

M O B I L I T É

Personal insurance

APRIL
MOBILITÉ

30 Years Old
in 2005



(Welcome Cover)

Stays of up to 12 months

Short-term inpatient cover in France and Europe for the under 80's

Meets Schengen
visa requirements

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.

Policy document and application form 2005

- Medical expenses & Counselling
- Repatriation
- Personal liability
- Personal Accident and Baggage

www.travelexpat.com

THE GATEWAY FOR TRAVELLERS AND EXPATRIATES

april
MOBILITÉ

Key benefits of the healthcare cover

- **Medical expenses** reimbursed from the first euro and at **100% of the French Social Security reimbursement rate**
- **Choice of 2 levels of cover**
- **Cover available up to age 79 with no health questionnaire required (Option 2)**
- **No excess on medical expenses**
- **No up-front payment of medical expenses if you are hospitalised for surgery**

Other benefits

- **Counselling helpline** by telephone or Internet
- **Full repatriation assistance**
- **Personal liability**
- **Death or accidental disability**

The Welcome Cover policy as described in the general conditions and policy document under the reference APRIL Mobilité Wc 2005, 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)
Tour GAN Eurocourtage - 4/6 avenue d'Alsace
92033 PARIS LA DEFENSE CEDEX - FRANCE



INTER PARTNER ASSISTANCE (Groupe AXA)
12 bis boulevard des Frères Voisin
92798 ISSY-LES-MOULINEAUX - CEDEX 9
FRANCE
policy number 0800244*02.

Cover

1 Medical expenses

Choose between two options depending on the type of cover 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. A health questionnaire must be completed.

| | |
|---|--|
| <ul style="list-style-type: none"> - Hospitalisation: stays, fees - Visits, consultations - Nursing care, diagnostic tests - Drugs, radiology - Physiotherapy (following an accident) | 100% of actual costs up to 100% of the French Social Security reimbursement rate |
| Dental treatment (following an accident) | up to €230 per year |
| Dentures (following an accident) | up to €460 per year |
| Eye care (lenses and frames or contact lenses) (following an accident) | 100% of actual costs up to €230 per year |
| Daily hospital charge, private room | 100% of actual costs 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 with no health questionnaire required

| | |
|---|--|
| Hospitalisation (following an accident): stay, fees | 100% of actual costs up to 100% of the French Social Security reimbursement rate |
| Dental treatment (following an accident) | up to €230 per year |
| Dentures (following an accident) | up to €460 per year |
| Eye care (lenses and frames or contact lenses) (following an accident) | 100% of actual costs up to €230 per year |
| Daily hospital charge, private room | 100% of actual costs 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 €38,250 per person per year (up to the policy renewal date).

Physiotherapy will be reimbursed only following surgery which is covered by the policy. The other types of cover, including Repatriation Assistance, are common to 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 = €20
 APRIL Mobilité payment of 100% of the French Social Security reimbursement rate = €20
 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 treatment or prescriptions delivered by healthcare professionals.

2 Counselling helpline (both Healthcare options)

This service is intended to help you release tension by talking through difficult situations.

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 in Europe, with the exception of Russia and the home country | 100% of actual costs |
| Repatriation of body in the event of death | 100% of actual costs |
| Accompanying the body | 100% of actual costs |
| 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 | €7,700, limited to funeral expenses for the under 16's |
| In the event of total and permanent disability in an accident (reduced if you are partially and permanently disabled) | €30,500, proportional excess: 20% |

Cover

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 through accident, fire or explosion.

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 |

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 |
|--|---|

Premium (All taxes included)

COVER COMMENCING ON OR BEFORE 31/12/2005 (INCLUDING A €3.05 MEMBERSHIP FEE)

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 | 31-40 | 41-50 | 51-64 | 0-64 | 65-79 maximum 3 months |
| 15 days | € 53 | € 65 | € 85 | € 105 | € 46 | € 57 |
| 1 Month | € 83 | € 101 | € 131 | € 161 | € 66 | € 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 x €83) + €53 = €468

Exclusions

Exclusions which apply to the whole policy:

The policy does not cover any consequence whatsoever brought about by:

- the direct or indirect result of intentional actions of the insured person or the beneficiary of the insurance, civil war, acts of a foreign enemy, riots, popular uprising, brawls (except in legitimate self defence), suicide, attempted suicide, accidents resulting from air navigation errors except where the insured person is a passenger on board an aircraft whose owner and pilot are in possession of the appropriate licences and permits;
- violation of local laws;
- sailing and ocean pleasure cruising;
- any activity carried out on an oil platform by persons employed there;
- the use of non-prescription drugs, alcoholism or drunkenness;
- the direct or indirect results of transmutations of the nucleus of the atom;
- any accident, illness, ailment or malformation which pre-dates the commencement of the insurance which is liable to reoccur or is non-stabilised and any congenital illnesses or malformations;

The policy does not cover any consequence whatsoever of involvement in sporting competitions and training or the professional or amateur practice of a sport in a club or federation.

