

M O B I L I T Y

Personal insurance

Schengen
Visas & Proof of
hospitality



(Welcome
Cover)

Stays of up to 12 months

Short-term inpatient coverage in France up to age 79

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.

- Fully-reimbursed Medical expenses & Counselling
- Repatriation assistance
- Personal liability
- Personal accident and Baggage

april
MOBILITÉ

Folleto en español disponible



Version française disponible



Key benefits of the Healthcare coverage

- Reimbursement from the first euro at 100% of the French Social security rate, **up to €40,000**
- Coverage of the insured in the case of emergency hospitalisation **with no upfront** payment by the policyholder
- No excess**
- Choice of **2 levels** of coverage
- Coverage available **up to age 79** (Option 2)
- No health questionnaire required** **NEW**

Other benefits of the policy

- Comprehensive repatriation assistance**
- Counselling helpline** by telephone or Internet
- Personal liability cover**
- Death or accidental disablement cover**
- Baggage cover**
- Guarantee extended to Schengen countries, Andorra, Switzerland and Monaco for trips shorter than 3 months that occur between two trips to France**

Your insurance advisor can rapidly obtain the insurance certificate needed to obtain official proof of hospitality or a Schengen Visa by subscribing to our Extranet service.

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



Gan Eurocourtage Vie (Policy number 220/936 264)
Gan Eurocourtage IARD (Policy number GCRV000005)
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 number 0800244*02.

Benefits

1 Medical expenses

Choose between two options depending on the type of coverage you require: hospitalisation or other medical treatment in the event of illness or accident (Option 1) or hospitalisation in the event of accident only (Option 2).

Option 1: reimbursement of medical expenses in the event of illness or accident

Option 1 is available up to age 64.

- Hospitalisation: stays, fees
- Visits and consultations with GPs and specialists
- Radiography, analysis, drugs, nursing and specialist care
- Physiotherapy **(in the event of an accident and surgery covered by the policy)**

from the 1st euro, up to 100% of the French Social security reimbursement rate

Dental treatment (in the event of a clear liability accident)	up to €230 per year
Dentures (in the event of a clear liability accident)	up to €460 per year
Eye care: lenses and frames or contact lenses (in the event of a clear liability accident)	100% of actual costs up to €230 per year
Daily hospital charge	100% of actual costs
Private room	up to €49 per day

Option 2: reimbursement of hospital costs in the event of an accident only

Option 2 is available up to age 79.

Hospitalisation: stays, fees (in the event of a clear liability accident)	from the 1 st euro, up to 100% of the French Social security reimbursement rate
Dental treatment (in the event of a clear liability accident)	up to €230 per year
Dentures (in the event of a clear liability accident)	up to €460 per year
Eye care: lenses and frames or contact lenses (in the event of a clear liability accident)	100% of actual costs up to €230 per year
Daily hospital charge	100% of actual costs
Private room	up to €49 per day

Under options 1 and 2, in the event of hospitalisation in Europe, the maximum daily reimbursement is €550.

The maximum reimbursement of medical expenses under both options is €40,000 per person per year (up to the policy renewal date).

Physiotherapy will only be reimbursed following surgery, necessitated by an accident covered by APRIL Mobilité. The other types of coverage, including Repatriation assistance, are included in both options.

Examples of Healthcare payments:

- **Example 1: hospitalisation in Metropolitan France for removal of appendix (under Option 1)**
 Cost of the operation = €1,800 (French Social security reimbursement rate)
 APRIL Mobilité payment of 100% of the French Social security reimbursement rate = €1,800
 You pay: €0
- **Example 2: consultation with an approved GP in Metropolitan France (under Option 1)**
 Cost of the consultation = €21
 APRIL Mobilité payment of 100% of the French Social security reimbursement rate = €21
 You pay: €0

Definitions:

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

2 Counselling helpline (both Healthcare options)

Helping you cope in difficult circumstances

Dialogue with a clinical psychologist

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

This telephone or email support does not constitute psychotherapy.

