

Comprehensive  
insurance  
cover for trips  
to France



[ La Mobilité ] Individuals

**Benefits 2010**

# Welcome Cover

[ Insurance solutions ] for **short-term impatriates** in France



*Personal insurance for  
short-term impatriates  
in France up to age 79,  
from € 61 per month*



# Welcome Cover 2010

**Welcome Cover** is an insurance solution designed for impatriates **under the age of 80** during visits to France of no longer than one year.

This policy complies with French regulations covering travellers applying for a temporary resident's certificate or a Schengen Visa and provides cover for medical expenses, loss of luggage...

## Comprehensive cover

### Faced with medical expenses?

#### **Emergency hospitalisation?**

#### **Doctor's appointment?**

Welcome Cover covers you for both regular and unexpected medical expenses from the 1<sup>st</sup> euro you spend, with no excess, and offers a direct payment service for hospital fees: you have nothing to pay up front if you are hospitalised for more than 24 hours.

### Need assistance during your trip?

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

#### **Hospitalised and awaiting the arrival of a relative?**

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

### If you lose your luggage during the trip?

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

APRIL Mobilité reimburses you up to € 1 200 in the event of the loss, theft or destruction of your luggage.

### Want to go home from time to time?

The Welcome Cover policy covers you for periods of less than 90 days in any of the Schengen countries (as well as Andorra, Switzerland or Monaco) or in your home country.



### > A policy which meets the insurance requirements for:

#### • **A Schengen Visa**

Visiting a Schengen country? You are required to take out insurance covering € 30,000 of medical expenses and including comprehensive repatriation assistance.

#### • **A temporary resident's certificate**

Welcoming a foreign national into your home? In many cases, you must provide them with a temporary resident's certificate delivered by the town hall and requiring proof of insurance cover for medical expenses and repatriation assistance.



### > Amend your policy free of charge

If you have trouble obtaining a visa, APRIL Mobilité allows you to change the start date or suspend your policy before it starts and at no cost to you.

Suspending your policy allows you to change the start date over a 6 month period starting from the date it was issued and allows you to cancel it.



## Our services

### Your client advisory service

#### Looking for more information on your Welcome 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 to France.



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](mailto: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, 24h/24 access information about your policy. Go to [www.aprimobilite.com](http://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 policyholder:

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

### Your insurance Card

For cover of 3 months or more, you will be sent an insurance card.

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

- direct payment of hospital costs, with no upfront payment during approved hospitalisation for 24 hours or more,
- requesting emergency assistance,
- contacting the counselling service.

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

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



### Our commitment to service levels

#### Top quality management of your account

Our teams are equipped to process applications 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,
- our clients always receive polite and professional responses to their queries.

## Benefits

### 1 Medical expenses

The maximum amount of medical expenses cover is € 50,000 per insured person per year (for one year from the date of commencement of cover). Choose between two options depending on the type of cover you require.

#### Option 1: hospitalisation or other medical treatment in the event of illness or accident (available up to age 64)

Direct payment of hospitalisation costs during approved hospitalisation for 24 hours or more	provided on request 24 hours a day, if prior agreement has been obtained
Daily hospital charge <i>see definition</i>	100% of actual costs <i>see definition</i>
Private room	100% of actual costs, up to € 50 per day
Hospitalisation without surgery or for surgery	from the 1 <sup>st</sup> euro, up to 100% of the French Social security reimbursement rate <i>see definition</i>
Consultations, visits, procedures carried out by GP's or specialists	
Diagnostic tests, laboratory tests, x-rays, drugs and nursing*	
Physiotherapy (following a reported accident <i>see definition</i> and surgery covered by the policy)*	
Dental treatment (following a reported accident)	100% of actual costs, up to € 230 per year
Dentures (following a reported accident)	100% of actual costs, up to € 460 per year
Eye care: lenses and frames or contact lenses (following a reported accident)	100% of actual costs, up to € 230 per year

