

M O B I L I T Y

Personal insurance

Policy tailored
to Working Holidays
visas



(Magellan)

Stays of up to 12 months

Short-term expatriate cover for the under 75's

Policy document and Application form 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 any other languages.

■ Medical expenses & Counselling

■ Repatriation assistance

■ Personal liability

■ Personal accident & Baggage

april
MOBILITÉ

Folleto en español disponible



Version française disponible



Key benefits of the Magellan healthcare plan

- Medical expenses reimbursed **from the first euro** and as a percentage of actual costs or **as a top-up to French Social security scheme** **NEW**
- No excess
- No up-front payment of medical expenses if you are hospitalised for surgery (option 1)
- Coverage available up to age 75 **NEW**

Other benefits of the policy

- Counselling helpline
- Full repatriation assistance
- Personal liability cover
- Death or accidental disablement cover
- Baggage cover
- Monthly premium payments **NEW**

Policy meets the visa requirements for:

- Working Holidays programmes (Canada, Australia, Japan, New Zealand)
 - non-French nationals in any Schengen country other than France
-

The Magellan policy as described in the General conditions serving as the schedule under the reference APRIL Mobilité Ma 2007, comprises the insurance policies cited below effected by the Association of AIPS insured with the following insurers:



Gan Eurocourtage Vie (Policy No. 219/936 265)
Gan Eurocourtage IARD (Policy No. GCRV000004)
8 - 10 rue d'Astorg - 75383 PARIS CEDEX 08



Inter Partner Assistance (AXA Assistance Group)
12 bis boulevard des Frères Voisin
92130 ISSY-LES-MOULINEAUX
Policy No. 0800243*02

Benefits

1 Medical expenses

The maximum amount of medical expenses cover is €80,000 per insured person per year (for one year from the date of commencement of cover). During stays of up to 3 months the insured can opt for reimbursements as a top-up to the French Social security scheme. In this case you must provide APRIL Mobilité with proof that you have received reimbursements from the French state scheme.

Abroad	Option 1: reimbursement from the 1 st euro spent as a percentage of actual costs	Option 2: reimbursement as a top-up to the French Social security scheme (for stays of up to 3 months).
Hospitalisation	100% of actual costs	Reimbursement as a top-up to the French Social security scheme with the same percentages of reimbursement and the same upper limits as in Option 1.
Daily charge	100% of actual costs	
Private room	up to €49 per day	
Visits and consultations with GPs and specialists	90% of actual costs up to €76.5 per item	
Radiography, analysis, drugs, nursing and specialists care	90% of actual costs	
Physiotherapy (in the event of an accident and surgery covered by the policy)	90% of actual costs up to €46 per item	
Eye and dental treatments excluding denture (in the event of a clear liability accident)	90% of actual costs up to €305 per person per year	

In France and your home country

If you return temporarily to France or to your home country for a period of less than 90 days between two stays abroad, the same cover is maintained **up to a maximum of 100% of the French Social security reimbursement scheme and within the limits outlined above.**

If you are receiving French Social security benefits and/or private healthcare benefits, these are supplemented by the Magellan plan.

Examples of healthcare payments:

- Example 1: Hospitalisation in the USA (Option 1)

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: Private doctor's visit in Italy (Option 2)

Cost of the consultation = €60 → French Social security reimbursement based on €21

→ French Social security reimbursement = €14,70 → APRIL Mobilité reimbursement:

$[(€60 \times 90) / 100] - €14,70 = €39,30$ → You pay: €6

Definitions:

- **Actual costs:** total medical expenses charged to the insured person.
- **Daily hospital charge:** portion of daily hospital costs not covered by Social security.
- **French Social security reimbursement scheme:** rate used by Social security to reimburse treatments or prescriptions delivered in France by healthcare professionals. Where generic drugs are available, the reimbursement will be based on the cost of the generic version.

Benefits

2 Counselling helpline

Helping you cope in difficult circumstances.

Dialogue with a clinical psychologist

up to 5 telephone calls or exchanges of email with a team of psychologists available 24 hours a day seven days a week

This telephone or email support does not constitute psychotherapy.