The policy does not cover any consequence whatsoever of involvement in dangerous sports such as microlighting hang-gliding, paragliding, driving automobiles or motorbikes, go-carting, parachuting, mountaineering, rock climbing, diving (other than free diving to less than 50 metres), potholing, ski jumping, bobsleighting, skeletoning, bungee jumping, white water rafting, canyoning, hot air ballooning and the following sports when practised off piste: skiing, cross country skiing, tobogganing, jet skiing, snowboarding.

Some exclusions from the Medical expenses benefit:

- expenses you incur in relation to vaccinations, dermatological care, health check-ups, maternity (pregnancy and delivery), termination of pregnancy and fertility treatment;
- psychotherapy, psychoanalysis, treatment for mental illness, depression, emotional disorders;
- chronic illness;
- dental treatment and dentures, cost of eye care, ophthalmology, orthoptics, orthodontics and all other prostheses which do not result from an accident (which must have been reported to the competent authorities).

General informations

Insured

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

Territorial Limits

The cover applies 24 hours a day in France and in the French Overseas Territories. The cover also applies in Europe, with the exception of Russia, 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. Europe includes all Schengen countries.

General information

How Welcome Cover 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 cover starts, at the earliest, on the day following receipt by APRIL Mobilité of your application form and the corresponding premium, after medical approval. The cover ends on the day you return to your home country 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 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 and the insurance certificate are returned. There is a cancellation fee of €35. If you cut short your stay, no refund of premium will be made.

Reimbursement of medical expenses

We will pay for any medical treatment prescribed by a qualified medical authority. **Claims for reimbursement must be sent to APRIL Mobilité no later than 3 months following the date of treatment.** You must enclose the medical expenses claim form and a receipt for any fees paid to the clinic, hospital, doctor or pharmacist. These must be signed, marked "paid" and correctly filled out showing the first and last names of the patient, the originals of any prescriptions as well as the pharmacy price labels and the patient's insurance number.

You will be reimbursed:

- by cheque in euros sent to the address of your choice. You will have no bank charges to pay.
- by cheque in US dollars only if you are resident in the US. You will pay bank charges on any payment over €76.
- by bank transfer to a bank account in France. You will have no bank charges to pay. In this case, please send us details of your bank account (R.I.B.).
- by bank transfer to a foreign account in any country. Bank details (R.I.B.) are required. You will pay bank charges on any payment over €76.

Emergency helplines

Hospitalisation

- APRIL Mobilité - Telephone: +33 (0)1 73 02 93 99. Fax: +33 (0)1 73 02 93 60.

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. E-mail: consultant.am@psya.fr

How to apply for cover

- 1 Complete the application form on pages 8 to 10 in capital letters (one letter in each box) using a black biro pen.
- 2 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 (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" to the Medical Examiner, GAN c/o APRIL Mobilité.
- 5 Send your application form and the health questionnaire 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 or pay by phone.

Contact details for APRIL Mobilité:

- APRIL Mobilité - 106, rue de la Folie-Méricourt - 75011 PARIS - FRANCE
- Telephone:+33 (0)173 02 93 93 - Fax:+33 (0)173 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

Advices:

- 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 documents 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

| | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|

(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"/> |
|--------------------------|-------------------------------------|--------------------------|-------------------------------------|

Subscription form

• Policyholder - Person to be insured:

Surname:

First name:

Date of birth: / / Sex: Male Female

Nationality:

Country to be visited:

Email address:

• 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 of the official property owner or tenant:

Street number: Street type (av, street, Blvd, etc.):

Street name:

Street name (continued):

Postcode:

Town or City:

Country:

Telephone: / / / / / *

Welcome Cover

to be sent to: APRIL Mobilité -106 rue de la Folie-Méricourt - 75011 PARIS - FRANCE

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

Name of policyholder:

Street number: Street type (av, street, Blvd, etc.):

Street name:

Street name (continued):

Postcode:

Town or City:

Country:

• **Period and level of cover:**

I hereby apply for insurance cover under the Welcome Cover policy from: ^{d d} / ^{m m} / ^{y y y y}

and for a duration of , months

(maximum 12 months except under Option 2 in the 65 - 79 age bracket where the maximum period of cover is 3 months.)

Option 1 (illness or accident) - Premium: €

Option 2 (hospitalisation in the event of accident only) - Premium: €

Are you renewing an existing policy? YES NO

Application Form (continued)

• **Paying the premium:**

Please find enclosed a cheque for €

Payment must be made for the whole insurance period. Payment in instalments is not authorised. In the event of cancellation of the policy after the membership certificate or the insurance certificate has been issued, a cancellation fee of €35 will be retained. The application will not be considered unless full payment of the premium is enclosed either by cheque made payable to APRIL Mobilité or by credit card.

