INDIVIDUAL ENROLMENT FORM
MyHealth Business

Please send your Individual Enrolment form to your HR department.

PLEASE WRITE IN CAPITAL LETTERS (*mandatory field)

IDENTIFICATION OF THE CONTRACTING COMPANY (to be completed by the company)

Company Name*:

APRIL International Care membership number*:

IDENTIFICATION OF THE INSURED (to be completed by the insured)

Last name*:

First names*:

Birth name*:

Date of birth*: / / Gender*: Male ◯ Female ◯

Nationality*:

Telephone*: + / Mobile*: + /

Email*:

Family situation*: Single ◯ Cohabiting ◯ Married ◯ Divorced ◯ Widowed ◯ In a civil partnership ◯

Number of dependent children under the age of 26*:

Start date in the company*: / /

Start date of coverage*: / /

Employee status*: ◯ Executive ◯ Non-executive

◯ Other (specify):

International assignment status*: ◯ Expatriate ◯ On Secondment ◯ Third country national

◯ Other (specify):

Exact occupation*:

Gross annual income*: ◯ € ◯ $

Home country*:

Country of assignment abroad*:

ADDRESS

Mailing address*:

State/Region/Land/County*:

Postcode*: City*:

Country*:

Address abroad (if different from above):

State/Region/Land/County*:

Postcode*: City*:

Country*:

Telephone*: + / Mobile*: + /

BENEFICIARIES FOR MEDICAL, ASSISTANCE AND CIVIL LIABILITY BENEFITS

Beneficiaries	Last name and First name	Gender (M/F)	Date of birth (MM/DD/YYYY)	Country of residence
Spouse, partner, common-law spouse**				
Child**1				
Child**2				
Child**3				
Child**4				
Child**5				

** Please attach to your enrolment request: an affidavit of cohabitation or certificate of civil partnership and a copy of your lease agreement establishing cohabitation of at least six months, a school certificate for children over 21 years old.

METHOD OF REIMBURSEMENT FOR HEALTHCARE EXPENSES

- ◯ by bank transfer to an international account. International bank details are required including the account number, SWIFT code and your bank's adress - to be enclosed with the Enrolment form,
- ◯ by bank transfer (please send your account number, IBAN number, SWIFT or BIC code, and your bank's address),
- ◯ by bank transfer to an account in the USA (please send your account number, SWIFT code, your bank's address and an ABA routing number).

Your reimbursement statements are available in electronic format: they will be sent to you by email and are accessible online in your customer zone.

DESIGNATION OF BENEFICIARIES FOR THE BENEFITS IN CASE OF DEATH

The beneficiaries of the insurance in the event of death are:

☐ The spouse of the insured person from whom he or she is not legally separated, failing which, the legitimate, acknowledged or adopted children, living or represented, in equal parts, failing which, the father and mother, in equal parts, or the surviving parent, failing which, the other heirs of the insured person.

☐ Other beneficiaries (please provide their surnames, first names, date and place of birth and percentage of the lump sum to be allocated to them):

failing which his or her heirs.

SIGNATURE OF THE INSURED
preceded by the words **"Read and approved"**
I, certify the accuracy and truthfulness of the statements on the basis of which the enrolment to the contract "MyHealth Business" is made.

Signed in _____ on ☐☐/☐☐/☐☐☐☐

SIGNATURE OF THE ADMINISTRATIVE MANAGER OF THE COMPANY preceded by the words **"Read and approved"**	**COMPANY STAMP**

If the insured member does not supply the requested information, his or her enrolment will not be taken into consideration. Under the French Act of January 6th 1978, the contracting company or yourself as the insured member, have the right to access and, if necessary, rectify any personal information held on file by writing to the APRIL International Care, the insurers or their agents.

REQUESTED DOCUMENTS

- a copy of your passport or ID Card,
- your bank details (account number, IBAN number, SWIFT or BIC code, your bank's address and the ABA routing number for accounts in the USA),
- a school certificate for children over the age of 21,
- an affidavit of cohabitation or certificate of civil patnership, and a copy of your lease agreement establishing cohabitation of at least 6 months.

APRIL International Care France Head Office:
14 rue Gerty Archimède - 75012 - Paris - FRANCE
Tel: +33 (0)1 73 02 93 93
www.april-international.com

A French simplified joint-stock company (S.A.S.) with capital of €200,000 - RCS Paris 309 707 727
Insurance intermediary - Registered with ORIAS under number 07 008 000 (www.orias.fr)
Prudential Supervision and Resolution Authority
4 place de Budapest - CS 92459 - 75436 PARIS CEDEX 09 - FRANCE
NAF6622Z - VAT N° FR603009707727