START'EXPAT
APPLICATION FOR COVERAGE

MSH on behalf of asfe

To take out this insurance plan online, please go to our website www.msh-intl.com, under **"Short-term insurance abroad"**.

You can also enroll by sending us this form completed in CAPITAL LETTERS:

- by email: to ***newapplication@msh-intl.com*** having first signed and scanned the entire enrollment form.
- by mail: using the contact details shown at the bottom of the last page of this form.

Please do not hesitate to contact us at +33 (0)1 44 20 48 77 should you have any questions.

PLAN MEMBER INFORMATION

Only persons aged between 16 and 65 may enroll in the plan.

Title: Mr. ☐ Ms. ☐

First name(s):

Last name:

Date of birth: (DD/MM/YYYY) Sex: Male ☐ Female ☐

Nationality:

Occupation (for working people; otherwise please specify if you are a student or unemployed):

Country where insurance coverage is required (several countries may be listed):

Telephone number:

Email address:

Mailing address in your main country of residence:

Coverage period: 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months ☐
7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months ☐
24 months ☐ *(only for WHV in Canada)*

Effective date of coverage requested (subject to the acceptance of your application):

Payment: Cheque ☐ Credit card authorization ☐

TO BE COMPLETED IF THE PAYER IS DIFFERENT FROM THE INSURED MEMBER

For example, a company (payer) which insures an employee (insured member) or a parent (payer) who purchases a plan for their child (insured member):

First name, last name of the payer:

Billing address of the payer:

Date of birth (DD/MM/YYYY) and place of birth (not applicable to legal entities): , in

Occupation and business sector of the payer:

E-mail address to receive premium invoices (if the payer is a legal entity, please complete the client information form):

Relationship between the payer and the insured member:
☐ Employer
☐ Close relative (parent, child, grandparent, grandchild, brother or sister), please specify:
☐ Other, please specify:

YOUR BENEFICIARY CLAUSE IN THE EVENT OF DEATH (LIFE & DISABILITY)

☐ I name as beneficiary: my spouse from whom I am neither divorced nor separated by a final judgment, failing that my surviving children, in equal shares, failing that my parents in equal shares, or the surviving parent, failing that my other heirs in equal shares.

☐ I name as beneficiary:

First name(s): Last name:

Telephone number:

Mailing address:

Signed in (town/city and country, excluding USA and countries under international sanctions*):

Date (DD/MM/YYYY):

Signature of the member or legal representative of a minor child (In this case, please indicate the capacity in which you are signing (parent, guardian, etc.) and your first and last names) preceded by the words "read and approved":

Sign here INITIAL HERE

** For any questions on countries under international sanctions, please contact us.*

CREDIT CARD AUTHORIZATION FORM

I authorize MSH INTERNATIONAL / ASFE to debit the amount of my insurance premium from my bank card, i.e.:

Cardholder's name:

Type of credit card: Visa ☐ Mastercard ☐ Amex ☐

Card number:

Expiration date
(DD/MM/YYYY)

Validation code:
(last 3 digits on the back of your card, or the four-digit number for AMEX cards. For American Express cards, the validation code is shown on the front of your card.)

Signed in (town/city and country, excluding USA and countries under international sanctions*):

Date (DD/MM/YYYY):

Signature of the member or legal representative of a minor child (in this case, please indicate the capacity in which you are signing (parent, guardian, etc.) and your first and last names) preceded by the words "read and approved":

Sign here INITIAL HERE

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PERSONAL DATA PROTECTION

MSH International, with its head office located in Season, 39 rue Mstislav Rostropovitch 75815 Paris cedex 17, France, conducts personal data processing actions required for the implementation of your coverage plan, its management and monitoring and for compliance with regulatory requirements in the field of anti-money laundering and terrorist financing and for the provision of exceptional and temporary information related to crisis events or cases of force majeure (health or political crisis, etc.). In this respect, all of the data collected is mandatory. In this respect, all of the data collected is mandatory.

The recipients of your personal data are: the risk carrier (insurer), the different entities making up MSH International and the service providers involved in the administration of your plan across the world. In this context, your data may be transferred to third countries outside the European Union guaranteeing an appropriate level of protection or subject to the use of adapted safeguards such as the signature of standard data protection clauses adopted by the European Commission, or based on the derogations provided for in Article 49 of Regulation 2016/679, known as General Data Protection Regulation.

Your personal data will be stored for the entire duration of the Plan, as provided for by the applicable laws.