#### Option 2: hospitalisation in the event of a reported accident only (available up to age 79)

Direct payment of hospitalisation costs during approved hospitalisation for 24 hours or more	provided on request 24 hours a day, if prior agreement has been obtained
Hospitalisation without or for surgery (following a reported accident)	from the 1 <sup>st</sup> euro, up to 100% of the French Social security reimbursement rate
Daily hospital charge	100% of actual costs
Private room	100% of actual costs, up to € 50 per day
Dental treatment (following a reported accident)	100% of actual costs, up to € 230 per year
Dentures (following a reported accident)	100% of actual costs, up to € 460 per year
Eye care: lenses and frames or contact lenses (following a reported accident)	100% of actual costs, up to € 230 per year

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

### Examples of Healthcare payments

#### Example 1: hospitalisation in metropolitan France for removal of appendix (under Option 1)

Cost of the operation = € 2,500 (French Social security reimbursement rate)

→ APRIL Mobilité payment of 100% of the French Social security reimbursement rate = € 2,500 → You pay: € 0

#### Example 2: consultation with an approved GP in metropolitan France (under Option 1)

Cost of the consultation = € 22 (on 01/11/2008)

→ APRIL Mobilité payment of 100% of the French Social security reimbursement rate = € 22 → You pay: € 0

**Under options 1 and 2, in the event of hospitalisation in a Schengen country (other than France), Andorra, Switzerland, Monaco, or in the home country, the maximum daily reimbursement is € 550.**

The other types of cover, including Repatriation assistance, are included in both options.

### Definitions

**Actual costs:** all the medical expenses charged to you.

**Daily hospital charge:** portion of daily hospital costs not covered by the French Social security system.

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

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

**French Social security reimbursement rate:** rate used by French Social

security to reimburse treatments or prescriptions delivered in France by healthcare professionals. Where generics drugs are available, the reimbursement will be based on the cost of a generic version.

**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.

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

### 2 Counselling helpline (both Healthcare options)

#### Helping you cope in difficult circumstances

Dialogue with a clinical psychologist

Exchanges by telephone or email with a team of psychologists available 24 hours a day seven days a week.

**This telephone or email support does not constitute psychotherapy.**

## Benefits

### 3 Repatriation assistance (both Healthcare options)

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

Transportation or repatriation for medical reasons	covered
Repatriation of body in the event of death	covered
Cost of providing a coffin	up to € 1,500
Accompanying the body	covered
Provision of a ticket for a family member to visit you if you are hospitalised for more than 10 days	return economy class airline ticket or a 1 <sup>st</sup> class railway ticket
Transmission of urgent messages	covered
Search and rescue	up to € 3,800 per person per event

### 4 Personal accident (both Healthcare options)

In the event of death in an accident	€ 8,000, <b>limited to funeral expenses for those under 16's</b>
Amount we will pay if you are totally and permanently disabled in an accident, reduced if you are partially or permanently disabled	€ 30,000, <b>proportional excess: 20%</b>

### 5 Personal liability (both Healthcare options)

We will cover you for any money that you have to pay as a result of any damage for which you are held responsible in a non-business capacity, by fire, explosion or accident.

Per claim:

Bodily injury	up to € 765,000
Physical and consequential damage	up to € 150,000, <b>excess: € 76</b>
Legal costs of claims made against you	up to € 1,500 <b>if costs are over € 200</b>
Physical and consequently damage caused to group leader	up to € 12,000, <b>excess: € 76</b>

### 6 Baggage (both Healthcare options)

If your baggage is lost, stolen or destroyed by explosion, fire or water during the outward or return trip or during the stay	up to € 1,200, <b>Cover is limited to 50% for valuables excess of € 30 per claim</b>
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## Premiums (all taxes included)

### Cover commencing on or before 31/12/2010

(including a € 3 administration fee per month)

**Minimum: 15 days. Maximum: 12 months (3 months if you are aged between 65 and 79 under Option 2).**

	OPTION 1 Hospitalisation or other medical treatment in the event of illness and accident				OPTION 2 Hospitalisation in the event of accident only	
	Age 0-30	Age 31-40	Age 41-50	Age 51-64	Age 0-64	Age 65-79 (maximum 3 months)
<b>15 days</b>	€ 54	€ 67	€ 87	€ 107	€ 41	€ 58
<b>1 Month</b>	€ 85	€ 104	€ 135	€ 166	€ 61	€ 89

#### Example

Stay of 5 and a half months, under 31 years of age, Option 1: (5 x € 85) + € 54 = € 479.

