

M O B I L I T Y

Personal insurance

from
€22^a month



(Crystal)
Studies

Stays of up to 12 months

**Students and schoolchildren
under 27 living abroad**

Policy document and Application form 2006 - 2007

The original version of this document is in French. In the event of a dispute, the French version shall prevail over any translation into other languages.

- Medical expenses from the first euro
- Repatriation assistance & Counselling
- Personal liability & Legal cover
- Personal accident, Delayed departure & Baggage

april
MOBILITÉ

Folleto en español disponible



Version française disponible



For students or the parents of schoolchildren studying, training or travelling abroad

Fail-safe planning is essential to ensure that your trip is a rewarding experience and one where you are covered for everything from minor health problems to emergency hospitalisation and loss of luggage... The cover provided by Social security and private medical insurance for students and schoolchildren are limited, or even non-existent, once you leave your country of origin.

Crystal Studies insures you against the **four main risks** which students and schoolchildren face when studying or travelling abroad.

Financial risks due to extreme fluctuations in healthcare costs from one country to the next.

Real-life example: a student who was seriously injured in a car accident on an island off the coast of the United States had to be transferred to the only suitably equipped hospital in the region in Miami. Her condition was such that she could only be repatriated to France following three weeks of intensive care. Cost : almost \$200,000!



- 100% of medical expenses reimbursed from the first euro and up to €200,000.
- payment of hospital fees worldwide with no upfront payment by the policyholder.
- no excess to be paid by the insured, no long delays for healthcare reimbursements.

Health risks resulting from poor standards of healthcare in certain developing countries. Access to even the most basic healthcare must be provided in a satisfactory medical environment.

Real life example: travellers visiting Equatorial Guinea had to be transferred to Cameroon to receive any kind of specialist care under acceptable medical conditions.



- comprehensive repatriation cover to ensure the provision of adequate healthcare services.

Access to healthcare services: within the national health services of some countries, the choice of doctor or hospital is restricted - as in Spain or the UK - and waiting times are sometimes very long (up to 12 months even for serious medical conditions!).



- reimbursement of healthcare services provided by the private healthcare sector abroad.

Legal: in some countries where a simple traffic accident can lead to imprisonment. Dealing with the law is disconcerting in any circumstances but more so in the unfamiliar surroundings of a foreign country.



- legal cover up to €3,100.

Be prepared for other eventualities with Crystal Studies cover:

When faced with **difficult circumstances abroad** it can be helpful to release tension with the help of a professional psychologist.



- telephone calls or exchanges of email with a team of clinical psychologists available 24 hours a day seven days a week. This telephone or email support does not constitute psychotherapy.

When the student or the child is **held liable for damage** caused to a third party during a stay abroad.



- personal liability cover of up to €765,000 covering all types of damage caused to a third party in a non-professional capacity.

If the **date of an exam is changed** or if re-sits are required and the student cannot use the outward airline ticket purchased.



- delayed departure cover of up to €100 for last-minute changes to the ticket.

Luggage is lost, stolen or damaged during the trip.



- baggage cover reimbursing up to €1,200 of the value of any personal items which are lost, stolen or destroyed.

Further details can be obtained from:

APRIL Mobilité Customer Service, Monday to Thursday from 8.30 to 18.00 (17.30 on Friday) on:

Telephone: +33 (0)1 73 02 93 93, Fax: +33 (0)1 73 02 93 90, e-mail: info@aprilmobilite.com

This policy document/application form contains a summary of the Crystal Studies cover described in the General conditions reference APRIL Mobilité Cs 2007 comprising the insurance policies cited below effected by the Association of AIPS insured with the following insurers:



Gan Eurocourtage Vie
(Policy number 219/877763 and 220/877764)
Gan Eurocourtage IARD
(Policy number 78 347 432 and 78 410 999)



Inter Partner Assistance - AXA Assistance Group
(Policy number 0800598*04)

