



**APPLICATION FOR SUBSCRIPTION
CONCERTO**

I, the undersigned Mr Mrs Miss Surname: _____ Forename : _____

Born on date: _____ Nationality : _____

Social security N°/CFE N°(if you have one) : _____ Profession : _____

Address : _____

Country of expatriation or settlement: _____ Zone of expatriation (1) : 1 2

GUARANTEES SUBSCRIBED

1st EURO : Piano Mezzo Crescendo Allegro Altissimo

Complementary to CFE : Allegro Altissimo

ASSISTANCE : Mondial Assistance

DEATH INSURANCE: €10,000 X _____ representing guaranteed capital of € _____
(Death-related capital by tranche of €10,000 limited to €100,000)
 Capital extended to spouse (identical amount)

BENEFICIARIES

	SPOUSE	1 ST CHILD	2 ND CHILD	3 RD CHILD
Surname:	_____	_____	_____	_____
Forename :	_____	_____	_____	_____
Date of birth	_____	_____	_____	_____

DESIGNATION OF BENEFICIARIES (if DEATH INSURANCE guarantee subscribed)

Attach appendix 1 to the subscription contract

I would like this subscription to take effect on 01 / _____ / _____ (subject to acceptance by favourable opinion from the consulting physician and expressly notified by delivery of the specific conditions and payment of the 1st subscription fee instalment), for the CONCERTO contract, insured by Allianz, and I would like the medical expenses and assistance guarantees to be extended to the members of my family designated above as defined in article 2 of the general provisions opposite.

PAYMENT OF SUBSCRIPTION FEES: The subscription fees are payable in advance.

Periodicity chosen: Quarterly Half-yearly Annual

Means of payment: Cheque Bank transfer Direct Debit

I declare that I reside and work outside the borders of the country of which I am a national

I recognise that I have been informed that the information collected is necessary to the assessment and processing of my subscription application.

I certify that the information provided on the subscription application is true and accurate.

(1) **Zone 1:** Entire world with the exception of the following countries: South Africa, England, Saudi Arabia, Argentina, Australia, Bahrain, Brazil, Canada, United Arab Emirates, United States, Hong Kong, Israel, Japan, New Caledonia, Qatar, Russia, Singapore and Switzerland.

Zone 2: Zone 1 + South Africa

For the member

I declare that I have received the General Provisions and their notes together with the subscription request.

Date _____

Signature preceded by the handwritten note "READ AND APPROVED"

For B.I.L. Assurances

Date _____

GENERAL PROVISIONS

ARTICLE 1 – GENERAL

The present plan is the subject of Health and Provident Insurance contracts subscribed by the Association Burdigala International (or ABI)¹, governed by the act dated 1st July 1901, with the Allianz Vie insurance company². By delegation from the Insurer, the Health plan (health contracts) is managed by ACI Gestion³, under the conditions stated hereafter and in the notes attached to the present General Provisions and to the subscription application form. The purpose of the group Insurance contract that is the subject of the present document is to optionally provide subscribers to ABI living in countries other than their country of origin, and any beneficiaries that they may designate, with a joint guarantee covering death and assistance insurance, and the repayment of medical expenses according to the option chosen (1st Euro or complementary to CFE). The present General Provisions are governed by the French Insurance Code. The declarations, both of ABI and its members, serve as the basis for the guarantees provided under the present Insurance plan.

ARTICLE 2 – CONDITIONS FOR MEMBERSHIP OF THE PLAN

2.1. Eligibility

Those eligible for membership of the present plan are expatriates working throughout the Entire World (*), aged less than 65 years on the date of subscription to the Insurance policy and living outside their countries of origin. The Insurer reserves the right to make its declaration subject to the production of any additional information that it considers necessary. Subject to the documents and information received, this may specify, on the insurance certificate, a price that is different to that mentioned initially on the subscription application. The applicant for the present Insurance contract may then refuse it by sending the Insurer a registered letter with return receipt within thirty days from the date of reception of the insurance certificate. Termination takes effect on the first day of the calendar quarter following notification of the applicant's refusal.

If no response is received within thirty days, the Insurer considers that the applicant has accepted the new conditions and the applicant then takes the status of Insured Person.

He/she may request the extension of the Medical Expenses and Assistance plans to members of his/her family defined as follows:- his/her spouse (or partner under a French civil partnership contract (PACS)) designated by name (or, if there is no spouse, the cohabitee, subject to reception of a signed declaration of cohabitation over a period of at least 6 months).

- and, providing that they exercise no paid activity and are actually supported by him/her:

- His/her children and those of his/her spouse (or if there is no spouse, those of the cohabitee mentioned above) aged under 21 years,
- his/her children and, if they live in the conjugal home, those of his/her spouse (or, if there is no spouse, those of his/her cohabitee mentioned above) aged from 21 to less than 26 years old, in secondary or higher education (a paid activity is accepted providing that it does not exceed 3 months per year).