3 Repatriation assistance

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

Search and emergency services

up to €5,000 per person
and up to €15,000 per incident

A relative or friend to accompany you on the home journey

covered

Return to the country of expatriation or cost of sending a colleague to replace you

covered

Cost of a relative or friend if the insured is hospitalised > 6 days

return ticket and €80 per night up to a **maximum of 10 nights**

Early return home if a close relative dies

covered

Early return home if your home is very badly damaged

economy class air fare or first class rail fare

Sending urgent messages in Metropolitan France

covered

Sending you essential medication not available locally

covered

Returning your body to your home if you die

covered

Cost of bail if you are involved in a traffic accident while abroad

up to €15,000

Legal expenses incurred while abroad

up to €3,000

Provision of funds if your personal money is lost or stolen

up to €750 per incident

Benefits

4 Personal liability

You are covered for damage caused to others while you are travelling and during your stay abroad, in a private capacity only. Per claim:

Bodily injury	up to €765,000
Physical and consequential damage	up to €460,000, excess: €76
Legal costs of claims made against you	up to €3,100, if costs are over €228
In a professional capacity: Work experience placement: physical damage	up to €12,000, excess: €76

5 Personal accident

Amount we will pay if you die in an accident	€7,700, limited to funeral expenses for the under 16's
Amount we will pay if you are totally and permanently disabled in an accident, reduced if you are partially and permanently disabled.	€30,500, proportional excess: 20%

6 Baggage

If your baggage is lost, stolen or destroyed by explosion, fire or water during the outward or homeward journey. Cover is limited to 50% for valuables.	up to €1,200, excess of €30 per claim
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Methods of payment and premiums

A choice of 3 methods of payment :

- direct debit from a French bank account if you are paying by monthly instalments
- cheque or debit card if you are paying the whole premium.

The premium levels are listed on page 8.

Premiums quoted include all taxes and a membership fee of €3 per month/fortnight and are valid for all start dates up to 31/12/2007.

The period of cover is between 2 weeks and 12 months (with the exception of Option 2 where the maximum period of cover is 3 months).

General information

Insured

Any person aged under 75 travelling outside of France and the French Overseas Territories and outside of his or her home country is eligible.

Territorial limits

The cover applies in the country being visited, **with the exception of France and the home country** (other than temporary return visits to France or to the home country for not longer than 90 days between two visits abroad). **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.

How the Magellan plan operates

- The insurance is taken out **for a minimum of 15 days and a maximum of 12 months. It can be renewed only once with the agreement of the insurer (if Option 2 is selected, the maximum period of cover is 3 months and cannot be renewed). The maximum insurance period is 2 years.**
- 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 of your final return to your home country and, at the latest, on the date shown on the Membership certificate.
- **Waiting period: none if you are involved in an accident. In other cases: 8 days.**
The waiting period starts from the date of commencement of cover shown on the Membership certificate. No benefits are paid during the waiting period.
- **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 are returned. Under no circumstances will the registration 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 on the opposite page in CAPITAL LETTERS (one letter in each box) using a black biro pen.
- 2 The policyholder must sign the Application form on page 10 (a parent or legal guardian should sign on behalf of a minor).
- 3 Complete the Health questionnaire on pages 11 and 12 by marking each question YES or NO using a black biro pen. If you answer YES to any of the questions, please provide further details about the events surrounding the illness or accident and its consequences in the space on page 12. The Health questionnaire must be completed during the 6 months preceding the requested commencement date of cover.
- 4 Sign the Health questionnaire on page 12 (a parent or legal guardian should sign on behalf of a minor). 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 Applications Medical Department.
- 5 If the insured opts for payment of the whole premium, a cheque in euros made **payable to APRIL Mobilité** should be enclosed with the Application form or the debit card details entered on the form. If the insured has chosen to pay monthly from a French bank account, the completed direct debit authorisation form should be enclosed.

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)
- Subway: République - Lines 3, 5, 8, 9 and 11. Car park: Alhambra

Application form

APRIL Mobilité - Service Adhésions - 106 rue de la Folie-Méricourt - 75011 PARIS - FRANCE

• Person to be insured

Title: Mrs. ☐ Miss ☐ Mr. ☐

Surname:

First name:

Date of birth: / /

Place of birth:

Nationality:

Occupation:

Principal country to be visited:

Email address*:

* An email address will allow you to access on-line information on your reimbursements.

