



[La Mobilité] Individuals

Benefits 2010

ASIA Expat

[solutions] for expatriates in Asia

*Insurance cover for
expatriates of any nationality
in Asia up to age 65*





ASIA Expat 2010

ASIA Expat is an insurance policy designed for expatriates living in Asia. This insurance solution provides cover for expatriates in Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam.

The policy provides essential medical and assistance cover at a reasonable price and is available for a minimum period of one year up to the age of 65 inclusive.

Essential cover

Routine or unforeseen healthcare expenses?

Emergency hospitalisation?

Consultation with your GP?

ASIA Expat covers both routine and unforeseen healthcare expenses from the first dollar spent up to 100% of actual costs with no excess to pay. You are immediately covered for hospital fees and routine medical care (no waiting period). A service providing direct payment of hospital fees is also available meaning that you have nothing to pay up front if you are admitted to hospital for more than 24 hours.

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 a local hospital for more than 10 days, APRIL Mobilité will cover the cost of a return trip and accommodation to allow a close friend or relative to be with you.



> Reliable medical cover

... up to USD 1,000,000 in the event of hospitalisation

In the event of hospitalisation, APRIL Mobilité will cover your expenses up to a maximum of USD 1,000,000.

... lifetime

APRIL Mobilité provides lifetime cover if you subscribe before the age of 66. You will then have cover for as long as you need it and premiums are not linked to your level of expenditure.



> Real savings and payment facilities

This policy is available at very competitive rates. Depending on your own personal needs, this reliable medical insurance starts as low as USD 75.25 per month.

To help you manage your budget, we offer quarterly, six monthly or annual payments of your premiums by cheque or bank transfer.



> Specialists in medical insurance abroad

Subscribe to the ASIA Expat policy and entrust your insurance needs to APRIL Mobilité, specialists in expatriate insurance for over 30 years.

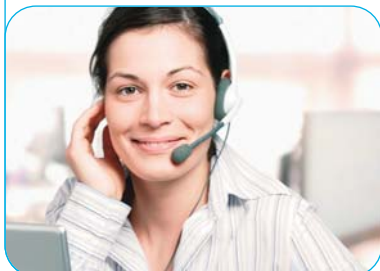
You can then be sure to benefit from the experience of teams of professionals specialising in the management of expatriate insurance.

Additional services

Your client advisory service

Looking for more information on your ASIA Expat 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@aprilmobilité.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.aprilmobilité.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.

Your ASIA Expat Card

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

- direct payment of hospital fees during approved hospitalisation for 24 hours or more,
- requesting emergency assistance.

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

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



Our commitment to service levels

Top quality management of your account

Our teams are equipped to process applications within 24 hours and claims within 48 hours (*excluding postal delivery and bank processing times*). Our automatic email service means we can send you instant information on your claims.

At your service

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

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

Benefits

1 Medical expenses

Two medical expenses options allowing you to choose the benefits best suited to cover your healthcare expenses: BASIC and ADVANCED. The benefits indicated are valid in the country of expatriation and in the home country during short trips of up to 90 consecutive days, and during temporary stays of less than 60 consecutive days in the rest of the world in the event of an accident (except in the following countries: Bahamas, Canada, United States, Japan, Switzerland).

