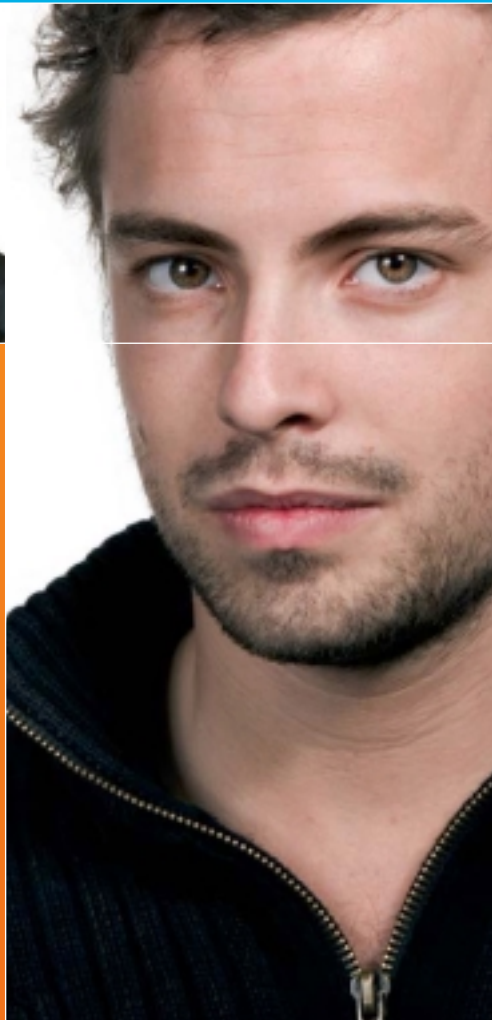




**Benefits 2009-2010**

# *Crystal Studies*

[ Insurance solutions ] for **students** and **school children** living abroad



*Personal insurance  
for expatriate and  
impatriate students  
and school children  
up to age 40*



# Crystal Studies 2009-2010

**Crystal Studies** is an insurance solution specially designed for students and school children who are expatriated anywhere in the world, or impatriates in France, for a maximum of 1 year.

This insurance policy meets the needs of people under 41 living abroad for holidays, studies, internships or language courses. It covers them for everyday health problems as well as emergency hospitalisation, repatriation and loss of luggage.

## Comprehensive cover

### Faced with medical expenses?

#### **Emergency hospitalisation?**

#### **Doctor's appointment?**

Crystal Studies covers you for both regular and unexpected medical expenses from the 1<sup>st</sup> euro you spend. There is no excess to pay and we can arrange for your bills to be settled directly with the hospital so you have nothing to pay up front.

### Need assistance during your trip?

#### **Involved in an accident and need to be repatriated straight away?**

#### **Hospitalised and awaiting the arrival of a friend or relative?**

APRIL Mobilité will organise your repatriation on medical grounds, at any time, day or night, to your home or to the best equipped hospital. We also cover the transport and accommodation costs incurred by a friend or relative coming to visit you.

### If you lose your luggage during the trip?

#### **You arrive at your destination but your luggage doesn't.**

APRIL Mobilité reimburses you up to € 1600 in the event of the loss, theft or destruction of your luggage.

### If you cause damage to a third party?

#### **You damage the equipment you are using during your training course?**

APRIL Mobilité covers you for damage caused to a third party in a private capacity or during your training course.

### Want to go home from time to time?

Crystal Studies covers you during short trips to your home country.



### > A policy specially designed for students

- **Great value from only € 22 per month with a monthly payment option,**
- **Contraceptives:** the **cost of condoms** is covered by your insurance policy,
- **Delayed departure:** if your exam dates are changed or if you need to re-sit an exam, the cost of changing your travel tickets is covered.



