



START' EXPAT

YOUR INTERNATIONAL HEALTH
INSURANCE
FOR TEMPORARY STAYS



WHO ARE WE?

OUR MISSION

For more than 40 years, MSH INTERNATIONAL has been designing and managing international health insurance solutions for globally-mobile individuals: expatriate employees and freelancers, young adults living abroad (internships, studies or working holiday visas), active seniors etc.

Our mission is to provide solutions for all expatriates worldwide by offering coverage of healthcare, life & income protection, medical assistance/repatriation and third party liability.



KEY FIGURES

5th global player

330,000 members

92% customer satisfaction

(based on a survey carried out in December 2012)

Available

24/7

2,000 companies covered

SOLUTIONS FOR INDIVIDUALS AND COMPANIES

With its comprehensive range of tailor-made solutions, MSH INTERNATIONAL is able to meet the specific needs of individuals, as well as Companies and Organizations, by reflecting their diversity: Micro-businesses and SMEs, Mid-cap companies, Multinationals, International Organizations and NGOs.

INTERNATIONAL HEALTH INSURANCE FROM MSH INTERNATIONAL, IT'S SO SIMPLE!

YOUR PROFILE

- You are aged between 16 and 65.
- You are going abroad for at least 1 month and up to 12 months.
- You are going abroad for travel or for pleasure, for an internship, studies, Working Holiday Visa (WHV) or for **any other reason**.

For your stay abroad, wherever you are in the world, the Start'Expat plan is a comprehensive insurance package including coverage for:



HOSPITALIZATION



MEDICAL EXPENSES



ASSISTANCE/
REPATRIATION



DEATH & DISABILITY

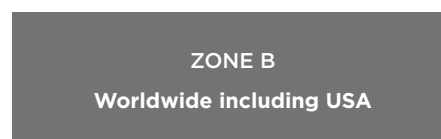
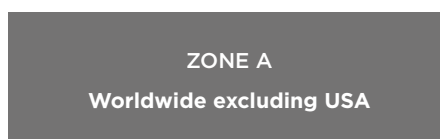


PERSONAL THIRD-PARTY LIABILITY
& RENTAL CIVIL LIABILITY



LUGGAGE INSURANCE

All you have to choose is your expatriation area:



USEFUL TIP

- You can only enroll to Start'Expat insurance on an individual basis.
- If you are leaving as a couple, you need to fill out two individual enrollment forms.
- If you are leaving as a family (spouse + children), please contact our sales team who will offer you a solution more adapted to your situation: First'Expat+.

YOUR BENEFITS IN DETAIL



HEALTHCARE BENEFITS

We cover up to €250,000 of your medical and hospital expenses during your stay.
In the event of unforeseen illness¹ or accident², you are reimbursed under the following conditions:

Medical or surgical hospitalization: - Room and board fees - Medical procedures - Consultations - Examinations, laboratory tests, drugs - Ambulance costs related to a covered hospitalization	100% of actual charges
Semi-private room	100% of actual charges (up to €100 per day)
Consultations with general practitioners and specialists (excluding dentists)	100% of actual charges (up to €80 per procedure beyond 2 consultations)
Prescription drugs	100% of actual charges (up to €3,000)
Laboratory tests and handling fees, x-rays, medical imaging (M.R.I) and scans, tests and paramedical fees	100% of actual charges
Dental care in case of accident or dental emergency ³ not resulting from a previous bad state of teeth or gums	100% of actual charges (up to €350)
Dentures and other prostheses (following a reported accident only)	100% of actual charges (up to €200)
Vision: lenses and frames (following a reported accident only)	100% of actual charges (up to €150)



DEATH & DISABILITY BENEFITS

Because an accident or unforeseen illness can result in a lot more than just medical expenses, we provide, in the event of:

Death	A lump sum benefit of €10,000
In case of Permanent total disability	A lump sum benefit up to €50,000



LIABILITY BENEFITS

PERSONAL THIRD-PARTY LIABILITY BENEFIT

Aggregate limit on benefits <i>Deductible</i>	€4,000,000 (per event) €80 (per event)
Including bodily injuries and financial loss resulting from covered bodily injuries	€4,000,000 (per event)
Including material damage and financial loss resulting from covered material damage	€450,000 (per event)
Damage to equipment entrusted as part of an internship	€12,000 (per event)

TENANT'S LIABILITY ABROAD

Aggregate limit on benefits <i>Deductible</i>	€100,000 (per event) €80 (per event)
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DEFINITIONS

1. Unforeseen illness: a sudden and unforeseeable deterioration of an insured member's health, as certified by a medical practitioner, for which surgery or treatment are required and cannot be delayed until return or repatriation to the country of residence.
2. Accident: any unintentional personal injury suffered by an insured member, resulting from a sudden action by an external cause (such as sprains, fractures, etc...).
3. Dental emergency: any infectious involvement of roots that might cause complications if not treated within 48 hours. We reimburse expenses after studying the medical or dental report provided by the insured member.