At the time of their affiliation, these persons must complete and sign the membership request form including a medical questionnaire validated by the Insurer's consulting physician. A medical examination, at the Insurer's expense, may be requested.

When the member has chosen the plan complementary to the CFE, extension of the Medical Expenses plan to members of his/her family as designated above is only possible if those family members are also members of the CFE (in the Insured Person's name or in their own right).

Members may, at any time, request termination of Insurance for members of their families by informing ABI in writing.

The Insurer reserves the right to make its acceptance subject to the production of any additional information that it considers necessary.

The members, and their beneficiaries if there are any, take the status of Insured Persons once accepted for Insurance.

2.2. Subscription application

It is **imperative** that each application for subscription to the present Insurance includes:

- **One example of the subscription application**, duly completed and signed by the applicant,

- one example of the present General Provisions signed by the applicant,

- **the health questionnaire**, duly completed and signed by the applicant (see § 2.3.),

- documentary evidence of equivalent social-security coverage that is still effective at the moment of subscription (Social Security certificate and certificate from complementary organisation, previous Insurance policy, certificate of Insurance, etc. (See article 5)), except for the joint "death" and "repatriation assistance" guarantees.

- **the provision of an advance payment equivalent to six months' contributions,**

- **full bank account details** for the payment of benefits by bank transfer.

2.3. Medical formalities

Allianz Vie's Consulting Physician may request the applicant to provide any relevant medical details concerning him/her or members of his/her family or may request that a doctor carry out a medical examination.

In the case of the birth of a child, the medical formalities not required during application for Insurance are to be sent to ABI within 30 days following the birth.

2.4. Notice of decision

Membership of the Insurance plan is established by the dispatch of specific conditions signed by ABI and accompanied by Insurance certificates and several examples of repayment requests.

ARTICLE 3 – DESCRIPTION OF GUARANTEES

The guarantees provided by the plan and their terms and conditions for implementation are described in the notes attached to the General provisions and to the application for subscription, provided to the Insured Person by ABI.

Also, requests for repayment will only be honoured if the Insurer considers that the amounts covered by the invoices and receipts supplied are reasonable and usual in the country where treatment is provided. If this is not the case, the Insurer reserves the right to reduce the amount of its benefits.

In accordance with Article 9 of act n° 89-1009 dated 31 December 1989 and decree n° 90-769 dated 30 August 1990, repayment or indemnification of expenses caused by illness, childbirth or an accident may not exceed the amount of expenses remaining payable by the Insured Person after repayments of any kind to which the Insured Person is entitled.

Whatever the circumstances, expenses are covered up to the limit of actual expenses, reasonable and usual costs for the country in question, and contractual maximum amounts.

ARTICLE 4 – EFFECT, DURATION AND CESSATION OF MEMBERSHIP

Membership of the present Insurance plan takes effect on the date written on the subscription application and, at the earliest, the day following the dispatch of the membership application as attested by the postmark, subject to the acceptance of the application by the Insurer Allianz Vie under the previously-mentioned conditions and the payment of a first advance payment equivalent to six months of subscription fees.

Membership continues until 31 December of each year and is then renewed by tacit renewal on 1st January of each year.

It ceases:

- as soon as the member is no longer an expatriate,
- on 31 December of the year in which he/she reaches 70 years old or 75 years old for guarantees complementing the CFE,
- in the case of non-payment of subscription fees after the formalities specified in article 6 of the present document have been carried out,
- in the case of the termination of contracts subscribed with the Insurer Allianz Vie,
- on the last day of membership of the subscribed Insurance period,
- at the end of the civil quarter following the date on which they cease to belong to ABI,
- and whatever the circumstances, on the date of cessation of one of the two guarantees selected when the joint "death insurance" and "repatriation assistance" guarantee was chosen.

The cessation of guarantees simultaneously entails, both for the Insured Person and for the beneficiaries as defined in the present document, if they are guaranteed, the abolition of entitlement to benefits for all treatment and care received from the date of cessation, even if it has begun or was prescribed before the said date, except concerning the surviving spouse and his/her children of less than 20 years old when cessation of the guarantee follows the death of the member and providing that the surviving spouse continues to pay the subscription fees corresponding to the guarantees that are maintained.