### > Testimonials from our clients

#### **Céline, 19, student in the United States:**

*« I was seriously injured in a car accident on an island off the coast of the United States and had to be flown to Miami. My condition was such that I could only be repatriated to France following three weeks of intensive care. APRIL Mobilité covered the cost, almost \$200,000. ».*

#### **Mathieu, 29, student in Japan:**

*« In my first year of medicine, I went to study in Japan but after a few months there I was finding the change in lifestyle very difficult. I wasn't sleeping; I couldn't concentrate and felt like I was starting to lose my bearings. I called the counselling service and they helped me work out why I was so anxious. I gradually came out of the lonely place I had shut myself in ».*

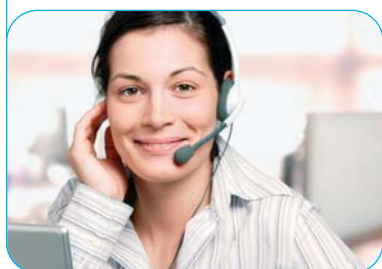


## Additional services

### Your client advisory service

#### Looking for more information on your Crystal Studies policy?

Our Client Advisory Service is made up of **specialist consultants** who will guide you towards the best solution for cover during your trip abroad.



This **multilingual team** can be contacted Monday to Thursday from 8.30 to 18.00 (8.30 to 17.30 on Friday) - Paris time:

Tel: + 33 (0)1 73 02 93 93, Fax: + 33 (0)1 73 02 93 90, E-mail: [info@aprilmobilite.com](mailto:info@aprilmobilite.com)

You can also call in at our headquarters at:

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

Metro: Père Lachaise or Saint-Maur - Lines 2 and 3. Car parks: Alhambra or Les Trois Bornes

### Our website

During trips abroad, easy, 24/24 access to information about your policy. Go to [www.aprilmobilite.com](http://www.aprilmobilite.com) using a secure access code and personal password to:

If you are the insured:

- view your reimbursement statements, insurance cover and general conditions,
- check your personal information and bank details,

If you are the policyholder:

- view your personal details and those of your insurance consultant,
- view details of your premium payments and your preferred payment method,
- pay your premium online using a bank card.

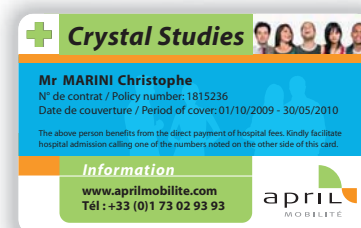
### Your Crystal Studies Card

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

- direct payment of hospital fees with no upfront payment during approved hospitalisation for 24 hours or more (unless you selected level B of the Expatrio option),
- requesting emergency assistance,
- contacting the counselling service.

The card facilitates your admission to a medical centre in the event of emergency hospitalisation, for 24 hours or more.

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



### Our commitment to service levels

#### Top quality management of your account

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

#### At your service

Committed to the ongoing improvement of our client service levels, APRIL Mobilité regularly checks and measures: that we answer all telephone calls within 3 rings and that our clients always receive polite and professional responses to their queries.