	Trip abroad: EXPATRIO	Trip in France and the French Overseas Departments: IMPATRIO
1 Medical expenses	up to €200,000 per year of cover	
Hospitalisation for surgery (including ambulance service)	100% of actual costs <i>see definition</i>	100% of the French Social security reimbursement rate <i>see definition</i>
Hospitalisation without surgery for a period of 48 hours or more		
Third party payment <i>see definition</i> during approved hospitalisation	provided on request 24 hours a day	
In France: daily hospital charge <i>see definition</i> and private room	–	up to €49 per day
Examinations and treatment carried out in hospital and lasting less than 24 hours (excluding chemotherapy and radiotherapy)		
Consultations, visits, procedures carried out by a GP or specialist (€130 per year for eye care consultations)	100% of actual costs	100% of the French Social security reimbursement rate
Diagnostic tests, laboratory tests, x-rays and drugs		
Procedures carried out by medical auxiliaries (following a clear liability accident)		
Dental treatment (following a clear liability accident)	up to € 460 per year	up to € 230 per year
Cost of dentures (following a clear liability accident)	up to € 460 per year	up to € 230 per year
Prostheses excluding dentures - Eye care: lenses, contact lenses and frames (following a clear liability accident)	up to € 460 per year	up to € 230 per year
2 Repatriation		
Transportation or repatriation for medical reason	covered	
A relative or friend to stay with you during hospital stays of more than 6 days	return ticket and €80 per night, max. 10 nights	
Sourcing and sending you medication not available in the host country	covered	
Early return home if a close relative dies	covered	
Search and rescue services	up to €3,800	
Returning your body to your home if you die	covered	
Provision of coffin	up to €765	
Advance payment of bail abroad	up to €15,000	
Passing on urgent messages	covered	
Travel assistance if personal items are lost or stolen	up to €460	
3 Counselling		
Telephone calls or exchanges of email with a clinical psychologist	up to 5 per year	
4 Personal liability		
Bodily injury	up to €765,000	
Physical and consequential damage to a third party	up to €460,000, including €92,000 for consequential damage, excess €76	
Physical and consequential damage caused to group leader	up to €12,000, excess €76	
Legal cover - recourse	up to €3,100, for costs over €228	
5 Personal accident		
Death through accident	€8,000 or funeral expenses for the under 16's	
Disablement through accident	up to €35,000, excess 20%	
6 Delayed departure		
Reimbursement of fee charged by airline company for change of outward flight	up to €100, airline tickets only	
7 Baggage cover		
Luggage which is lost, stolen, destroyed in an explosion or fire or by water during the trip or the stay	up to €1,200, excess of €30 per claim limited to 50% for valuables	

Insurance cover for expatriate and inpatriate students and schoolchildren



Definitions:

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

Actual costs: total medical expenses charged to the insured person. Actual costs are reimbursed from the first euro.

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

Third party hospital payment: if you are a holder of the APRIL Mobilité card, and with the insurer's prior agreement, we will pay your expenses directly to the hospital.

EXPATRIO

for visits abroad with
the exception of France
and the French Overseas
Departments



temporary extension

to all countries including France and
the home country for periods of less
than 30 consecutive days between
2 visits to the host country

IMPATRIO

for visits to France
and the French
Overseas Departments



temporary extension

to the home country and all European
countries with the exception of Russia
for periods of less than 30 consecutive
days between 2 visits to France

What am I reimbursed for?

Example 1: Hospitalisation in the US following an accident (Expatrio Option)

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

APRIL Mobilité payment of 100% of actual costs = \$15,200

You pay: \$0

Example 2: Consultation with an approved specialist in France (Impatrio Option)

Cost of the consultation = €25

APRIL Mobilité payment of 100% of the Social security reimbursement rate = €25

You pay: €0

i If the insured person is covered by the French Social security scheme and/or a top-up healthcare plan, APRIL Mobilité pays the difference between these benefits and actual costs. Only healthcare costs prescribed by a qualified medical authority and which are approved by Social security will be reimbursed. Claims for reimbursement must be made within the 3 months following treatment.



Monthly premium (all taxes included) for visits of up to 12 months (holidays, studies, training...)

For cover commencing prior to 01/10/07 (including €1 monthly membership fee).

Complete Option → cover ① to ⑦		Area	Schoolchildren or students under 27	
			Full payment of premium at time of application	Payment by monthly instalments
EXPATRIO	Level A	Worldwide or in Europe if the child or student don't hold the European Health Insurance Card <small>see definition</small>	€36	€39
	Level B	in the EU countries if you hold the European Health Insurance Card	€28	€31
IMPATRIO		principal destination France or the French Overseas Departments	€45	€48

i Level B applies to child and students who are covered by the Social security healthcare scheme of one of the countries of the European Union. **Before leaving the home country you must obtain the European Health Insurance Card see definition which you will present to the medical authorities in the host country. In this case APRIL Mobilité will only pay the difference between the Social security reimbursements and actual costs.**

A Mini option covering only Medical expenses and Repatriation is also available to schoolchildren and students. The monthly premium (all taxes included) is:

Mini Option → cover ① and ② only			Schoolchildren or students under 27	
			Full payment of premium at time of application	Payment by monthly instalments
EXPATRIO	Level A		€29	€32
	Level B		€22	€25
IMPATRIO			€37	€40

i Unlike the Complete option, the Mini option does not provide cover for all eventualities arising during a trip abroad. It provides basic cover but APRIL Mobilité recommends the Complete option.