Type of cover	BASIC option	ADVANCED option
Hospitalisation		
Annual upper limit of reimbursement	USD 1,000,000 per insurance year	USD 1,000,000 per insurance year
Hospitalisation <i>see definition</i> with or without surgery	100% of actual costs <i>see definition</i>	100% of actual costs <i>see definition</i>
Day hospitalisation <i>see definition</i>	100% of actual costs	100% of actual costs
Direct payment of hospital costs <i>see definition</i> during approved hospitalisation for 24 hours or more	provided on request 24 hours a day, if prior agreement <i>see definition</i> has been obtained	provided on request 24 hours a day, if prior agreement <i>see definition</i> has been obtained
Ambulance if hospital costs covered by APRIL Mobilité	100% of actual costs	100% of actual costs
Daily hospital charge (in France)	100% of actual costs	100% of actual costs
Private room	100% of actual costs	100% of actual costs
Staying with your child in hospital	100% of actual costs, up to 10 days per year for children under 18	100% of actual costs, up to 10 days per year for children under 18
Cancer treatment	100% of actual costs	100% of actual costs
Organ transplant	100% of actual costs, up to USD 200,000 per year	100% of actual costs, up to USD 200,000 per year
Pre and post hospitalisation treatment incurred within 30 days before admission, and 90 days following hospital discharge	100% of actual costs, up to USD 3,000	100% of actual costs, up to USD 3,000
Emergency treatment	100% of actual costs	100% of actual costs
Nursing at home**	100% of actual costs, up to 182 days per year	100% of actual costs, up to 182 days per year
Emergency dental treatment following an accident	100% of actual costs, up to USD 50,000 per year	100% of actual costs, up to USD 50,000 per year
Maternity: waiting period 9 months		
Annual upper limit of reimbursement	USD 5,000 per insurance year	USD 5,000 per insurance year
Pre and post natal treatment	100% of actual costs	100% of actual costs
Delivery	100% of actual costs	100% of actual costs
Medical expenses - Outpatient services		
Annual upper limit of reimbursement	not covered	USD 5,000 per insurance year
Consultations and visits: general practitioners	not covered	100% of actual costs
Consultations and visits: specialists	not covered	100% of actual costs
Diagnostic tests / x-rays	not covered	100% of actual costs
Prescription drugs	not covered	100% of actual costs
Physiotherapy and chiropractor treatment ** waiting period: 6 months *	not covered	100% of actual costs, up to USD 60 per session, up to 15 sessions per year
Acupuncture ** waiting period: 6 months *	not covered	100% of actual costs, up to USD 45 per session, up to 10 sessions per year
Hormone replacement therapy	not covered	100% of actual costs, up to USD 2,000 per year

Benefits

Type of cover	BASIC option	ADVANCED option
Dental care: waiting period 6 months*		
Annual upper limit of reimbursement	not covered	USD 1,000 per insurance year
Routine oral examination (including scaling & polishing)	not covered	100% of actual costs, up to USD 100, once per year
Basic dental services: extraction, amalgam filling, x-rays, periodontal scaling	not covered	100% of actual costs

* The waiting period may be shortened (except for maternity cover) if the insured had equivalent or higher level cover which was cancelled less than one month previously. Proof of this previous insurance and the exit certificate must be produced.

** Treatment or procedures requiring a prior agreement [see definition](#) for more than 20 sessions per insurance year.

Definitions

Actual costs: total medical expenses charged to you.

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

Direct payment of hospital costs: under the two medical expenses options, if you are hospitalised for more than 24 hours, you may take advantage of the direct payment of expenses 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.

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.

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.

Examples of healthcare expenses reimbursements

Example 1: hospitalisation following an accident in Bangkok

Hospitalisation for 2 days = USD 6,900 (currency converted)

→ APRIL Mobilité reimbursement of 100% of actual costs (all options) = USD 6,900 → You pay: USD 0

Example 2: consultation with a private GP in Taiwan

Cost of the consultation = USD 75 (currency converted)

→ APRIL Mobilité reimbursement of 100% of actual costs (ADVANCED option) = USD 75 → You pay: USD 0

Annual premiums 2010 (all taxes included) for cover commencing prior to 01/12/2010		
	BASIC option	ADVANCED option
under 31	ind. USD 903 / fam. USD 2,124	ind. USD 1,208 / fam. USD 3,536
31 to 65 inclusive	ind. USD 1,297 / fam. USD 2,773	ind. USD 1,717 / fam. USD 5,088
66 to 70	ind. USD 1,687	ind. USD 2,232
over 70	ind. USD 2,193	ind. USD 2,902

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

This policy covers only the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam.

Note

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

Benefits

2 Repatriation assistance

In the event 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
Medical repatriation or medical transportation	covered
Returning the body or ashes to residence	covered
Cost of a transport coffin for repatriation of the body	up to USD 2,200
Accompanying the deceased during transportation or repatriation	covered
Cost of a relative if the insured is hospitalised for more than 10 days and was expatriated alone	return economy class airline ticket or 1 st class railway ticket and USD 115 per night up to a maximum of 10 nights

This repatriation assistance cover is valid for one year in the zone comprising the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam.

It also applies during stays of no more than 90 consecutive days worldwide and in 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	
Individual under 31	USD 177
Individual aged 31 to 70 inclusive	USD 264
Family	USD 579

How the ASIA Expat plan operates

Insured

Cover is available to any person of any nationality aged between 0 and 65 inclusive residing in one of the following countries (other than the home country): Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam. Repatriation assistance cover can only be selected in combination with medical expenses cover.