# Benefits

	Trip in France and the French Overseas Departments: <b>IMPATRIO</b>
<b>1 Medical expenses</b>	up to € 200,000 per insurance year
Hospitalisation for surgery (including ambulance service)	100% of the French Social security reimbursement rate <i>see definition</i>
Hospitalisation without surgery	
Direct payment of hospital costs <i>see definition</i> during approved hospitalisation for 24 hours or more	provided on request 24 hours a day, if pre-payment agreement has been obtained
In France: daily hospital charge <i>see definition</i> and private room	up to € 50 a day
Examinations and treatment carried out in hospital and lasting less than 24 hours	100% of the French Social security reimbursement rate <i>see definition</i>
Consultations, visits, procedures carried out by GPs or specialists (up to € 130 per year for eye care consultations)	
Diagnostic tests, laboratory tests, x-rays and drugs	
Procedures carried out by medical auxiliaries ( <b>following a reported accident</b> )	
Dental treatment ( <b>following a reported accident</b> )	up to € 230 per year
Cost of dentures ( <b>following a reported accident</b> )	up to € 230 per year
Prostheses excluding dentures - Eye care: lenses, contact lenses and frames ( <b>following a reported accident</b> )	up to € 230 per year
Contraceptives (condoms)	up to € 20 per year
<b>2 Repatriation</b>	
Transportation or repatriation for medical reason	covered
A relative or friend to stay with you during hospital stays of 6 days or more	return ticket and € 80 per night, <b>max. 10 nights</b>
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 € 1,000
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 € 1,000
<b>3 Counselling</b>	
Exchanges with a clinical psychologist	telephone calls or exchanges of email
<b>4 Personal liability</b>	
Bodily injury	up to € 4,500,000
Physical and consequential damage to a third party	up to € 460,000, including € 92,000 for consequential damage, <b>excess € 76</b>
Physical and consequential damage caused to group leader	up to € 12,000, <b>excess € 76</b>
Legal cover - recourse	up to € 3,100, <b>for costs over € 228</b>
<b>5 Personal accident</b>	
Death through accident	€ 8,000 or funeral expenses for the under 16's
Disablement through accident	up to € 35,000, <b>excess 20%</b>
<b>6 Delayed departure</b>	
Reimbursement of fee charged by airline company for change of outward flight	up to € 100, <b>airline tickets only</b>
<b>7 Baggage cover</b>	
Luggage which is lost, stolen, destroyed in an explosion or fire or by water during the trip or the stay	up to € 1,600, <b>excess of € 30 per claim limited to 50% for valuables</b>

## Benefits

### Definitions

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

**Direct Payment of hospital fee :** if the insured is hospitalised for more than 24 hours, he or she may be eligible for direct payment of his or her hospital fees with no upfront payment. This facility is subject to medical approval, using the APRIL Mobilité card.

**French Overseas Departments:** Guadeloupe, French Guyana, Martinique and Reunion Island.

**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.

# 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 90 consecutive days between 2 visits to France and French Overseas Departments

### What am I reimbursed for?

Cost of the consultation = € 25 (on 01/08/2009)

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

You pay: € 0

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

For cover commencing prior to 01/10/09 (including €1 monthly / fortnightly administration fee).

COMPLETE Option Cover ① to ⑦	Area	Length	Schoolchildren or students under 40
			Full payment of premium at time of application
Impatrio	principal destination France or the French Overseas Departments	1 month	€ 45

## How the policy operates

- The insured must be under 41 years of age.
- **The insured must provide a photocopy of a current student card or certificate of attendance at school.**
- The insurance is taken out **for a minimum of one month and a maximum of 12 months. It can be renewed 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 90 consecutive days between two visits to the host country) and, at the latest, on the date shown on the Policyholder certificate.
- **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.**
- **Certain sporting or professional activities are subject to prior approval and agreement by the insurer. Consult us.**
- **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 Policyholder certificate (and the APRIL Mobilité card for Expatrio cover) are returned. Under no circumstances will the administration fee be refunded. If you cut short your stay, no refund of premium will be made.**
- The Crystal Studies policy as described in the General conditions serving as the schedule under the reference APRIL Mobilité CS 2010, comprises the insurance policies cited below effected with the following insurers:
  - Gan Eurocourtage Vie (Policies No. 219/877 763 and 220/877 764) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE
  - Gan Eurocourtage IARD (Policies No. 78 347 432) - 8-10, rue d'Astorg - 75383 Paris Cedex 08 - FRANCE
  - ACE EUROPE (Contrat n°FR32022523) - Le Colisée, 8 avenue de l'Arche - 92419 Courbevoie Cedex - FRANCE.

## How to apply for cover?

- 1 Complete the Application form in CAPITAL LETTERS (one letter in each box) using a black biro pen.

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- 2 The insured must signed the Application form and the Simplified health questionnaire on pages 5 and 6 (if the person to be insured is a minor, a parent or legal guardian must sign on his or her behalf). If the policyholder (person paying the premium) is not the insured, he or she should sign the Application form on page 5.

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- 3 Please enclose a photocopy of a current student card or certificate of attendance at school with your Application form.