The European Health Insurance Card:

From 1st June 2004 forms E111 and E128 are replaced by the European Health Insurance Card (EHIC) which provides proof of entitlement to healthcare insurance for members of the European Union. It allows you to access the public healthcare system while on a temporary stay in another Member State in accordance with local legislation and formalities. It is valid for 12 months.

The card can be used in the following countries:

Germany, Austria, Belgium, Cyprus, Denmark, Spain, Estonia, Finland, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, the Netherlands, Poland, Portugal, the Czech Republic, the United Kingdom, Slovakia, Slovenia, Sweden, Iceland, Lichtenstein, Norway and Switzerland.



How the policy operates

- The insured must be a member of the Association of ALPS Insured and be under 27 years of age.
- The insured must provide a photocopy of a current student card or certificate of attendance at school.
- **Certain countries may be excluded from the policy as a result of heightened tension there. The list of excluded countries is liable to change and can be consulted by calling us on +33 (0)1 73 02 93 93.**
- The insurance is taken out **for a minimum of one month and a maximum of 12 months. It can be renewed only once with the agreement of the insurer, if the insured is still a student.** A different option can be selected only at the time of renewal of the policy.
- Your cover starts, at the earliest, on the day following receipt by APRIL Mobilité of your Application form and the corresponding premium. The cover ends on the day you return to your home country (other than for periods of less than 30 consecutive days between two visits to the host country) and, at the latest, on the date shown on the Membership certificate.
- **Certain sporting or professional activities are subject to prior approval and agreement by the insurer.**
- **If you cancel your trip, the premium will be refunded to you on condition that APRIL Mobilité is informed prior to the date of commencement of cover and the originals of the Membership certificate (and the APRIL Mobilité card for Expatrio cover) are returned. Under no circumstances will the membership fee be refunded. If you cut short your stay, no refund of premium will be made.**

How to apply for cover ?

- 1 Complete the Application form in CAPITAL LETTERS (one letter in each box) using a black biro pen.
- 2 The insured must signed the Application form and the Health statement on pages 11 and 12 (if the person to be insured is a minor, a parent or legal guardian must sign on his or her behalf).
- 3 Please enclose a photocopy of a current student card or certificate of attendance from the school with your Application.
- 4 If the insured has opted for full payment of premium, send your Application form together with a cheque for the total premium amount in euros made **payable to APRIL Mobilité** or fill in your credit card details on the Application form. If the insured has opted for payment in monthly instalments, complete the direct debit authorization and enclose bank details.

Contact details for APRIL Mobilité:

- APRIL Mobilité - Service Adhésions - 106, rue de la Folie-Méricourt - 75011 PARIS - 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)
- Metro: République - Lines 3, 5, 8, 9 and 11. Car park: Alhambra.



Application form

Points to remember:

- If you send your application by fax, don't forget to send both sides of the form (Application form and Health statement) and direct debit authorisation (if paying by monthly instalments). You must also post the originals of the documents and direct debit authorisation (if paying by monthly instalments) to APRIL Mobilité within the following few days.
- 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)

Insured ▶ Person to be insured

Title: Mrs Miss Mr

Surname:

First name:

Date of birth: / / (upper age limit of 27)

Nationality:

Country of residence abroad:

E-mail*:

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

Reason for trip: Study Leisure Training Language Course

School or organisation which the insured attends.

Remember to enclose a photocopy of your current student card or certificate of attendance from the school.

Application form (continued)

Address for delivery of policy

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

Street name:

Postcode:

Town or City:

Country:

Telephone: / / / / / * If outside France

• Membership certificate

In addition to the French version, please send me the certificate in: English Spanish

Name and address of policyholder if different from person to be insured

Title: Mrs Miss Mr

Surname of policyholder:

First name of policyholder:

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

Street name:

Postcode:

Town or City:

Country:

E-mail*:

*Providing an email address will allow us to send you information on your insurance policy

Application form (continued)

Other information for the Complete option

In the event of my death I name as beneficiary:

First my spouse, second my children, third my successors

Other beneficiary:

Surname:

First name:

Date of birth: / /

Place of birth:

For medical expenses, you can be reimburse by

Cheque

Bank transfer (enclose your bank details)

Period and level of cover

I, the undersigned, request cover under the Crystal Studies policy from:

/ / to: / /

For a duration of: months (minimum 1 month; maximum 12 months).

Are you renewing an existing policy? YES NO

Level of cover selected:

<input type="checkbox"/> Complete Expatrio cover	→	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B
<input type="checkbox"/> Mini Expatrio cover	→	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B
<input type="checkbox"/> Complete Impatrio cover			
<input type="checkbox"/> Mini Impatrio cover			

Application form (continued)

Calculation of premium

Minimum period of cover: 1 month; maximum period of cover: 12 months.