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.

Territorial limits

Medical expenses cover applies in your country of expatriation (Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam). This cover extends to the home country during temporary stays of less than 90 consecutive days and during temporary stays of less than 60 consecutive days in the rest of the world in the event of an accident (except in the following countries: the Bahamas, Canada, the United States, Japan or Switzerland).

Repatriation assistance cover is valid for one year in the zone comprising the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam. It also applies during stays of no more than 90 consecutive days worldwide.

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

You are covered 24 hours a day in both a private and professional capacity.

How the ASIA Expat plan operates

Note

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

A comprehensive list of temporarily excluded countries can be consulted on www.aprilmobilite.com by calling us on + 33 (0)1 73 02 93 93.

The list of excluded countries is liable to change

Commencement of cover

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

Note

Cover ceases automatically:

- when the age limit is reached:
 - **21** for dependent children (26 if in full time education) for medical expenses benefits, 31 for repatriation assistance benefits;
 - **71** for repatriation benefits;
- if you do not pay the premium,
- if you are no longer an expatriate. Supporting documentation must be produced.

Cover is for a minimum period of one year (unless specified otherwise) and can be cancelled at each annual renewal date with two months' prior notice. Otherwise it is renewed automatically.

If the premium is not paid APRIL Mobilité will send a reminder. If the premium remains unpaid, a formal notice of cancellation will be issued. **Notices of cancellation which are sent by recorded delivery will be charged at USD 20 per item.**

Upon return to France or to the home country, cover can be extended for a maximum period of three months if specifically requested, and if the corresponding premium indicated by APRIL Mobilité is paid.

Extending cover in this way allows the insured to make arrangements under the state scheme of his or her home country while ensuring continuity of cover.

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 email suivi.client@aprilmobilite.com

Paying the premium

Premiums are payable in US dollars quarterly, six monthly or annually.

Payment can be made by cheque or bank transfer.

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.

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 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, psychiatric care (hospitalisation, consultations, medication...);
- 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;
- medical auxiliaries services (other than physiotherapy, chiropractor treatment and acupuncture);
- prosthetics and dentures;
- treatment requiring prior agreement, dispensed without prior agreement.

Exclusions common to all benefits

In addition to the exclusions set forth for each benefit, all the costs and consequences are excluded from cover:

- intentional acts by the member or the insured and/or infractions of the law of the country where the insured is travelling;
- civil or foreign wars, riots, insurrections, strikes, piracy or sabotage, voluntary participation in fights or popular movements, acts of terrorism that occur in the same place as the events and regardless of the protagonists except in the case of legitimate self-defense;
- suicide or suicide attempts in the first year of benefits, the use of drugs or narcotics without a medical prescription;
- alcoholism or drunkenness by the insured (alcohol level higher than that defined by the traffic law applicable on the day of the claim);
- the direct or indirect effects of changing the structure of the atomic nucleus, climatic changes such as storms and hurricanes, earthquakes, floods, tidal waves or other disasters except for under the framework for indemnity for natural disasters;
- accidents or illnesses, infections, deformities before 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;

Exclusions from benefits

- dangerous sports such as microlighting, hang-gliding, paragliding, driving cars, motorcycles or go-carts, parachuting, mountain climbing, rock climbing, underwater diving except for free-diving up to 50 meters, caving, skeletoning, ski jumping, bobsleighbing, bungee jumping, rafting, canyoning, air-ballooning, jet-skiing, kitesurfing and the following sports when practised off piste: skiing, cross country skiing, tobogganing and snowboarding;
- participation in all sports competitions and entertainment, practicing sports in a club or federation, both professionally and as an amateur, as well as all sports requiring the use of a terrestrial, nautical or aerial engine;
- air navigation accidents except if the insured is an ordinary passenger and is on board a craft for which the owner or pilot has all the appropriate authorisations and licenses;
- sailing or pleasure cruising on the high seas;
- carrying out any professional activity on an oil rig.

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

The ASIA Expat policy, as described in the General conditions and booklet reference As 2010, comprises the insurance and assistance plans listed below, effected by the Association of APRIL Mobilité insured, with the following insurers:

- Axéria Prévoyance (Plan No. A3MASIAFDS2010) - 83/85, boulevard Vivier Merle, 69003 Lyon, FRANCE,
- ACE Europe (Plan No. FRBBBAO1857) - Le Colisée, 8 avenue de l'Arche, 92419 Courbevoie Cedex, FRANCE.