## General information

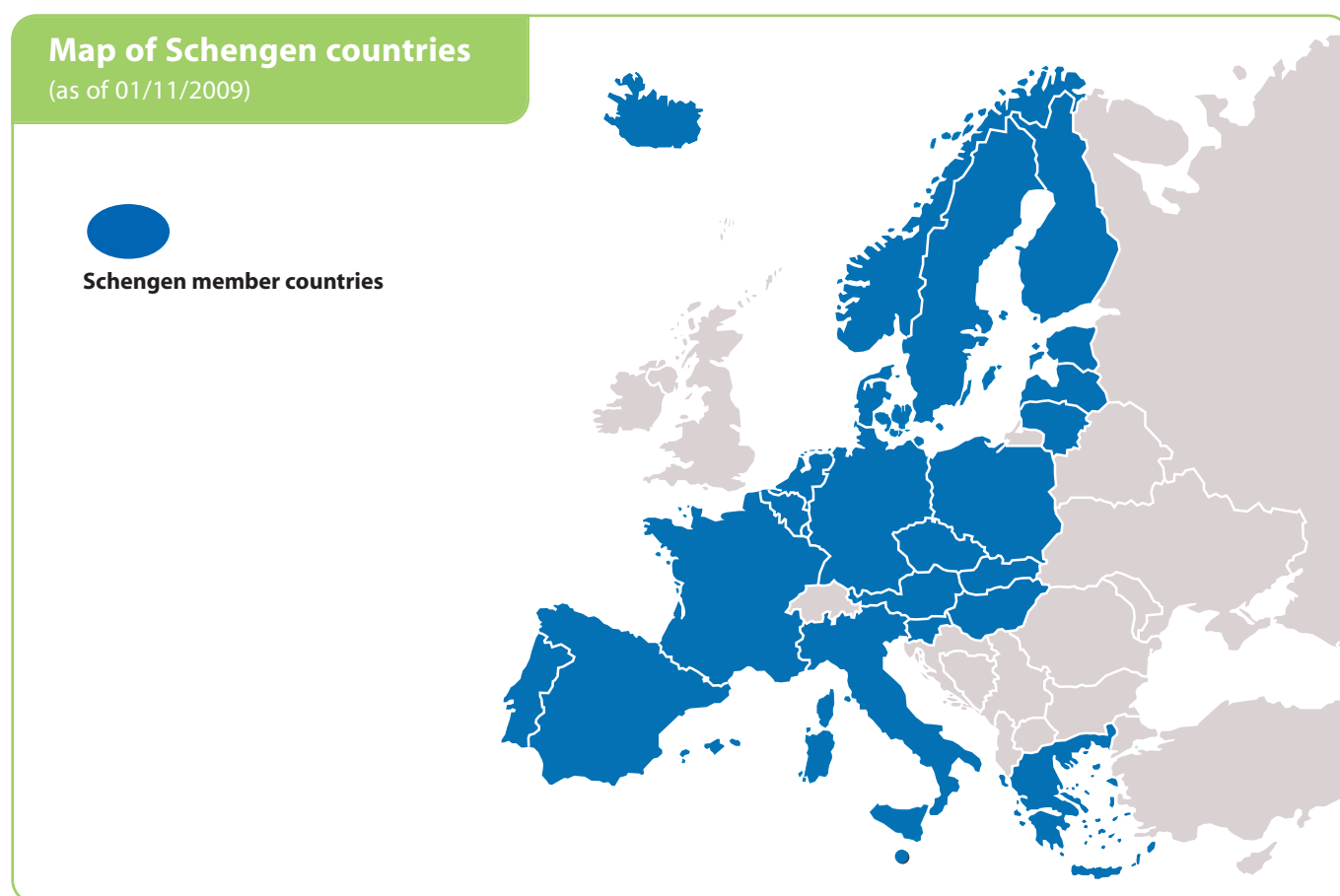
### Insured

Any person under 65 years of age (except for under Option 2 which requires the person to be under 80) travelling to metropolitan France or the French Overseas Departments and Regions (excluding the home country) for the purposes of tourism, study or training in a business or private capacity.

