Tel: + 33 (0)1 73 02 93 93, Fax: + 33 (0)1 73 02 93 90, E-mail: info@aprimobilite.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, 24/7 access to information about your policy. Go to www.aprimobilite.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 Euro Cover + 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.

1 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 the host country after stabilisation	one-way economy class airline ticket or 1 st class railway ticket
Advance payment of hospital expenses in the host country *	up to € 15,000 (advance)
Cost of a family member 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 the event of repatriation of the insured	one-way economy class airline ticket or 1 st class railway ticket
In the event of the death of the insured:	
Returning the body or ashes to residence	covered
Cost of a transport coffin for repatriation of the body by air	up to € 1,500
Cost of a relative 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	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.

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

Location of the home country	European and Mediterranean countries	Worldwide
Individual under 31	€ 168	€ 216
Individual aged 31 to 70	€ 204	€ 252
Family	€ 444	€ 540

The amount of the premium is determined by the location of your home country.

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

2 Medical expenses

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

These 3 options cover healthcare in Europe and the Mediterranean countries excluding the home country. For each of these options, you can choose between 3 levels of excess per item: € 0, € 20 and € 40 (the excess does not apply in the event of hospitalisation).

You can opt for the « permanent extension of medical cover to the home country ». You will then be covered as detailed below in your home country (on condition that your home country is located in the Europe-Mediterranean zone).

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

Benefits

Type of cover	Option 1	Option 2	Option 3
Medical expenses <i>excluding dental care and medically assisted procreation (see below)</i>			
Consultations and visits: general practitioners	100% of actual costs, up to € 40 per procedure	100% of actual costs, up to € 60 per procedure	100% of actual costs, up to € 100 per procedure
Consultations and visits: specialists	100% of actual costs, up to € 60 per procedure	100% of actual costs, up to € 80 per procedure	100% of actual costs, up to € 150 per procedure
Alternative medicine: consultations with osteopaths, homoeopaths, chiropractors, acupuncturists and dieticians when prescribed by a doctor	100% of actual costs, up to € 40 per procedure	100% of actual costs, up to € 60 per procedure	100% of actual costs, up to € 100 per procedure
Examinations and treatments of not more than 24 hours carried out in hospital (including diagnostic tests and x-rays...)	100% of actual costs, up to € 500 per day	100% of actual costs, up to € 700 per day	100% of actual costs, up to € 1,000 per day
Diagnostic tests	100% of actual costs	100% of actual costs	100% of actual costs
X-rays	100% of actual costs	100% of actual costs	100% of actual costs
Medical auxiliaries**	100% of actual costs, up to € 500 per year per person	100% of actual costs, up to € 700 per year per person	100% of actual costs, up to € 1,000 per year per person
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			
Vaccination			
Screening for cancer of the colon, prostate, breast or cervix	100% of actual costs, up to € 100 per year per person	100% of actual costs, up to € 150 per year per person	100% of actual costs, up to € 200 per year per person
Osteodensitometric examination (osteoporosis screening)			
Counselling			
This benefit allows the insured to release tension in order to improve his equilibrium. It is also applicable in the 6 months following the return to the home country.	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week	telephone calls or exchanges of email with a team of psychologists available 24 hours a day, 7 days a week
Maternity <i>pre and post natal care and delivery are covered under hospitalisation, medical expenses, physiotherapy 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 € 35 per session	100% of actual costs, up to € 50 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
Medically assisted procreation <i>waiting period ^{see definition} 12 months*</i>			
Drugs			
In vitro fertilisation	100% of actual costs, up to € 200 per year per person	100% of actual costs, up to € 400 per year per person	100% of actual costs, up to € 600 per year per person
Diagnostic tests			
Follow-up examinations			