At all times you benefit from a right of access, rectification, or erasure, or restriction or opposition and portability of your personal data as well as the right to organize instructions upon your death. To exercise your rights, please contact the Data Protection Officer by email at dpo@s2hgroup.com or by mail at SIACI SAINT HONORE - Délégué à la Protection des Données - Immeuble Season - 39 rue Mstislav Rostropovitch 75815 Paris Cedex 17, France.

You benefit from the right to file a complaint with a supervisory authority in charge of personal data protection.

You can access our full Policy on the Protection of Personal Data on our website, www.msh-intl.com, under the "Legal notices" section.

INFORMATION NOTE

Please take note of the following important details.
Our analysis and sales offers have been made on the basis of the information, needs and requirements that you communicated and expressed during our meetings and correspondence. Please note that the quality and accuracy of the information communicated by the policyholder in terms of financial information and underwriting objectives directly influence the quality and consistency of our offer.
It is very important that you carefully read the general terms & conditions of your insurance policy, in particular the paragraphs dealing with the exclusions, policy term, waiting periods, definitions of the coverage and applicable measures in case of misrepresentation or non-disclosure.
Should you be dissatisfied in any way, your usual contact person is available to assist you.
You can also contact the Service réclamation (Complaints Department) at 23 allées de l'Europe 92 587 Clichy Cedex, France or the Complaints Department of your nearest regional head office (all contact details are available under "Contact").
In this case, we undertake to provide you with a reply no later than two months after receiving the necessary information related to your complaint, or, failing that, to keep you informed about the progress of your complaint processing.
If you still disagree with the reply or solution provided, you can write to the Insurance Ombudsman as a last resort:
- by mail: La Médiation de l'Assurance, Pôle PLANÈTE CSCA, TSA 50110, 75441 PARIS CEDEX 09, France
- online: https://www.mediation-assurance.org/Saisir+le+mediateur
- by email: le.mediateur@mediation-assurance.org

We remain available to answer any questions you may have.

MEDICAL QUESTIONNAIRE

Title: Mr. ☐ Ms. ☐

Please write in capital letters.

Last name:

First name(s):

Nationality: Height (cm): Weight (kg):

Date of birth: (DD/MM/YYYY) Sex: Male ☐ Female ☐

Do you smoke? YES ☐ NO ☐

Do you drink more than 2 glasses of wine (or the equivalent) per day? YES ☐ NO ☐

If you answer yes to any of the questions below, please provide all useful details (Symptoms/Condition/Diagnosis, part of body (Right leg, Left eye) date of last symptoms, reason, consequences and residual, type of treatment, duration, Current status ex fully recovered/ong-going symptoms/treatment) on an additional page that you will date and sign. For confidentiality reasons, please send this additional information in a closed envelope for the attention of the "Medical Advisor".

In the last 10 years, have you ever been admitted to hospital and/or undergone surgery (other than appendectomy, tonsil or adenoid removal and wisdom teeth)? YES ☐ NO ☐

Have you been, or are you currently under medical supervision (treatment, medical care, taking prescribed medication, etc.)? YES ☐ NO ☐

Have you ever suffered from an illness, condition or injury that required medical supervision for more than 15 days? YES ☐ NO ☐

Are you currently experiencing symptoms of any illness or are you scheduled to undergo a medical procedure or surgery and/or a medical examination…….) in the next 12 months? YES ☐ NO ☐

Have you ever undergone any special medical investigation, scanning, ultrasonography, viral test, cardiological or cancer markers that yielded abnormal results? YES ☐ NO ☐

I certify that I have answered the questions in this application form accurately and honestly and have neither declared nor omitted anything that could mislead the Association's insurers and lead to the application of Articles L.113-8 and L.113-9 of the French Insurance Code.

Signed in (town/city and country, excluding USA and countries under international sanctions*):

Date (DD/MM/YYYY):

Signature of the member or legal representative of a minor child (In this case, please indicate the capacity in which you are signing (parent, guardian, etc.) and your first and last names) preceded by the words "read and approved":

Sign here **INITIAL HERE**

** For any questions on countries under international sanctions, please contact us.*

APPLICATION FOR COVERAGE

I HEREBY APPLY for membership of ASFE (Association of Services for Expatriates), an association governed by the French law of 1901 with its registered office at Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17, France, as well as the insurance agreements entered into by the association with the following insurance companies:

- AXA FRANCE VIE,
  for Medical Expenses benefits
- EUROP ASSISTANCE
  for Medical Assistance/Repatriation, Life & Disability, Personal third-party liability and Rental third-party liability benefits

I ACKNOWLEDGE the following:

- I have noted the advice provided by MSH INTERNATIONAL and wish to follow it. MSH INTERNATIONAL is a French insurance broker (registered with ORIAS under number 07 002 751) which designs and manages the entire range of insurance on behalf of ASFE including the START'EXPAT policy.
- I have read and accepted the provisions of the terms and conditions of the START'EXPAT policy, serving as the information booklet, have retained a copy of it and accept the terms of this application which serves as the schedule. I am aware of my right to cancel.
- I am aware that my telephone calls to the MSH INTERNATIONAL administration teams may be recorded for the requirements of internal administration and in order to improve their services. I may access recordings of my calls by writing to MSH INTERNATIONAL - Gestion ASFE - 23 allées de l'Europe - 92587 Clichy Cedex - France enclosing ID. Each recording is kept for a period of 90 days.
- Membership of ASFE does not exempt me from paying contributions to any mandatory scheme to which I may belong.
- I am aware that no payments can be made directly or indirectly to a country which is subject to sanctions imposed, for example, by the United Nations, the Office of Foreign Assets Control (OFAC) of the US Treasury or the European Union.
- I have received all the information related to the processing of personal data and I have expressly agreed that, if I live outside the European Union and in order to benefit from international healthcare coverage, my data may be transferred to healthcare providers located in third countries outside the European Union guaranteeing a level of protection different from the one provided by the GDPR.
- I have been informed that if my membership application is based on scanned documents, it is my responsibility to keep the originals throughout the entire life of the plan as I may be requested to produce them for audit purposes at any time during this period. If I cannot provide the original documents requested, benefits will be forfeited.

☐ I EXPRESSLY AGREE THAT, to benefit from the healthcare benefits of my plan, my data may be transferred to third countries outside the European Union guaranteeing an appropriate level of protection or subject to the use of adapted safeguards such as the signature of standard data protection clauses adopted by the European Commission, or based on the derogations provided for in Article 49 of Regulation 2016/679, known as General Data Protection Regulation.

I AUTHORIZE MSH INTERNATIONAL to receive my reimbursement statements in respect of hospitalization expenses for which I used the direct billing service.

I CERTIFY that I have answered the questions in this application accurately and honestly and have neither declared nor omitted anything that could mislead MSH INTERNATIONAL and lead to the application of Articles L.113-8 and L.113-9 of the French Insurance Code.

Signed in (town/city and country, excluding USA and countries under international sanctions*):

Date (DD/MM/YYYY):

Signature of the member or legal representative of a minor child (In this case, please indicate the capacity in which you are signing (parent, guardian, etc.) and your first and last names) preceded by the words "read and approved":

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COMPLETION OF YOUR APPLICATION FOR COVERAGE

To complete your application, you need to email or mail us the following:

- The enrollment form filled out and signed,
- The medical questionnaire included in this document, filled out and signed, together with the additional medical information if you answered yes to any questions. The primary insured member, and each of their dependents if any, must fill out a medical questionnaire,
- A copy of a valid identity document with a photo (ID card or passport) for the primary insured member and their dependents, and the payer of the premiums (if different from the insured member),
- A bank account slip or the account's bank details to receive the reimbursement of your medical expenses,
- In case of payment by SEPA direct debit, please provide you bank account slip,
- A certificate from your previous healthcare insurance provider issued less than a month ago and a summary of benefits in order to possibly waive waiting periods,
- A school/university attendance certificate for your children aged between 18 and 25.

If the payer is a legal entity:

- Identification document of the legal entity issued less than 3 months ago (French K-bis or company registration certificate),
- The completed client information form.

You can pay your premium by:

- The SEPA CORE direct debit mandate completed and signed (from a French or Monaco account only),

or

- The credit card authorization completed and signed,

or

- Bank transfer.

After payment of your premium, you will receive a welcome e-mail including:

- A personalized card showing all our contact details.
- Your login details allowing you to access all our on-line services available at www.msh-intl.com in your Members' Area.
- Your member's guide, including the general terms and conditions of your plan and all the necessary information about how to use the services under your plan.

ENROLLMENT BY EMAIL:

Fill out this application for coverage form and send it together with the abovementioned supporting documents to: newapplication@msh-intl.com

ENROLLMENT BY MAIL:

MSH - Service Adhésions
23 allées de l'Europe - 92587 Clichy Cedex - France

PLEASE NOTE THAT INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

ASFE – MSH: a French insurance broker and simplified joint stock company (SAS) with a capital of €2,500,000 and its registered office located at Immeuble Season – 39 rue Mstislav Rostropovitch 75815 Paris cedex 17. It is registered in the French "Registre du Commerce et des Sociétés de Paris" under number 352 807 549 RCS, ORIAS no. 07 002 751 and intra-Community VAT identification number FR 78 352 807 549.

MSH on behalf of asfe