How to apply for cover?

- 1** Complete the Application form attached, in CAPITAL LETTERS (one letter in each box) using a black biro pen. The member, the principal insured (and his or her spouse or partner) should sign the Application form on page 6.
- 2** The principal insured, his or her insured spouse or partner and his or her insured children over 18 should sign the Health questionnaire on pages 7, 8 and 9 by marking each question YES or NO using a black biro pen.
If you answer YES to any of the questions (other than question 13), please provide further details about the events surrounding the illness or accident and its consequences in the space on page 9. 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 US dollars made **payable to APRIL Mobilité** 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@aprilmobilité.com
- Telephone lines open from: 8.30 -18.00 Monday to Thursday (8.30 -17.30 Friday) - Paris time
- Metro: Père Lachaise or Saint-Maur - Lines 2 and 3. Car parks: Alhambra or Les Trois Bornes

APRIL Mobilité by your side

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



Personal and Group Insurance for expatriates, impatriates and travellers

www.aprilmobilite.com

APRIL, tailor-made insurance solutions

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

To find out more about our insurance solutions

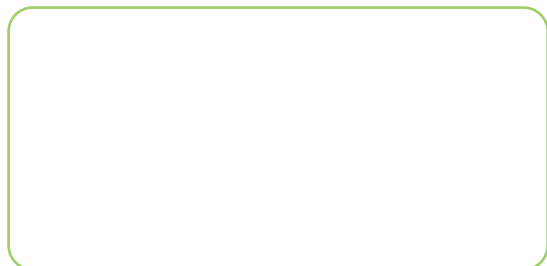
www.aprilgroup.com

APRIL GROUP, changing the face of insurance

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

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

For more information, contact your insurance consultant:



APRIL MOBILITÉ MEMBER OF APRIL GROUP

Headquarters

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

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

E-mail : info@aprilmobilite.com - Internet : www.aprilmobilite.com

Public limited company with capital of € 200 000 - Registered with Companies House in Paris under number 309 707 727

Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)

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



[La Mobilité] Individuals

Application form 2010

ASIA Expat

[des solutions] for expatriates in Asia



***Insurance cover for
expatriates of any nationality
in Asia up to age 65***

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, Health questionnaire).

Important: in order to complete your application, the originals of the Application form and the Health questionnaire must be sent to APRIL Mobilité within the next few days.

INSURED	Person(s) to be insured
1	<p>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"/> dd/mm/yyyy</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><i>Providing an email address will allow you to receive information on your reimbursements.</i></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: / / *dd/mm/yyyy*

Home country:

Country of residence abroad:

Occupation:

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

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

Date of birth: / / *dd/mm/yyyy* Sex: ☐ Male ☐ Female

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

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

Date of birth: / / *dd/mm/yyyy* Sex: ☐ Male ☐ Female

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

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

Date of birth: / / *dd/mm/yyyy* Sex: ☐ Male ☐ Female

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

PRINCIPAL INSURED **Address for delivery of correspondence**

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

Street name:

Street name (continued):

Postcode:

Town or City:

State / Region / Canton / Land / County:

Country:

Telephone: / / / / *If outside France*

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

MEMBER		WHO IS PAYING THE PREMIUM	
Required only if the principal insured is not paying the premium			
Corporate <input type="checkbox"/> Individual <input type="checkbox"/>	Name of company: <input type="text"/>		
Title:	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr		
Surname:	<input type="text"/>		
First names:	<input type="text"/>		
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> dd/mm/yyyy		
Street number:	<input type="text"/> Street type (ave., st., blvd,...): <input type="text"/>		
Street name:	<input type="text"/>		
Street name (continued):	<input type="text"/>		
Postcode:	<input type="text"/>		
Town or City:	<input type="text"/>		
State / Region / Canton / Land / County:	<input type="text"/>		
Country:	<input type="text"/>		
Telephone:	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> If outside France		
E-mail :	<input type="text"/>		
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 Medical expenses	
<input type="checkbox"/> Individual membership <input type="checkbox"/> BASIC option	<input type="checkbox"/> Family membership <input type="checkbox"/> ADVANCED option
The level of the family premium is determined by the age of the eldest person.	
Annual premium (all taxes included): USD <input type="text"/> A	
2 Repatriation assistance (must be combined with a medical expenses option)	
<input type="checkbox"/> Individual membership	<input type="checkbox"/> Family membership
Annual premium (all taxes included): USD <input type="text"/> B	