Benefits

Type of cover	Option 1	Option 2	Option 3
Dental care waiting period 3 months* for treatment and parodontology and 6 months* for dentures and orthodontics			
Treatment	100% of actual costs, up to € 600 per year per person and up to € 1,000 per year per person from the third year	100% of actual costs, up to € 1,000 per year per person and up to € 1,500 per year per person from the third year	100% of actual costs, up to € 1,500 per year per person and up to € 2,000 per year per person from the third year
Parodontology (treatment of receding gums & gum disease)			
Dentures**			
Orthodontics up to age 16**	100% of actual costs, up to € 400 per year per person for a maximum of 2 years	100% of actual costs, up to € 800 per year per person for a maximum of 2 years	100% of actual costs, up to € 1,200 per year per person for a maximum of 2 years
Eye care waiting period 6 months*			
Lenses and frames, contact lenses (including disposable)	100% of actual costs, up to € 150 per year per person	100% of actual costs, up to € 200 per year per person	100% of actual costs, up to € 400 per year per person
Physiotherapy**			
Waiting period 3 months* unless following surgery covered by APRIL Mobilité	100% of actual costs up to € 25 per session, up to 10 sessions per year per person. Following surgery: up to 20 sessions	100% of actual costs up to € 35 per session, up to 20 sessions per year per person. Following surgery: up to 40 sessions	100% of actual costs up to € 50 per session, up to 30 sessions per year per person. Following surgery: up to 60 sessions
Equipment and prosthetics** excluding eye and dental care (see above)			
Without hospitalisation	100% of actual costs, up to € 200 per prosthetic	100% of actual costs, up to € 400 per prosthetic	100% of actual costs, up to € 700 per prosthetic
If hospitalisation is covered by APRIL Mobilité	100% of actual costs, up to € 2,000 per hospital stay	100% of actual costs, up to € 3,000 per hospital stay	100% of actual costs, up to € 4,000 per hospital stay

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

The following treatments require prior agreement: dentures, prosthetics, orthodontics, physiotherapy, speech therapy, orthoptics, courses of treatment. The request for prior agreement *see définition* must be sent to APRIL Mobilité. This request is valid for 6 months.

Definitions

Actual costs: total medical expenses charged to you.

Critical illnesses: 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.

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

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

Direct payment of hospital costs: under the three medical expenses options, if you are hospitalised (for more than 24 hours or day hospitalisation), you may be eligible for direct payment of your hospital fees with no up-front 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.

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.

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

- consultations with dieticians, acupuncturists, osteopaths, homoeopaths, chiropractors and homeopathic medicine with a doctor's prescription,
- vaccines, osteodensitometric examinations and screening for cancer of the colon, prostate, breast or cervix,
- medically assisted procreation, pre-natal classes (held by a doctor or midwife), HIV screening as part of pre-natal tests and screening for chromosomal abnormalities.

Examples of healthcare expenses reimbursements

Example 1: hospitalisation in metropolitan France for removal of appendix

Cost of the operation = €2,500

→ APRIL Mobilité reimbursement: 100% of actual costs = €2,500

→ You pay: €0

Example 2: consultation with a private specialist in London

Cost of the consultation = €150

→ APRIL Mobilité reimbursement: 100% of actual costs up to €150/procedure (under option 3, with excess of €20) = €130