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- 4 If the policyholder 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 policyholder has opted for payment in monthly instalments, complete the direct debit authorisation and enclose bank details.

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### Contact details for APRIL Mobilité:

- APRIL Mobilité - Service Conseil Client - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE
- Telephone: +33 (0)173 02 93 93 - Fax: +33 (0)173 02 93 90 - E-mail: info@aprilmobilite.com
- Telephone lines open from: 8.30 - 18.00 Monday to Thursday (8.30 - 17.30 Friday)
- Metro: Père Lachaise or Saint-Maur - Lines 2 and 3. Car parks: Alhambra or Les Trois Bornes.



## APRIL Mobilité by your side

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



**Personal and Group Insurance for expatriates, impatriates and travellers**

[www.aprilmobilite.com](http://www.aprilmobilite.com)

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

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[www.aprilgroup.com](http://www.aprilgroup.com)

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

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**For more information**, contact your insurance consultant:

132050  
Buzz Assurance - Service Clients  
BP105  
83061 Toulon Cedex  
FRANCE  
E-mail : [production@buzzassurance.com](mailto:production@buzzassurance.com)  
[www.buzzassurance.com](http://www.buzzassurance.com)

**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

### Headquarters

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

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

E-mail : [info@aprilmobilite.com](mailto:info@aprilmobilite.com) - Internet : [www.aprilmobilite.com](http://www.aprilmobilite.com)

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

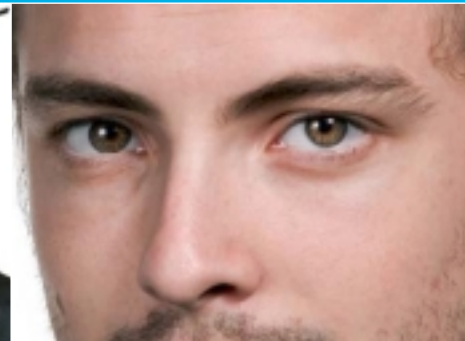




**Application form 2009-2010**

# *Crystal Studies*

[ Insurance solutions ] for **students** and **school children** living abroad



*Personal insurance  
for expatriate and impatriate  
students and school children  
up to age 40*



# Application form

Send to: **APRIL Mobilité - Service Conseil Client - 110, avenue de la République  
CS 51108 - 75127 Paris Cedex 11 - FRANCE**

## Points to remember:

■ It will help us to process your application more efficiently if you:

- complete the forms using a black biro
- complete the forms in CAPITAL LETTERS, one letter to each box

S M I T H

- mark the appropriate box with a cross

(if you make a mistake, completely black out the wrong box and put a cross in the right one)

■ If you send your application by fax, don't forget to send both sides of the form (Application form and Simplified health questionnaire) and student card or certificate of attendance at school. You must also post the originals of the documents to APRIL Mobilité within the following few days.

INSURED	Person to be insured
Title:	Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/>
Surname:	<input type="text"/>
First names:	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (upper age limit of 40) <small>m m d d y y y y</small>
Home country:	<input type="text"/>
Country of residence abroad:	FRANCE
E-mail:	<input type="text"/>
<i>Providing an email address will allow you to receive information on your reimbursements</i>	
Reason for trip:	<input type="checkbox"/> Study <input type="checkbox"/> Leisure <input type="checkbox"/> Training <input type="checkbox"/> Language Course
School or organisation which the insured attends:	HEC PARIS

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



### For medical expenses, you can be reimbursed by:

- cheque in euros sent to the address of your choice. You will have no bank charges to pay,
- 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,
- 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.

### Period and level of cover

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

m m / d d / y y y y

for a duration of :   months (**minimum 1 month**; maximum 12 months)

Are you renewing an existing policy?  YES  NO Customer Number: **C104246**

Level of cover selected:  Complete Impatrio cover

My language of choice of correspondance is: french  english  spanish

### Calculation of premium

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

Go to page 6 of the booklet to calculate your premium.