If paying by credit card please 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 side of your card:

If there is no security number, leave blank.

I declare that I am in good health and do not intend to visit Metropolitan France or the French Overseas Territories or Europe (with the exception of Russia) for the purpose of seeking medical treatment or hospitalisation. I understand that any false declaration or non-disclosure will result in the cancellation of all cover under the policy accordance with art. L113-8 of the French Insurance Code). I agree to pay APRIL Mobilité any reimbursements made to me by Social Security and/or any private healthcare insurer.

Signature..... Date.....

Signature of person to be insured 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 Questionnaire

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

WHAT IS THE DEADLINE FOR COMPLETION OF THE HEALTH QUESTIONNAIRE?

If you are leaving on 01/07/2005, you can sign this declaration between 01/01/2005 and 30/06/2005.

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.

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" to the Medical Examiner, GAN c/o APRIL Mobilité at the following address: APRIL Mobilité - 106, rue de la Folie-Méricourt - 75011 PARIS - France.

Please answer all questions:

| | YES | NO |
|---|--------------------------|--------------------------|
| 1 - Height | | |
| 2 - Weight | | |
| 3 - Are you currently on partial or total sick leave from work due to illness or accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 - 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"/> |
| 5 - 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"/> |
| 6 - 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"/> |
| 7 - Do you suffer from any disorder or illness requiring regular medical supervision or treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 - Have you ever been screened for HBV or HCV (Hepatitis B or C) or HIV (AIDS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 - Do you have a disability which entitles you to benefit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 - Is it planned, over the next 6 months, for you to undergo any diagnostic tests (lab tests, scans, endoscope) and/or have a consultation with a specialist and/or any treatment or surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 - 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) (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) | <input type="checkbox"/> | <input type="checkbox"/> |

Health Questionnaire (continued)

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

Additional information:

If you answered YES to any of the questions, 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, 2000, 8 days in hospital. No further treatment required.

Additional information:

THE INSURER RESERVES THE RIGHT TO REQUEST FURTHER MEDICAL EXAMINATIONS.

I authorise GAN's Medical Examiner to request any information he considers necessary from the information, within the bounds of patient confidentiality, to GAN's Medical Examiner.

You have provided personal information which may be stored in our files. This information is intended exclusively for the attention of the Medical Examiner and patient confidentiality will be respected at all times. In accordance with the Freedom of Information Act of 06/01/1978, you have the right to access and amend the files held by GAN's Medical Examiner.

I, the undersigned, certify that the statements made by me in this application for insurance under the Welcome Cover plan are accurate and made in good faith. I accept responsibility for these statements even if they were written by another person.

Signature.....Date.....

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

Agent's stamp:
APRIL Mobilité Code:

The APRIL Assurances range of services

APRIL Assurances designs, administers and distributes simple, innovative insurance solutions via a network of 11,000 independent insurance consultancies throughout France.

Our areas of expertise are wide-ranging and diversified, meeting the needs of families, seniors, students, travellers, borrowers, business leaders, employees and the self-employed. APRIL Assurance products are easy to understand and supported by a range of services bringing you added peace of mind.

APRIL Assurance's specialist areas

| | |
|---|----------------|
| Life and Accident cover: personal life and medical insurance in France | 0 820 42 9000 |
| Home Insurance: mortgage and credit insurance in France | 0 820 42 6000 |
| Corporate: life and medical insurance for businesses and business leaders in France | 04 72 36 75 35 |
| Property and casualty: motor and home insurance in France | 0 820 815 820 |
| Personal finance: savings, pensions and tax savings | 04 72 36 75 00 |
| Mobility: personal and group cover for expatriates, Inpatriates and travellers | see below |

The APRIL Mobilité range of insurance products:

- Assistance/Travel Cancellation: Ulysse
- Expatriates: Magellan, Ambassade and Rubelles +
- Inpatriates: Welcome Cover (meets Schengen Visa requirements) and Cover Plus
- Expatriate and Inpatriate Students: Crystal Studies
- International Personnel: April Mission, Global Santé Mission and expatriate or inpatriate employees: Mobilité Entreprise.

Your Insurance Consultant



APRIL Mobilité - 106, rue de la Folie-Méricourt - 75011 Paris - FRANCE
RCS Paris B 309 707 727 - Limited company with capital of €600 000
Insurance broking and administration
Professional Liability Insurance in accordance with article L530-2 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@travelexpat.com - Website: www.travelexpat.com



APRIL MOBILITÉ IS A MEMBER OF THE APRIL ASSURANCES GROUP