→ You pay: €20

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

Option 1			
Amount of excess	Excess of € 0 per item	Excess of € 20 per item	Excess of € 40 per item
0-20 years	ind. € 1,260	ind. € 1,080	ind. € 900
21-30 years	ind. € 1,692 / fam. € 4,140	ind. € 1,452 / fam. € 3,516	ind. € 1,212 / fam. € 2,916
31-40 years	ind. € 2,088 / fam. € 5,124	ind. € 1,788 / fam. € 4,368	ind. € 1,476 / fam. € 3,612
41-50 years	ind. € 2,436 / fam. € 6,024	ind. € 2,088 / fam. € 5,124	ind. € 1,728 / fam. € 4,224
51-60 years	ind. € 3,156 / fam. € 7,812	ind. € 2,700 / fam. € 6,636	ind. € 2,232 / fam. € 5,484
61-65 years	ind. € 4,080 / fam. € 10,116	ind. € 3,480 / fam. € 8,616	ind. € 2,880 / fam. € 7,104
66-70 years	ind. € 5,700	ind. € 4,848	ind. € 4,008
over 70 years	ind. € 8,508	ind. € 7,236	ind. € 5,988
Option 2			
Amount of excess	Excess of € 0 per item	Excess of € 20 per item	Excess of € 40 per item
0-20 years	ind. € 1,308	ind. € 1,128	ind. € 936
21-30 years	ind. € 1,776 / fam. € 4,548	ind. € 1,512 / fam. € 3,864	ind. € 1,260 / fam. € 3,216
31-40 years	ind. € 2,184 / fam. € 5,640	ind. € 1,872 / fam. € 4,800	ind. € 1,548 / fam. € 3,972
41-50 years	ind. € 2,556 / fam. € 6,624	ind. € 2,184 / fam. € 5,640	ind. € 1,812 / fam. € 4,644
51-60 years	ind. € 3,312 / fam. € 8,592	ind. € 2,820 / fam. € 7,308	ind. € 2,340 / fam. € 6,024
61-65 years	ind. € 4,284 / fam. € 11,148	ind. € 3,648 / fam. € 9,480	ind. € 3,012 / fam. € 7,824
66-70 years	ind. € 5,976	ind. € 5,088	ind. € 4,200
over 70 years	ind. € 8,928	ind. € 7,596	ind. € 6,264
Option 3			
Amount of excess	Excess of € 0 per item	Excess of € 20 per item	Excess of € 40 per item
0-20 years	ind. € 1,548	ind. € 1,332	ind. € 1,104
21-30 years	ind. € 2,100 / fam. € 5,424	ind. € 1,800 / fam. € 4,608	ind. € 1,488 / fam. € 3,816
31-40 years	ind. € 2,592 / fam. € 6,720	ind. € 2,220 / fam. € 5,712	ind. € 1,836 / fam. € 4,728
41-50 years	ind. € 3,048 / fam. € 7,884	ind. € 2,592 / fam. € 6,720	ind. € 2,160 / fam. € 5,544
51-60 years	ind. € 3,936 / fam. € 10,236	ind. € 3,360 / fam. € 8,700	ind. € 2,772 / fam. € 7,188
61-65 years	ind. € 5,100 / fam. € 13,284	ind. € 4,344 / fam. € 11,316	ind. € 3,600 / fam. € 9,336
66-70 years	ind. € 7,116	ind. € 6,060	ind. € 4,992
over 70 years	ind. € 10,644	ind. € 9,048	ind. € 7,476

Benefits

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

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

Example of premium calculation

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

→ Premium: € 2,592 + (€ 2,592 x 0.10) = € 2,851.20

Notes

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

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.

3 Personal liability

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

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

Note

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

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

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

Per policy:	€ 132
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The premium is the same per policy regardless of the number of persons insured.

Definitions

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

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

4 Death and total and irreversible loss of autonomy

The benefit provides (a) lump sum(s) in the event of death or illness to the beneficiary or beneficiaries that you designate when you apply for the insurance. 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:

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

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 choice of 30 or 60 days	€ 20 of daily allowance with excess of 30 days	€ 20 of daily allowance with excess of 60 days
Minimum death benefit or D.A. selected x 1,000	€ 20,000	€ 20,000
Maximum annual amount D.A. selected x 360	€ 7,200	€ 7,200
18 to 30	€ 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 an excess of 30 days will pay $(€ 62 \times € 216) / € 20 = € 609.60$ 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 between € 20 and € 80: Health questionnaire,
- daily allowance between € 81 and € 100: Health questionnaire + doctor's medical report,
- daily allowance between € 101 and € 140: Health questionnaire + doctor's medical report, electrocardiogram, blood and urine samples (ask us for details).