Status: Student ☐ Employee ☐ Self-employed ☐ Working Holidays ☐ Other ☐

• Address for delivery of policy:

Street number: Street type (ave, street, Blvd...):

Street name:

Street name (continued):

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 ☐

• **Where applicable, name and address of the person making the application on behalf of the person to be insured:**

Title: Mrs. ☐ Miss ☐ Mr. ☐

Name of the policyholder:

First name of the policyholder:

Street number: Street type (ave, street, Blvd...):

Street name:

Postcode:

Town or city:

Country:

Email address*:

* An email address will allow us to send you information on your insurance policy.

• **Beneficiary in the event of death:**

☐ 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 reimbursed by:**

☐ Cheque ☐ Bank transfer (please, send us your banking data with the enclosed Application form)

• **Period of cover:**

Please insure me under the Magellan plan from: ^{d d} / ^{m m} / ^{y y y y}

for: , months (maxi. 12 months) Are you renewing an existing policy? Yes ☐ No ☐

• **Healthcare option:**

☐ Option 1: reimbursement from the 1st euro spent

☐ Option 2: reimbursement as a top-up to the Social security scheme (only available for stays of up to 3 months)

• Paying of the premium:

(all taxes and a membership fee of € 3 per month/fortnight are included. Premium levels quoted are valid for all start dates up to 31/12/2007)

If you are paying by monthly instalments

Method of payment selected: **direct debit from a French bank account in France**

	age 0-30	age 31-40	age 41-50	age 51-64	age 65-74
Premium to pay if your stay does not include a half-month period	Option 1: €78	Option 1: €102	Option 1: €134	Option 1: €166	Option 1: €222
	Option 2: €60	Option 2: €70	Option 2: €88	Option 2: €104	Option 2: €130

Premium to pay if the stay includes a half-month period		age 0-30	age 31-40	age 41-50	age 51-64	age 65-74
1,5 months → 2 monthly payments of	Option 1	€66,51	€89,01	€116,01	€143,01	€185,01
	Option 2	€53,01	€65,01	€81,51	€96,51	€116,01
2,5 months → 3 monthly payments of	Option 1	€70,33	€93,33	€121,99	€150,66	€197,33
	Option 2	€55,33	€66,66	€83,66	€98,99	€120,66
3,5 months → 4 monthly payments of	Option 1	€72,26	€95,51	€125,01	€154,51	€203,51
4,5 months → 5 monthly payments of	Option 1	€73,40	€96,80	€126,80	€156,80	€207,20
5,5 months → 6 monthly payments of	Option 1	€74,16	€97,67	€128,00	€158,33	€209,66
6,5 months → 7 monthly payments of	Option 1	€74,72	€98,28	€128,86	€159,43	€211,43
7,5 months → 8 monthly payments of	Option 1	€75,13	€98,75	€129,50	€160,25	€212,75
8,5 months → 9 monthly payments of	Option 1	€75,45	€99,11	€130,00	€160,89	€213,78
9,5 months → 10 monthly payments of	Option 1	€75,71	€99,41	€130,41	€161,40	€214,60
10,5 months → 11 monthly payments of	Option 1	€75,90	€99,63	€130,72	€161,81	€215,26
11,5 months → 12 monthly payments of	Option 1	€76,10	€99,84	€131,01	€162,18	€215,85

Complete the direct debit authorisation form and return it to us with your bank details.

If you are paying the full premium

Method of payment selected: **cheque** or **debit card**

		age 0-30	age 31-40	age 41-50	age 51-64	age 65-74
Option 1	15 days	€49	€70	€92	€114	€142
	1 month	€72	€96	€128	€160	€216
Option 2 (maximum 3 months)	15 days	€40	€54	€69	€83	€96
	1 month	€54	€64	€82	€98	€124

Example: you are under 31 and planning a stay of 5½ months abroad.

Based on Option, Premium due = (5 x €72) + €49 = €409 all taxes included.

Application form (continued)

If you have opted for payment of the whole premium:

Monthly premium for your age group:
(amount shown on page 8)

€

Fortnightly premium for your age group:
(if your stay includes a half-month period)

€

Number of months covered required:

,

Total premium due for the period of cover:

€

Cheques should be made payable to **APRIL Mobilité.**

If paying by credit card provide your card number below (only Eurocard-Mastercard and Visa are accepted):

☐ Eurocard-Mastercard

☐ Visa

Card number:

/ / /

Expiry date:

/

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

Name of cardholder:

Application form (last page)

I agree to pay to APRIL Mobilité any reimbursements made to me by Social security or by any private health-care insurer under Option 1.

