



Benefits 2007-2008

# 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

## 2007-2008

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

This insurance policy meets the needs of young people under 40 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

### High-level reimbursement of Medical costs

- Medical expenses covered from the first Euro **with up to 100% of actual costs with no excess or waiting time.**
- Payment of hospital fees up to 100% of actual costs: nothing to pay up front.

### Extensive repatriation assistance

- In the event of illness or accident, APRIL Mobilité Assistance will organise your return home or to the best equipped hospital, 24 hours a day so you can be sure of receiving the best possible medical care.

### Personal Liability cover – non professional and internships

- You are covered for any damage (physical and/or consequential) that you cause to a third party in a non-professional capacity,
- You are also covered for any damage you cause during the course of an in-company internship.

### Useful additional cover

- Luggage: your luggage is insured in the event of loss, theft or damage during your trip,
- Personal accident: a lump sum is paid to your family in the event of your death,
- Legal cover: in the event of legal proceedings against you, your legal fees are covered.



### > A policy specially designed for students

APRIL Mobilité provides innovative cover specially adapted to your needs:

- **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,
- Contraceptives: **the cost of condoms is covered,**
- **Counselling:** when things go wrong abroad, a team of psychologist is available to support you, 24 hours a day and 7 days a week.



### > Cover you can depend on

**APRIL Mobilité covers you for medical expenses up to €200,000 per year with no excess to pay or waiting time.**

*Real-life example:*

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

**Go home for the holidays.** With Crystal Studies, you are covered during short trips to your home country.



### > Real savings

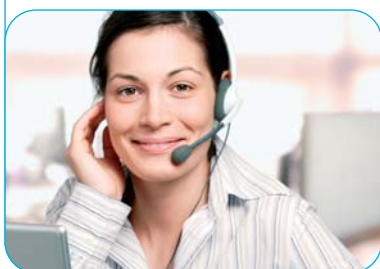
Crystal Studies is specially designed for students at a special student price.

## 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 8h30 to 18h00 (8h30 to 17h30 on Friday):

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 make an appointment to see us at our headquarters at:

110, avenue de la République - 75011 Paris - FRANCE.

Metro: Père Lachaise / Saint-Maur - Car parks: Alhambra / 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:

- view your reimbursement statements and premium payments (if you are a policyholder), insurance cover and general conditions,
- check your personal information and bank details,
- check your payment methods and get contact details for your insurance consultant.

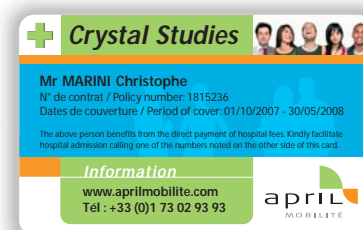
### Your Membership Card

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

- direct payment of hospital fees,
- 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 claims within 48 hours (excluding postal delivery times.)

Our automatic email service means we can send you instant information on the processing of 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,
- that we answer all emails and letters within 24 hours,
- 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 Membership year
Hospitalisation for surgery (including ambulance service)	100% of the French Social security reimbursement rate <i>see definition</i>
Hospitalisation without surgery for a period of 48 hours or more	
Third party payment <i>see definition</i> during approved hospitalisation for 24 hours or more	provided on request 24 hours a day
In France: daily hospital charge <i>see definition</i> and private room	up to € 49 per day
Examinations and treatment carried out in hospital and lasting less than 24 hours	100% of the French Social security reimbursement rate
Consultations, visits, procedures carried out by a GP or specialist (€ 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 € 500
<b>3 Counselling</b>	
Telephone calls or exchanges of email with a clinical psychologist	up to 5 per year
<b>4 Personal liability</b>	
Bodily injury	up to € 765,000
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.

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

**Third party payment:** with the insurer's prior agreement and if you are hospitalised for more than 24 hours, direct cover of hospital fees is available to holders of the APRIL Mobilité card.

## IMPATRIO

*for visits to France  
and the French  
Overseas Departments*



## temporary extension

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

## What am I reimbursed for?

**Example: consultation with an approved specialist in France (Impatrio option)**

Cost of the consultation = € 25

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

You pay: € 0

→ *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.*

## Premiums

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

For cover commencing prior to 01/10/08 (including €1 monthly membership fee).

COMPLETE OPTION → cover ① to ⑦	Schoolchildren or students under 40		
	Area	Full payment of premium at time of application	
<b>IMPATRIO</b>	principal destination France or the French Overseas Departments	€ 45	

## How the policy operates

- The insured must be a member of the Association of APRIL Insured and be under 40 years of age.
- **The insured must provide a photocopy of a current student card or certificate of attendance at school.**
- **Certain countries may be excluded from the policy as a result of heightened tension there. The list of excluded countries is liable to change and can be consulted by calling us on +33 (0)1 73 02 93 93.**
- The insurance is taken out **for a minimum of one month and a maximum of 12 months. It can be renewed only once with the agreement of the insurer, if the insured is still a student.**
- Your cover starts, at the earliest, on the day following receipt by APRIL Mobilité of your Application form and the corresponding premium. The cover ends on the day you return to your home country (other than for periods of less than 30 consecutive days between two visits to the host country) and, at the latest, on the date shown on the Membership certificate.
- **Certain sporting or professional activities are subject to prior approval and agreement by the insurer.**
- **If you cancel your trip, the premium will be refunded to you on condition that APRIL Mobilité is informed prior to the date of commencement of cover and the originals of the Membership certificate are returned. Under no circumstances will the membership fee be refunded. If you cut short your stay, no refund of premium will be made.**

## How to apply for cover ?

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

---

- 2 The insured must signed the Application form and the Health statement on pages 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.