### Territorial limits

The cover applies in France and French Overseas Departments and Regions. The cover also applies to the Schengen countries, Andorra, Switzerland, and Monaco for a period of not more than 90 days between two stays in France and during visits to the home country of not more than 90 days (except countries excluded from the policy: please ask for details).

Member countries of the Schengen Agreement as of 01/11/2009: Austria, Belgium, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, the Netherlands, Poland, Portugal, The Czech Republic, Slovakia, Slovenia and Sweden.



### How the Welcome Cover plan operates

- The insurance is taken out **for a minimum of 15 days and a maximum of 12 months** (under option 2 in the 65-79 age bracket the maximum period of cover is 3 months).
- Your cover starts, at the earliest, on the day following receipt by APRIL Mobilité of your Application form and the corresponding premium, after medical approval. The cover ends on the day you return to your home country (except for trips of less than 90 consecutive days between 2 stays in France or the French Overseas Departments and Regions) and, at the latest, on the date shown on the Policyholder certificate.
- **Waiting period: none if you are involved in an accident. Otherwise: 15 days for hospitalisation and 8 days in other cases.** The waiting period starts from the date of commencement of cover shown on the Policyholder certificate. During the waiting period, cover is not yet in force.
- **Certain sporting or professional activities are subject to prior approval and agreement by the insurer. In this case, please contact us.**

## General information

### Reimbursement of medical expenses

We will pay for any medical treatment prescribed by a qualified medical authority that is accepted by French Social security. **Claims for reimbursement must be sent to APRIL Mobilité no later than 3 months following the date of treatment.**

The insured can be reimbursed:

- by cheque in euros sent to the address of his choice,
- by bank transfer to a bank account in France. He will pay no bank charges. In this case, he send us details of his bank account (RIB.),
- by 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 his choice of currency. He will pay bank charges on any payment over € 75.

The insured can ask for your reimbursements to be paid to a third party by writing to APRIL Mobilité and providing the name, postal address and bank details of the beneficiary.

### Changing the start date / Cancelling / Suspending the contract

**Should you have problems obtaining a visa, you can change the start date, suspend or cancel the contract before its start date.**

- **Changing the start date:** send us a written request accompanied by the policyholder certificate that you have been sent, detailing the new dates of cover.
- **Suspension:** you should make your request in writing before the start date enclosing your policyholder certificate. Suspension of cover allows you to remain insured for a maximum of 6 months from the date of issue of the policy.
- **Cancellation before the start date:** you should make your request in writing (by recorded delivery) before the start date enclosing your Policyholder certificate. There will be a charge of € 35.
- **Cancellation after the start date due to rejection of visa application:** you should make your request in writing (by recorded delivery), enclosing your Policyholder certificate and proof of unsuccessful visa application. There will be a charge of € 35.

**In the event of a trip being cut short, no fees will be reimbursed.**

The Welcome Cover policy as described in the General conditions and booklet under reference Wc 2010, comprises the insurance policies cited below effected by the following insurers:

- Gan Eurocourtage Vie (Policy number 220/936 264) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE,
- Gan Eurocourtage IARD (Policy number GCRV000005) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE,
- ACE EUROPE (Policy number FR32022521) - Le Colisée, 8 avenue de l'Arche - 92419 Courbevoie Cedex - FRANCE.

## How to apply for cover

- 1 Complete the Application form enclosed in CAPITAL LETTERS (one letter in each box) using a black biro.
- 2 The insured should sign the Application form on page 4 (a parent or legal guardian should sign on behalf of a minor). If the policyholder is different from the insured, he or she must sign the Application Form on page 4.
- 3 The insured should sign the Simplified health questionnaire on page 5 (if the insured is a minor, the parents or legal guardian should sign). The Simplified health questionnaire must be signed during the 6 months prior to the requested start date of the insurance cover.  
If you would prefer your responses to remain confidential you should photocopy the Simplified health questionnaire, complete it and send it in a sealed envelope marked "Confidential" for the attention of the APRIL Mobilité's Medical Examiner.
- 4 Send your Application form and the Health statement together with a cheque for the total premium amount in euros **made out to APRIL Mobilité** or fill in your credit card details on the Application form.