Depending on the option (Expatrio or Impatrio), the level of cover (A or B) and the payment method selected (full payment on application or monthly instalments), go to page 5 of the Application form to calculate your premium.

Payment method: Full payment at time of application by cheque or debit/credit card
 Payment in monthly instalments from a French bank account

Monthly premium for your level of cover: € (see amount on page 5)

Number of months required: Total premium: €

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

If paying by cheque, please make them payable to **APRIL Mobilité**.

If paying 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:

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

Complete the direct debit authorisation and enclose bank details.

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

I hereby apply for membership of the Association of AIPS Insured under their agreements with Gan Eurocourtage Vie, Gan Eurocourtage IARD and Inter Partner Assistance for myself and the beneficiaries listed on the Application form. I have read the Association's statutes and regulations.

I have read the General conditions and booklet Cs 2007 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.

Application form (continued)

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, 106 rue de la Folie-Méricourt, 75011 Paris, 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 may at any time, and in writing, stop copies of my statutory Healthcare reimbursements being sent to APRIL Mobilité.

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 Association of AIPS Insured.

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

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

Health statement

Health statement to be completed not more than 6 months before the commencement of cover

What is the deadline for completion of the health statement?

If you are leaving on 01/07/2007, you can sign this declaration between 01/01/2007 and 30/06/2007.

I declare that I am in good health and do not suffer from any disability or illness for which I am currently receiving treatment and which is likely to reoccur or develop. I declare that I have not recently undergone any medical treatment lasting more than one month during the last three years and do not plan to undergo any therapy, treatment or surgery in the country I will be visiting during the period of insurance cover.

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 authorise the Medical Examiner to request any information he considers necessary from the doctors who have treated me or whom I have consulted. I authorise these doctors to pass on the information, within the bounds of patient confidentiality, to the Medical Examiner.

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

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 Association of AIPS Insured.

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:

DIRECT DEBIT AUTHORIZATION FORM

National
Issuer
Number
004082

I hereby authorize my bank to effect transfers from my account, if adequate funds are available, on the instructions of the organization 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 - 106, rue de la Folie-Méricourt - 75011 PARIS - FRANCE

• **Surname, first name and address of account holder:**

Surname of account holder:	<input type="text"/>
First name of account holder:	<input type="text"/>
Street number:	<input type="text"/> Street type (ave, street, 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"/>
Country:	<input type="text"/>

• **Account to be debited:**

Sort code:	<input type="text"/>	Branch code:	<input type="text"/>
Account number:	<input type="text"/>	Transaction code:	<input type="text"/>

• **Name and address of the bank to be debited:**

Name:	<input type="text"/>
Street number:	<input type="text"/> Street type (ave, street, 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"/>
Country:	<input type="text" value="FRANCE"/>

Date: **Signature:**

Please send this form to APRIL Mobilité and enclose your bank details (Transaction code, Postcode or Saving Bank).

The APRIL range of services

APRIL designs, administers and distributes simple, innovative insurance solutions via a network of 13,000 independent insurance consultancies throughout France.

Our areas of expertise are wide-ranging and diversified, meeting the needs of families, seniors, students, schoolchildren, travellers, borrowers, business leaders, employees and the self-employed...

APRIL products are easy to understand and supported by a range of services bringing you additional peace of mind.

APRIL's specialist areas

- Life and Accident cover: Personal life and medical insurance in France
- Home Insurance: Mortgage
- Corporate: Life and medical insurance for businesses and business leaders in France
- Property and casualty: motor and home insurance in France
- Personal finance: savings, pensions and tax savings
- Mobility: personal and group cover for expatriates, inpatriates and travellers

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www.april-patrimoine.fr

The APRIL Mobilité range of insurance products

- Assistance/Travel Cancellation: Ulysse
- Expatriates: Magellan, Ambassade and Rubelles +
- Inpatriates: Welcome Cover (Schengen Visa and Proof of hospitality) and Cover Plus
- Expatriate and Inpatriate Students and schoolchildren: Crystal Studies
- International Personnel: April Mission. Expatriate or inpatriate employees: Garantie Mobilité Entreprise.

Your Insurance Advisor



APRIL MOBILITÉ IS A MEMBER OF THE APRIL GROUP

APRIL Mobilité - 106, rue de la Folie-Méricourt - 75011 Paris - FRANCE
RCS Paris B 309 707 727 - Limited company with capital of €200,000
Member of ALCA list.

Insurance broking and administration. Financial guarantee and Professional liability insurance in accordance with articles L512-7 and L512-6 of the Insurance Code.

Information / Applications / Claims: 01 73 02 93 93 Fax: 01 73 02 93 90
Calling from outside France: 33-1 and the last 8 digits of the telephone number.

Email: info@aprilmobilite.com - Website: www.aprilmobilite.com