Payment method:  Full payment at time of application by cheque or debit/credit card

Monthly premium all taxes included for your level of cover: **€ 45**

Number of months required:   Total premium all taxes included: €

### 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:

## Signature of the subscription

*I hereby apply for cover under the CRYSTAL STUDIES policy insured by Gan Eurocourtage Vie, Gan Eurocourtage IARD and ACE EUROPE for myself and the beneficiaries listed on the Application form.*

*I have read the General conditions and booklet CS 2010 outlining the details of my insurance cover. I am aware of my right to cancel the insurance and accept the terms and conditions. I have retained a copy of these. I also understand the terms and conditions of APRIL Mobilité's handling of my insurance cover.*

*If my insurance cover is subsequently amended, I accept that the General conditions applied will be those outlined above.*

*I have been informed that the information requested is required in order to process my application and that these details will be held electronically by APRIL Mobilité, the insurer or their agent for the requirements of my insurance cover.*

*Under the Act of 6<sup>th</sup> January 1978, I have the right to access and, if necessary, rectify any personal information held on file by writing to APRIL Mobilité, 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, France. APRIL Mobilité has the right to utilise certain administrative information and to share it with associated businesses who may use it to make me aware of new products or services. A list of these companies is available on request. Under the Act of 6<sup>th</sup> 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 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 CRYSTAL STUDIES policy.*

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

Signature of the insured preceded by the words  
 « Read, understood and accepted »:

Signature of the policyholder preceded by the words  
 « Read, understood and accepted »:

## Simplified health questionnaire

### What is the deadline for completion of the health questionnaire: 6 months.

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

You must personally answer all the questions as accurately as possible as your responses are binding. This simplified health questionnaire is essential to the evaluation of the risk that the insurer proposes to undertake. Any unanswered questions will result in further enquiries. Any medical information you provide is held in strict confidence. Detailed answers will help us process your application promptly. To ensure your responses remain confidential, please send the health questionnaire and all supporting documentation in a sealed envelope for the attention of APRIL Mobilité Medical Examiner.

Some of the medical information you provide may be processed electronically for the use of APRIL Mobilité's Medical Examiner. Under the Act of 6<sup>th</sup> January 1978, you have the right to access and, if necessary, rectify any personal information held on file by writing to the Medical Examiner, APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

1 - Do you suffer from any disorder or illness requiring regular medical supervision or treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2 - Is it planned for you to be hospitalised for more than 48 hours for any reason whatsoever during the 12 months following the start date of your insurance cover (removal of tonsils, knee surgery, removal of cyst, childbirth...)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3 - Do you want your responses to this Health questionnaire to remain confidential?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Further details if the response to one of the following questions is yes (other than question 3):

To help us process your application, please provide further details regarding the events surrounding the illness or accident and any consequences resulting from it.

*Details*

**THE INSURER'S MEDICAL EXAMINERS RESERVE THE RIGHT TO REQUEST FURTHER MEDICAL EXAMINATIONS. Any non-disclosure, intentional misrepresentation or inaccuracy altering the nature of the risk or influencing the insurers to reduce the risk will result in the cancellation of all cover under the policy. In such circumstances the premium will not be refunded (art. 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 omitted anything which might mislead the Insurers of the Crystal Studies policy.*

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

I32050  
Buzz Assurance - Service Clients  
BP105  
83061 Toulon Cedex  
FRANCE  
E-mail : production@buzzassurance.com  
www.buzzassurance.com

## APRIL Mobilité by your side

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



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## APRIL, tailor-made insurance solutions

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E-mail : [production@buzzassurance.com](mailto:production@buzzassurance.com)  
[www.buzzassurance.com](http://www.buzzassurance.com)

**APRIL MOBILITÉ MEMBER OF APRIL GROUP**

### Headquarters

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

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

E-mail : [info@aprilmobilite.com](mailto:info@aprilmobilite.com) - Internet : [www.aprilmobilite.com](http://www.aprilmobilite.com)

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