3 Repatriation assistance (both Healthcare options)

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

Transportation or repatriation for medical reasons	covered
Repatriation of body in the event of death	covered
Cost of providing a coffin	up to €1,500
Accompanying the body	covered
Provision of a ticket for a relative or friend to visit you if you are hospitalised for more than 10 days	return flight in economy class or a first class rail fare

4 Personal accident (both Healthcare options)

In the event of death in an accident

€8,000, **limited to funeral expenses for those under 16's**

Amount we will pay if you are totally and permanently disabled in an accident, reduced if you are partially or permanently disabled

€30,000, **proportional excess: 20%**

Benefits

5 Personal liability (both Healthcare options)

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

Per claim:

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

6 Baggage (both Healthcare options)

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

Premiums (all taxes included)

COVER COMMENCING ON OR BEFORE 31/12/2007
(INCLUDING A €3,05 MEMBERSHIP FEE PER MONTH)

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

	OPTION 1 Illness and Accident				OPTION 2 Hospitalisation in the event of accident only	
	0-30 years	31-40 years	41-50 years	51-64 years	0-64 years	65-79 years maximum 3 months
15 days	€53	€65	€85	€105	€40	€57
1 Month	€83	€101	€131	€161	€60	€87

Options 1 and 2 can only be renewed once by the policyholder.

Example:

Stay of 5 and a half months, under 31 years of age, Option 1: $(5 \times €83) + €53 = €468$.

General information

Insured

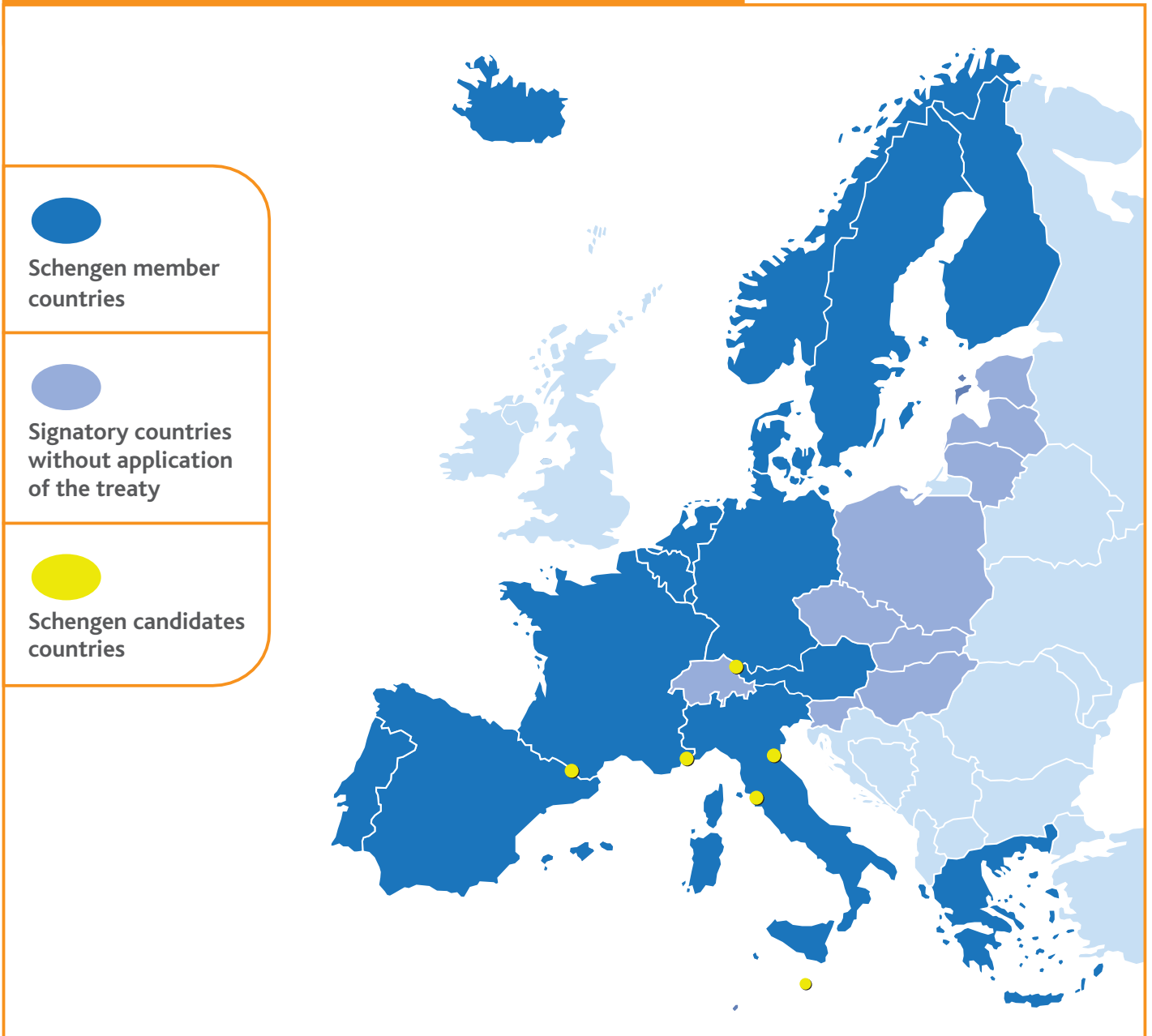
Any person of any nationality other than a French person or native of the French Overseas Territories under 65 years of age (except for under Option 2 which requires the person to be under 80) travelling principally to metropolitan France or the French Overseas Departments for the purposes of tourism, study or training in a business or private capacity.