ARTICLE 5 – WAITING PERIOD

The Insurer's acceptance of medical expenses under health contracts (1st Euro and complementary to CFE) comes into force for each beneficiary accepted for Insurance **after examination and acceptance of the medical questionnaire, except for the following medical expenses for which a waiting period applies, which begins from the date of membership:**

- Any hospitalisation: 3 months

- Dental and optical: 6 months

The waiting periods are abolished:

- if, at the time of becoming a member, the member can provide documentary evidence of equivalent social-security coverage that is still effective and,
- if the expenses to be covered are consecutive to an accident (*any external event that is sudden and independent of the will of the person in question*) occurring after the date of admission to Insurance.

ARTICLE 6 – PAYMENT OF SUBSCRIPTION FEES

Subscription fees are payable in advance, in Euros, quarterly, half-yearly or annually by cheque, bank transfer or direct debit to ABI.

An advance payment of six months of membership subscription fees is a necessary condition for the Insurance plan taking effect. In this case, ABI will inform the Insured Person in writing of any modifications and also, if appropriate, of any changes having consequences for the Insured Person's entitlements and obligations, particularly before any reduction in guarantees, price changes or termination of Insurance contracts.

The Insurance contracts mentioned in article 1 specify that subscription fees may be modified on 1st January of each year, especially in accordance with the results recorded for all members of the collective Insurance plan to which the member belonged during the previous year, and in accordance with changes to annual consumption for treatment and medical goods paid for by households and complementary Insurance organisations (amount in Euros for treatment and medical goods shown in the National Accounts for Health under the headings "Household Expenditure", "Mutual Insurance Companies and Private Insurance").

In the case of non-payment of the Insured Person's subscription fees and as mentioned in article L141-3 of the French Insurance Code, the Insured Person may be excluded from the present insurance policy after a period of 40 days from the dispatch by ABI of a registered letter of formal notice. This letter may be sent no earlier than ten days after the date at which the sums due become payable.

ARTICLE 7 – CANCELLATION PERIOD

The Insured Person may cancel his/her Insurance during a period of 30 calendar days from the moment when he/she is informed that the contract is signed, by sending a registered letter with return receipt (see hereafter) to: Allianz - DPPI - Customer Relations Department - Tour Neptune - 20, place de Seine - 92086 La Défense Cedex.

The Insurer will then fully repay the sum that he/she paid, within 30 days of reception of the registered letter.

Model cancellation letter:

Contract references to be mentioned:

"I the undersigned, (surname, forename, address), declare that I wish to make use of the cancellation facility specified by article L 132-5-1 of the French Insurance Code and request cancellation of the present Insurance policy on the date of reception of this letter, together with the repayment of the sum of €..... that I have paid".

Date and sign

ARTICLE 8 - DECLARATION OF CLAIMS

The claim declaration form is supplied by the Insurer and must be sent to it accompanied by the documentary evidence required by the Insurer.

No copy, photocopy or duplicate invoice is accepted.

The Insurer reserves the right to request any Insured Person to supply the Insurer with all information necessary to the handling of his/her personal data and data relative to requests for repayment. For this purpose, the Insurer may have access to his/her medical documents, with all related legal obligations for confidentiality.

Any information supplied by the Insured Person or one of the persons for which he/she is responsible that proves to be erroneous, false or exaggerated, or any fraudulent or deceitful action by them, will entail the direct liability of the Insured Person and the repayment of any amounts unjustifiably paid by the Insurer on the basis of this incorrect data.

ARTICLE 9 – STATUTE OF LIMITATION

In accordance with article L 114-1 of the French Insurance Code, all actions stemming from the Contract are limited to a period of two years (except for death insurance, which is limited by a period of 10 years), starting from the event that gives rise to the claim.

However, this period only begins:

In the case of non-disclosure, omission, or false or inaccurate declaration concerning the risk incurred, from the date on which the Insurer became aware of it.

In the case of a claim, only from the day when those concerned became aware of it, if they prove that they were unaware of it until then.

ITEMS 10 – APPEALS

In accordance with the French Insurance Code, the beneficiary of services gives subrogation to the Insurer to undertake any action for indemnity against any responsible third-party. The Insurer relinquishes any action for indemnity against the Subscriber.

I declare that I have taken note of and received the subscription application, the present General Provisions, and their attached notes describing the guarantees offered, the benefits and the amounts, including those for subscription fees.

**Signature of the Insured Person
(dated and preceded by the note "READ AND APPROVED")**

(*) **Zone 1 :** Entire world with the exception of the following countries: South Africa, England, Saudi Arabia, Argentina, Australia, Bahrain, Brazil, Canada, United Arab Emirates, United States, Hong Kong, Israel, Japan, New Caledonia, Qatar, Russia, Singapore and Switzerland.

Zone 2 : Zone 1 + South Africa

¹ ABI – 74.270 FRANGY

² Allianz DPPI - Customer Relations Department - Tour Neptune - 20, place de Seine - 92086 La Défense Cedex.

³ ACI Gestion – BP 35 – 74270 FRANGY