How the policy operates

The insured

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

The upper age limit for applications for cover for sick leave from work and total and irreversible loss of autonomy is 60, 64 for death benefit and personal liability cover.

If over the age of 60, new subscribers will be required to attend a mandatory medical 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

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

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

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

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

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

Start date of cover

Cover takes effect, 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.

For applications from the age of 60, a medical visit, paid for by the insured, is required. The medical report to be completed by the doctor is available from APRIL Mobilité.

Duration of cover

Cover is for a minimum period of one year 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 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.

Note

Cover ceases automatically:

- when the age limit is reached:
 - **21** for dependent children (26 if in full time education) for medical expenses benefits, 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 policy operates

Customer Service

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

You can:

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

The customer service team can be contacted on:

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

Paying the premium

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

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

Exclusions from benefits

Exclusions from the repatriation assistance benefits

- any interventions and/or reimbursements related to medical visits, check-ups, or preventative screenings;
- infections or benign injuries that can be treated on site and that do not prevent the 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 medical expenses 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 per 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 insured or the member and/or infractions of the law of the country where the insured is travelling;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism that occur in the same place as the events and regardless of the protagonists except in the case of legitimate self-defense;
- suicide or suicide attempts in the first year of benefits, the use of drugs or narcotics without a medical prescription;
- alcoholism or drunkenness by the insured (alcohol level higher than that defined by the traffic law applicable on the day of the accident);
- the direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except for under the framework for indemnity for natural disasters;
- accidents or illnesses, infections, deformities after the start date of cover which are subject to relapses or which have not stabilised, congenital illnesses or deformities that were not declared on application;
- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-carts, parachuting, mountain climbing, rock climbing, underwater diving except for free-diving up to 50 meters, caving, skeletoning, ski jumping, bobsleighting, 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 have 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 ?

The Euro Cover + policy, as described in the General conditions and booklet serving as the schedule under the reference Ec 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. A3MECFDS2010 and A3MECPREV2010) - 83-85 boulevard Vivier Merle, 69003 Lyon, FRANCE,
- ACE Europe (Plan No. FRBBBAO1855) - Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE.

The Euro Cover + policy also provides cover for personal liability in a private capacity insured by:

- Gan Eurocourtage IARD (Plan No. 78 506 067) - 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE.

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 of the Application form. 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.

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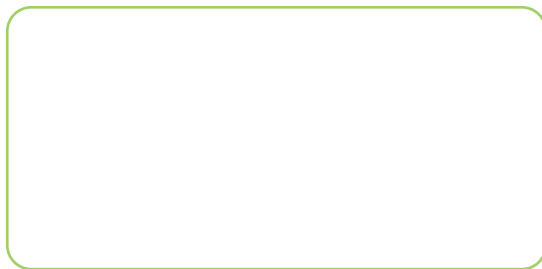
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APRIL MOBILITÉ A MEMBER APRIL GROUP

Headquarters

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Regulatory body for Insurance Activities - 61, rue Taitbout 75436 Paris cedex 09



Valid across
the Europe-
Mediterranean
zone



[La Mobilité] individuals

Application form 2010

Euro Cover +

[solutions] for **europatriates and impatriates**



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

Application form

Send to: **APRIL Mobilité - Service Adhésion Remboursement**
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, Health questionnaire) and direct debit authorisation and bank details (if you have selected this payment method).

Important: in order to complete your application, the originals of the Application form, the Health questionnaire, the direct debit authorisation and bank details (if you have selected this payment method) must be sent to APRIL Mobilité within the next few days.