### 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
- Telephone lines open from: 8.30 - 18.00 Monday to Thursday (8.30 - 17.30 Friday) - Paris time
- Metro: Père Lachaise ou Saint-Maur - Lines 2 and 3. Car parks: Alhambra or Les Trois Bornes

## APRIL Mobilité by your side

Specialising in insurance for people living outside their home country, APRIL Mobilité provides simple and innovative healthcare and life insurance products for individuals, businesses and the self-employed. Our products meet the needs of travellers, expatriates, impatriates, employees on assignment abroad and students. For more than 30 years, APRIL Mobilité (formerly AIPS) has been wholly committed to total client satisfaction by means of our clear and easy to understand products supported by a range of services and top quality management of your insurance choices.



**Personal and Group Insurance for expatriates, impatriates and travellers**

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

## APRIL, tailor-made insurance solutions

April provides a wide range of insurance solutions meeting the needs of individuals, professionals and businesses across all areas of insurance.

**To find out more about our insurance solutions**

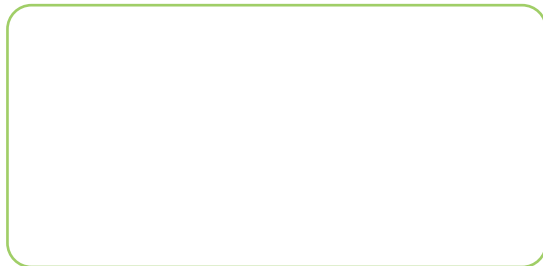
[www.aprilgroup.com](http://www.aprilgroup.com)

## APRIL GROUP, changing the face of insurance

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

Today, more than **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](mailto:info@aprilmobilite.com) - Internet : [www.aprilmobilite.com](http://www.aprilmobilite.com)

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





**Application form 2010**

# **Welcome Cover**

[ Insurance solutions ] for short-term **impatriates in France**



***Personal insurance for  
short-term impatriates in France  
up to age 79,  
from € 61 per month***

# Application form

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

## Points to remember

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

INSURED		Foreign national to be insured	
Title:	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>
Surname:			
First names:			
Date of birth:	dd/mm/yyyy (upper age limit of 79 for option 2; 64 for option 1)		
Home country:			
Country to be visited:	<b>F R A N C E</b>		
If French Overseas Departments and Regions, please specify:			
Status of the insured:	Student <input type="checkbox"/>	Employee <input type="checkbox"/>	Self-employed <input type="checkbox"/>
E-mail:			
<i>Providing an email address will allow you to receive information on your reimbursements.</i>			

INSURED		Address for delivery of correspondence	
<i>If you would like correspondence from us to be sent care of another person, please let us know the name of the official owner/occupier at that address (the name on the letter box)</i>			
Name of the person:			
Street number:	Street type (ave., st., blvd,...):		
Street name:			
Street name (continued) :			
Postcode:			
Town or City:			
Country:			
State/Region/Canton/Land/County:			
Telephone:	if outside France		
My language of choice of correspondence is:	french <input type="checkbox"/>	english <input type="checkbox"/>	

**POLICYHOLDER = WHO IS PAYING THE PREMIUM:** Required only if the principal insured is not paying the premium

Individual

Corporate

Name of company:

Title: Mrs  Miss  Mr  Date of birth:  /  /  dd/mm/yyyy

Surname:

First names:

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

Street name:

Street name (continued):

Postcode:

Town or City:

State/Region/Canton/Land/County:

Country:

Telephone:  /  /  /  /  /  if outside France

E-mail\*:

\*Providing 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](http://www.aprilmobilite.com) to amend or update your contact details.**

**Beneficiary in the event of death**

My surviving spouse on condition that were not legally separated when the lump sum became payable, second, equally, to my children living, to be born or represented as such; third, equally to my ascendants and fourth to my other heirs.