Territorial limits

The coverage applies 24 hours a day in France and in the French Overseas Departments. The coverage also applies to the Schengen countries, Andorra, Switzerland, and Monaco for a period of not more than 90 days between two stays in France and during visits to the home country of not more than 90 days.

Member countries of the Schengen Agreement: Germany, Austria, Belgium, Denmark, Spain, Finland, France, Greece, Iceland, Italy, Luxembourg, Norway, the Netherlands, Portugal and Sweden.

Map of Schengen countries (as of 01/01/2007)



General information

How Welcome Cover 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 (under Option 2 in the 65-79 age bracket the maximum period of cover is 3 months and can be renewed only once). **The maximum insurance period is 2 years.**
- Your coverage starts, at the earliest, on the day following receipt by APRIL Mobilité of your Application form and the corresponding premium, after medical approval. The coverage ends on the day you 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. Otherwise: 15 days for hospitalisation and 8 days in other cases.** The waiting period starts from the date of commencement of coverage 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. In this case, please contact us.**

Reimbursement of medical expenses

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

You can be reimbursed:

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

Emergency helplines

Hospitalisation: APRIL Mobilité - Telephone: +33 (0)1 73 02 93 99. Fax: +33 (0)173 02 93 70.

Assistance: APRIL Mobilité Assistance - Telephone: +33 (0)1 55 92 23 09. Fax: +33 (0)1 55 92 40 50.

Counselling helpline: Telephone: +33 (0)1 41 61 23 23. Email: consultant.am@psya.fr

Changing the effective date / Cancelling / Suspending the contract

In the case where you have problems obtaining a visa, you can change the effective date, suspend or cancel the contract before its effectivity date.

- **Changing the effective date:** send us a written request accompanied by the Membership certificate that you have been sent, detailing the new dates of coverage.
- **Suspension/Cancellation:** you should make your request in writing enclosing your membership certificate. Suspension of cover allows you to remain insured for a maximum of 6 months from the date of issue of the policy. In the event of cancellation there will be a charge of €35.

In the case where a trip is cut short, no fees will be reimbursed.

How to apply for cover

- 1 Complete the Application form on pages 8 to 11 in CAPITAL LETTERS (one letter in each box) using a black biro.
- 2 The policyholder should sign the Application form on page 11 (a parent or legal guardian should sign on behalf of a minor).
- 3 The insured should sign the Health statement on page 12 (if the insured is a minor, the parents or legal guardian should sign). The Health statement must be signed during the 6 months prior to the requested start date of the insurance cover.
- 4 Send your Application form and the Health statement together with a cheque for the total premium amount in euros **made out to APRIL Mobilité** or fill in your credit card details on the Application form.

Contact details for APRIL Mobilité:

- APRIL Mobilité - Service 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.

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). You must also post the originals of the Application form and Health statement 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

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- mark the appropriate box with a cross

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(if you make a mistake, completely black out the wrong box and put a cross in the right one)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Application form

• Person to be insured:

Title: Mrs. Miss Mr.

Surname:

First name:

Date of birth: / /

Nationality:

Occupation:

Country to be visited: **FRANCE** If French Overseas Departments, please specify:

Email address*:

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

• Address for delivery of policy:

If you are living temporarily with someone, please indicate the name of the person residing officially at this address (name on the mailbox).

Name of the official property owner or tenant:

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

Street name:

Street name (continued):

Postcode:

Town or City:

Country:

Telephone: / / / / / *

* If outside France

Welcome Cover

Send completed form to:
APRIL Mobilité - Service Adhésions - 106 rue de la Folie-Méricourt - 75011 PARIS - 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.

Name of policyholder:

First name of policyholder:

Street number:

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

Street name:

Street name (continued):

Postcode:

Town or City:

Country:

Email address* :

* Providing 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:

Application form (continued)

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

I hereby apply for the membership of the Association of AIPS Insured under their agreements with Gan Eurocoutage Vie, Gan Eurocoutage 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 Wc 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 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 at the Association of AIPS Insured.

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

Signature(s) of 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."

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

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 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 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 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."

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:

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