Select the start date: 01 / / 2010

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

Paying the premium

Select a method of payment of the premium	Tick your chosen payment method	
	Bank transfer*	Cheque*
Annual	<input type="checkbox"/>	<input type="checkbox"/>
Six monthly	<input type="checkbox"/> USD 20 per semester	*For these 2 payment methods, it is my responsibility to pay each instalment as it becomes due.
Quarterly	<input type="checkbox"/> USD 20 per quarter	

Calculation of the premium

Total annual premium (all taxes included) **A** + **B** :

USD . **C**

Annual membership fee in addition to cover selected:

+ USD **2 4** . **0 0** **D**

Instalment charges of USD 20 if payment is six monthly (2 x USD 20) or quarterly (4 x USD 20):

+ USD . **E**

Total of annual premium (all taxes included) + annual membership fee + instalment charges **C** + **D** + **E** :

USD . **F**

Six monthly premium (all taxes included) **F** / 2 :

USD .

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

USD .

The ASIA Expat 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 six monthly premium of USD 1,200, a payment of USD 800 would be due in the first year. The first payment of the following year would be USD 1,200 plus any increase in premium effective on 1st January.

I will pay my first premium by cheque in USD payable to **APRIL Mobilité** or bank transfer.

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

Signature of the application

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

I have read the Association's statutes and regulations.

I have read the general conditions and booklet As 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 1100, 75127 Paris Cedex 11, FRANCE. APRIL Mobilité has the right to utilise certain administrative information and to share it with associated businesses who may use it to make me aware of new products or services. A list of these companies is available on request.

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

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

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

I confirm that I have answered all of the questions accurately and honestly and have neither included or omitted anything which could mislead the insurers of the present policy.

In _____ Date _____

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

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

Health questionnaire

Validity of the health questionnaire: 6 months

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

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

1	Height	
2	<input type="checkbox"/> eight	
3	Are you currently on partial or total sick leave from work due to illness or accident?	
4	<input type="checkbox"/> within the last 10 years , have you: a) undergone surgery? b) undergone laser treatment, chemotherapy or radiation therapy?	
5	<input type="checkbox"/> 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	<input type="checkbox"/> 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)? <input type="checkbox"/> <input type="checkbox"/>	
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 <input type="checkbox"/> YES <input type="checkbox"/> to this question, were the results positive?	Date of the test
8 Bis	Have you been tested for HCV (Hepatitis C)? If you answered <input type="checkbox"/> YES <input type="checkbox"/> to this question, were the results positive?	Date of the test
8 Ter	Have you been tested for HIV (AIDS)? If you answered <input type="checkbox"/> YES <input type="checkbox"/> to this question, were the results positive?	Date of the test
9	Do you have a disability which entitles you to benefits?	
10	<input type="checkbox"/> 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	<input type="checkbox"/> 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? <input type="checkbox"/> <input type="checkbox"/>	
12	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)?	
13	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 information held on file by writing to the Medical Examiner, APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

	Principal insured	Spouse or Common law spouse	1 st dependent child	2 nd dependent child	3 rd dependent child
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For new cover after the age of 60, a medical visit at your expense is required and a medical report provided by APRIL Mobilité must be completed.

If you wish your answers to remain confidential, make a copy of the blank Health questionnaire, fill it in and send it to us enclosing all the supporting documentation required in a sealed envelope marked ☐ 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 13):

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. L11 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

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

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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

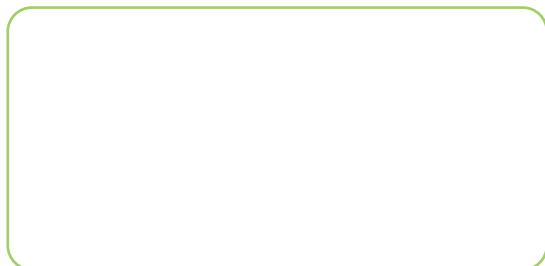
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From our beginnings in 1988, the APRIL GROUP has been committed to changing the face of the insurance industry by ensuring that the client is always at the heart of our business.

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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Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)

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