I hereby apply for membership of the Association of AIPS Insured under their agreements with Can Eurocourtage Vie, Can 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 Ma 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. 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. 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(s) of the person making the application and, where applicable, the person to be insured.
This should be preceded by the words "I have read, understood and accepted the policy document".

Health questionnaire

To be completed not more than 6 months before the commencement of cover

EXAMPLE OF DEADLINE FOR COMPLETION OF THE HEALTH QUESTIONNAIRE:

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

Please read the Health questionnaire carefully. The questionnaire is an important part of the insurance contract and must be dated and signed.

You must answer all the questions as accurately as you can as your responses are binding. The Health questionnaire enables us to assess the level of risk to be insured. If you fail to reply to any of the questions, your application will be returned to you. Any medical information you provide is held in strict confidence (in accordance with the Belorgey and AERAS conventions). Detailed answers will help us process your application promptly.

To ensure the confidentiality of your responses, copy the blank Health questionnaire, complete it and send it with the supporting documentation in a sealed envelope marked "confidential" to the Applications Medical Department - APRIL Mobilité - 106, rue de la Folie-Méricourt - 75011 PARIS - FRANCE.

	YES	NO
1 - Are you currently on partial or total sick leave from work due to illness or accident?	<input type="checkbox"/>	<input type="checkbox"/>
2 - Within the last 10 years , have you:		
a) undergone surgery?	<input type="checkbox"/>	<input type="checkbox"/>
b) undergone laser treatment, chemotherapy or radiation therapy?	<input type="checkbox"/>	<input type="checkbox"/>
3 - 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?	<input type="checkbox"/>	<input type="checkbox"/>
b) more than one month's medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4 - Within the last 5 years have you consulted a doctor for:		
a) emotional disorders (chronic fatigue, anxiety, depression)?	<input type="checkbox"/>	<input type="checkbox"/>
b) back complaints (back pain, sciatica, slipped disc)?	<input type="checkbox"/>	<input type="checkbox"/>
c) arthritis and /or rheumatism (hip, knee, shoulder...)?	<input type="checkbox"/>	<input type="checkbox"/>
5 - Do you suffer from any disorder or illness requiring regular medical supervision or treatment?	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have you been tested for HBV (Hepatitis B)?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to this question, were the results positive?	<input type="checkbox"/>	<input type="checkbox"/>
Date of the test:		
6 (b) - Have you been tested for HCV (Hepatitis C)?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to this question, were the results positive?	<input type="checkbox"/>	<input type="checkbox"/>
Date of the test:		
6 (c) - Have you been tested for HIV (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to this question, were the results positive?	<input type="checkbox"/>	<input type="checkbox"/>
Date of the test:		

Health questionnaire (last page)

	YES	NO
7 - Do you have a disability which entitles you to benefit?	<input type="checkbox"/>	<input type="checkbox"/>
8 - Is it planned, over the next 6 months , for you to undergo any diagnostic tests (lab tests, scans, endoscopy...) and/or have a consultation with a specialist and/or any treatment or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9 - Within the last 12 months have you had:		
a) more than three periods of sick leave of any duration?	<input type="checkbox"/>	<input type="checkbox"/>
b) special tests (other than routine screening) such as lab tests, scans, endoscopy...?	<input type="checkbox"/>	<input type="checkbox"/>
10 - Do you want your responses to this Health questionnaire to remain confidential?	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

If you answered YES to any of the questions (other than question 10), 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 2, you would write in the space below: 2, appendix removed, 2003, 3 days in hospital. No further treatment required.

Observations:

THE INSURERS 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 excluded anything which might mislead the Association of AIPS's Insured's insurers.

In..... Date.....

Signature of person to be insured preceded by the words "I have read, understood and accepted the policy document".

Your Insurance Advisor:

APRIL Mobilité Code:

DIRECT DEBIT AUTHORISATION FORM

National
Issuer
Number
004082

I hereby authorise my bank to effect transfers from my account, if adequate funds are available, on the instructions of the 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, bvd...):																		<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, bvd...):																		<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:	F R A N C E <input type="text"/>																									

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

www.april.fr

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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