Other beneficiary:

Surname:

First names:

Date of birth:  /  /  dd/mm/yyyy

Place of birth:

**For medical expenses, you can be reimbursed by:**

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

**Period and level of cover**

I, the undersigned, request cover under the Welcome Cover policy from:  /  /  to:  /  /

for a duration of:  ,  months (minimum 15 days; maximum 12 months, duration limited to a maximum of 3 months for the 65-79 age group)

Level of cover selected:

either  **Option 1** → illness or accident → Premium: €

either  **Option 2** → hospital costs in the event of an accident only → Premium: €

## Payment

Payment must be made for the whole period of insurance. Payment in instalments is not accepted. In the event of cancellation, and if a Policyholder certificate has been issued, there will be a charge of € 35. Applications will be rejected unless they include full payment of the premium by cheque made payable to **APRIL Mobilité** or by credit/debit card.

You have chosen to pay:

by **cheque**, please make it payable to **APRIL Mobilité**.

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

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

Card number:  /  /

Expiry date:  /

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

Name of cardholder:

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

*I have read the General conditions and booklet Wc 2010 outlining the details of my insurance cover. This information is available from my insurance advisor. I am aware of my right to cancel the insurance and accept the terms and conditions. I have retained a copy of these. I also understand the terms and conditions of APRIL Mobilité's handling of my insurance cover. If my insurance cover is subsequently amended, I accept that the General conditions applied will be those outlined above.*

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

*Under the Act of 6<sup>th</sup> January 1978, I have the right to access and, if necessary, rectify any personal information held on file by writing to APRIL Mobilité, 110 avenue de la République, 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 6<sup>th</sup> January 1978, I have the right to prevent my details being passed on in this way by writing to APRIL Mobilité at the above address. Postal charges will be refunded.*

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

*I 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 Welcome Cover policy.*

*I agree to pay APRIL Mobilité any reimbursements made to me by Social security or any private healthcare insurer.*

In ..... date .....

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

Signature of the policyholder (if different)  
preceded by the words "Read, understood and accepted";

For children under 18, the Application form must be signed by the father, mother or legal guardian.

# Simplified health questionnaire

**Validity of the simplified health questionnaire: 6 months.**

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

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

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

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

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

<p><b>1 -</b> Do you suffer from any disorder or illness requiring regular medical supervision or treatment?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>2 -</b> 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...)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>3 -</b> Do you want your responses to this Health questionnaire to remain confidential?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Further details if the response to one of the question is YES (other than question 3)**

To help us process your application, please provide further details regarding the events surrounding the illness or accident at any consequences resulting from it.

*Details*

**THE INSURER'S 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 Welcome Cover policy.*

In ..... date .....

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

If the person to be insured is a minor, a parent or legal guardian must sign on his or her behalf.

**Your Insurance Advisor + APRIL Mobilité Code**

I

## APRIL Mobilité by your side

Specialising in insurance for people living outside their home country, APRIL Mobilité provides simple and innovative healthcare and life insurance products for individuals, businesses and the self-employed. Our products meet the needs of travellers, expatriates, impatriates, employees on assignment abroad and students. For more than 30 years, APRIL Mobilité (formerly AIPS) has been wholly committed to total client satisfaction by means of our clear and easy to understand products supported by a range of services and top quality management of your insurance choices.



**Personal and Group Insurance for expatriates, impatriates and travellers**

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

## APRIL, tailor-made insurance solutions

April provides a wide range of insurance solutions meeting the needs of individuals, professionals and businesses across all areas of insurance.

**To find out more about our insurance solutions**

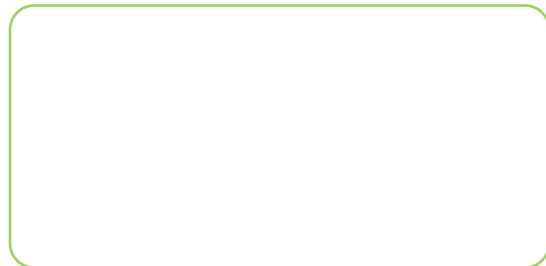
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## APRIL GROUP, changing the face of insurance

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

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

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



**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

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