---

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

---

- 4 If the insured has opted for full payment of premium, send your Application form together with a cheque for the total premium amount in euros made payable to **APRIL Mobilité** or fill in your credit card details on the Application form.

---

### Contact details for APRIL Mobilité:

- APRIL Mobilité - Service Conseil Client - 110, avenue de la République - 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: Père Lachaise / Saint-Maur - Lines 2 and 3. Car parks: Alhambra / 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)

## APRIL, tailor-made insurance solutions

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

To find out more about our insurance solutions

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

## APRIL GROUP, changing the face of insurance

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.

Today, more than **2 million people** know they can count on our **2060 employees** and 42 companies to protect their goods and families day after day.

For more information, contact your insurance consultant:

I 32 050

Buzz Assurance  
Service Clients - BP 105  
83061 Toulon Cedex

[production@buzzassurance.com](mailto:production@buzzassurance.com)

APRIL MOBILITÉ MEMBER OF APRIL GROUP

### Headquarters

110, avenue de la République - 75011 Paris - 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)

Public limited company with capital of € 200 000 - Registered with Companies House in Paris under number 309 707 727  
Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 ([www.orias.fr](http://www.orias.fr))  
Regulatory body for Insurance Activities - 61, rue Tailbout 75436 Paris cedex 09







Application form 2007-2008

# *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

## 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 Health statement), and student card or certificate of attendance at school. You must also post the originals of the originals 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)
Nationality:	<input type="text"/>
E-mail*:	<input type="text"/>
* Providing an email address will allow you to receive information on your reimbursements	
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:	<input type="text"/>
<b>Remember to enclose a photocopy of your current student card or certificate of attendance from the school.</b>	

INSURED	Address abroad
<i>(If you do not yet know your address, please provide the country of residence)</i>	
Street number:	<input type="text"/> Street type (ave., st., blvd,...): <input type="text"/>
Street name:	<input type="text"/>
Street name (continued):	<input type="text"/>
Postcode:	<input type="text"/>
Town or City:	<input type="text"/>
State/Region/Canton/Land/County:	<input type="text"/>
Country:	<input type="text"/>
Telephone:	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> <small>* If outside France</small>



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

- Cheque       Bank transfer (enclose your bank details)

**Period and level of cover**

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

to:   /   /

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

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

Level of cover selected:  Complete Impatrio cover

**Calculation of premium**

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

Go to page 6 of the Application form to calculate your premium.

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

Number of months required:        Total premium:    €

**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:

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

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

*I have read the General conditions and booklet Cs 2008 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, 110 avenue de la république, 75011 Paris, France. APRIL Mobilité has the right to utilise certain administrative information and to share it with associated businesses who may use it to make me aware of new products or services. A list of these companies is available on request. Under the Act of 6th January 1978, I have the right to prevent my details being passed on in this way by writing to APRIL Mobilité at the above address. Postal charges will be refunded.*

*I understand that telephone calls to APRIL Mobilité may be recorded for administrative purposes and that I may have access to recordings made of my calls by writing to APRIL Mobilité at the above address. I understand that each recording is kept for a maximum of 2 months.*

*I may at any time, and in writing, stop copies of my statutory Healthcare reimbursements being sent to APRIL Mobilité.*

*I confirm that I have answered all of the questions accurately and honestly and have neither included or omitted anything which could mislead the insurers of the Association of APRIL Insured.*

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

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

# Health statement

**What is the deadline for completion of the health statement? 6 months.**

If you are leaving on 01/07/2008, you can sign this declaration between 01/01/2008 and 30/06/2008.

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

***Any non-disclosure, intentional misrepresentation or inaccuracy altering the nature of the risk or influencing the insurers to reduce the risk will result in the cancellation of all cover under the policy. In such circumstances the premium will not be refunded (art.L113-8 of the French Insurance Code).***

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

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

*I confirm that I have answered all of the questions accurately and honestly and have neither included or omitted anything which could mislead the insurers of the Association of APRIL Insured.*

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

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

If the person to be insured is a minor, a parent or legal guardian must sign on his or her behalf.

**Your Insurance Advisor + APRIL Mobilité Code**

I

Buzz Assurance  
 Service Clients - BP 105  
 83061 Toulon Cedex

production@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.



Personal and Group Insurance for expatriates, impatriates and travellers

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

## APRIL, tailor-made insurance solutions

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

To find out more about our insurance solutions

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

## APRIL GROUP, changing the face of insurance

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.

Today, more than **2 million people** know they can count on our **2060 employees** and 42 companies to protect their goods and families day after day.

For more information, contact your insurance consultant:

I 32 050

Buzz Assurance  
Service Clients - BP 105  
83061 Toulon Cedex

[production@buzzassurance.com](mailto:production@buzzassurance.com)

APRIL MOBILITÉ MEMBER OF APRIL GROUP

### Headquarters

110, avenue de la République - 75011 Paris - 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)

Public limited company with capital of € 200 000 - Registered with Companies House in Paris under number 309 707 727  
Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 ([www.orias.fr](http://www.orias.fr))  
Regulatory body for Insurance Activities - 61, rue Talbot 75436 Paris cedex 09