INSURED	Person(s) to be insured
<p>1 Title of principal insured : <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr</p>	
<p>Surname of principal insured: <input type="text"/></p>	
<p>First names of principal insured: <input type="text"/></p>	
<p>Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p style="font-size: small; color: #0070C0; margin-left: 40px;">m m d d y y y y</p>	
<p>Home country: <input type="text"/></p>	
<p>Country of residence abroad: <input type="text"/></p>	
<p>Occupation: <input type="text"/></p>	
<p>E-mail: <input type="text"/></p> <p style="font-size: x-small; color: #0070C0;">Providing an email address will allow you to receive information on your reimbursements.</p>	

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: / /
m m d d y y y y

Home country:

Country of residence abroad:

Occupation:

3 Surname of **1st dependent child**:

First names of **1st dependent child**:

Date of birth: / / Sex: Male Female
m m d d y y y y

4 Surname of **2nd dependent child**:

First names of **2nd dependent child**:

Date of birth: / / Sex: Male Female
m m d d y y y y

5 Surname of **3rd dependent child**:

First names of **3rd dependent child**:

Date of birth: / / Sex: Male Female
m m d d y y y y

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: / / *m m / d d / y y y y*

 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.aprilmobilite.com to amend or update your contact details.

CHOICE OF BENEFITS AND LEVEL OF COVER:
1 Repatriation assistance

- | | |
|--|---|
| <input type="checkbox"/> Individual membership | <input type="checkbox"/> Family membership |
| <input type="checkbox"/> Home country - Europe-Mediterranean | <input type="checkbox"/> Home country - Worldwide |

The option selected will depend on the location of your home country.

 Annual premium (all taxes included): € **A**
2 Medical expenses

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual membership | <input type="checkbox"/> Family membership | |
| <i>The level of the family premium is determined by the age of the eldest person.</i> | | |
| <input type="checkbox"/> Option 1 | <input type="checkbox"/> Option 2 | <input type="checkbox"/> Option 3 |
| <input type="checkbox"/> Excess per item € 0 | <input type="checkbox"/> Excess per item € 20 | <input type="checkbox"/> Excess per item € 40 |
| <input type="checkbox"/> Option "Permanent extension of medical cover to the home country" | | |
| <i>This option can only be selected if the insured's home country is located in the Europe-Mediterranean zone.</i> | | |

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

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 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.

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** **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 Euro Cover + 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).

Example

For a policy with a start date of 1st September and a twice yearly premium of € 1,800, a payment of € 1,200 would be due in the first year. The first payment of the following year would be € 1,800 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 payment 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 (private capacity) cover, I am applying for insurance with Gan Eurocourtage IARD under the policy.

I have read the General conditions and booklet Ec 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 declare either that I am not insured under the statutory healthcare scheme of my main country of residence or that my contributions to that scheme are up to date.

I understand that being covered under the current policy does not exempt me from paying contributions to any statutory scheme under which I may be insured.

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 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?
- 6 Within the **last 5 years**, have you consulted a doctor for:
 - a) nervous conditions (chronic fatigue, anxiety, depression)?
 - b) back complaints (back pain, sciatica, slipped disc)?
 - c) arthritis and/or rheumatism (hip, knee, shoulder...)?
- 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?
Date of the test:
- 8 Bis Have you been tested for HCV (Hepatitis C)?
If you answered "Yes" to this question, were the results positive?
Date of the test:
- 8 Ter Have you been tested for HIV (AIDS)?
If you answered "Yes" to this question, were the results positive?
Date of the test:
- 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 It is 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 the 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
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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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					
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Direct debit authorisation form

National Issuer Number 004082

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 health-care 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

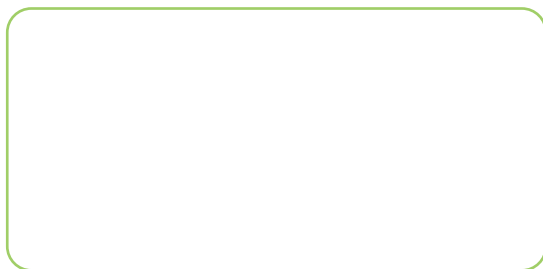
www.aprilgroup.com

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:



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