YOUR BENEFITS IN DETAIL



ASSISTANCE BENEFITS

MEDICAL ASSISTANCE, EMERGENCY REPATRIATION & RETURN HOME FOLLOWING REPATRIATION	
Assistance and repatriation: medical information and emergency recommendations, medical liaison, organization and coverage of the insured member, transportation to a nearby healthcare facility or repatriation to the country of origin	100% of actual charges
Return of an insured companion	Return ticket
Extension of stay of the insured member or an insured companion	Hotel: €150 per night (limited to €1,500)
Hospital visit of a relative in the event of hospitalization for more than five days	Round-trip ticket + €150 per night (limited to €1,500)
Return to the place of residence after repatriation in the country of origin	Return ticket
Early return in the event of a family member's hospitalization for more than 10 days	1 max./year/insured
Second medical opinion	Organizational support
Assistance on returning home following repatriation (France only): - Childcare - Home help - Care of pets (cats/dogs) - Hospital comforts: TV rental	See General Terms & Conditions 10 hours Transportation + accommodation: €155 €80
ASSISTANCE IN THE EVENT OF DEATH	
Repatriation of the body to the country of origin	100% of actual charges
Return of an insured companion	Return ticket
Cost of a coffin or urn	€2,000
Early return in the event of a family member's death	Round-trip ticket
Identification of the body and necessary formalities by relatives	2 round-trip tickets + €150 per night per person (limited to 2 nights)
TRAVEL ASSISTANCE	
Advance of bail	€15,000
Advance and coverage of legal fees	€3,000
Mountain, sea and desert search and rescue costs	€15,000
Early return following an event in the place of residence	Return ticket
Early return or transportation to a secure zone in the event of an attack or natural disaster	Return ticket or round trip ticket to a safe area
Delivery of medication that cannot be found locally or transmission of files, urgent messages	Organization and delivery charges
Assistance in the event of the theft, loss or destruction of identity papers or means of payment	- Information on administrative procedures - Cash advance: up to €2,300 - Extended stay: €150/night (up to €1,500)
Travel incidents: flight delay leading to a missed connection, for technical or due to weather reasons	Payment of a fixed amount of €300
Psychological support: - In the event of an accident, assault or attempted assault or death of a family member, attack or natural disaster - In the event of an assault on the insured causing bodily injuries - In the event of death of the insured: consultations for dependents or companions	Up to 3 phone calls Consultation : €1,500 Consultations : €3,000 per event
Access to "123 Classez", the Europ Assistance data vaulting service throughout the duration of your plan	Free subscription to the website



LUGGAGE INSURANCE

Coverage for luggage belonging to you	
Theft, partial or total destruction and loss of luggage during transport	€2,000 (€25 deductible/suitcase) limited to 50% for valuables
Compensation for delays in delivery of luggage at the airport (exceeding 24h)	€300
Cost of replacing identity documents	€150

YOUR RATE 2018

The prices below are valid until 31/12/2018 for a maximum period of 12 months.
If you are going to Canada under a WHV, you can take out the plan for 24 months.

Zone A : Worldwide excluding USA

PRICE PER PERSON AND PER STAY	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 MONTHS	12 MONTHS
16-30 years old	€64	€107	€140	€183	€230	€268	€314	€360	€400	€431	€460	€490
31-40 years old	€117	€231	€342	€453	€563	€674	€782	€891	€1,000	€1,116	€1,230	€1,345
41-50 years old	€154	€305	€453	€599	€768	€892	€1,037	€1,183	€1,327	€1,479	€1,629	€1,699
51-60 years old	€230	€459	€684	€905	€1,127	€1,350	€1,570	€1,792	€2,012	€2,243	€2,473	€2,702
61-65 years old	€300	€597	€891	€1,179	€1,469	€1,760	€2,049	€2,337	€2,625	€2,927	€3,227	€3,528

Zone B : Worldwide including USA

PRICE PER PERSON AND PER STAY	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 MONTHS	12 MONTHS
16-30 years old	€97	€158	€200	€264	€330	€393	€460	€526	€584	€631	€678	€722
31-40 years old	€157	€313	€465	€617	€769	€921	€1,072	€1,223	€1,372	€1,535	€1,695	€1,856
41-50 years old	€221	€439	€655	€867	€1,080	€1,295	€1,507	€1,720	€1,932	€2,154	€2,376	€2,597
51-60 years old	€382	€708	€1,058	€1,403	€1,749	€2,097	€2,443	€2,788	€3,133	€3,496	€3,858	€4,220
61-65 years old	€465	€927	€1,385	€1,837	€2,292	€2,748	€3,201	€3,654	€4,108	€4,584	€5,059	€5,535

PAYMENT OF YOUR PREMIUMS

Please attach the following to your enrollment file:

- A check payable to ASFE
- Or the credit card debit authorization form completed and signed for the amount corresponding to your premium for the chosen duration of stay

Send your request for coverage together
with all required documents to:

ASFE, Service Adhésions
82 rue Villeneuve
92 587 CLICHY CEDEX
FRANCE

We know that healthcare procedures are more complex for people living abroad, so we provide a whole range of practical services to help you manage your healthcare day after day.

MEMBERS' AREA



Submit your claims online

Check your reimbursements

Fill out a precertification request

Request a certificate of insurance or a new insurance card

Access our global network of healthcare professionals approved by MSH INTERNATIONAL

MANAGING YOUR CLAIMS FOR REIMBURSEMENT



Administration services available 24/7, certified ISO 9001

Direct precertification in case of hospitalization

Medical second opinions from our 20 doctors

A multilingual and multicultural team at your service (60 nationalities and 40 languages spoken)

Reimbursements in more than 150 currencies

YOUR MSH MOBILE APPLICATION



Geolocate nearby healthcare professionals wherever you are in the world

Check your reimbursements online

Plan your medical appointments using the health directory

Access your healthcare data at any time via the personalized health records

WELCOME PACKAGE



Your certificate of insurance

Your insurance card

Member's guide

General conditions

Your login and password for the Member's Area

ACCESSING THE MSH MEDICAL NETWORK



Find an MSH-approved hospital near your place of residence

Geolocate healthcare professionals belonging to the MSH medical network in your area

Get information on the country's healthcare system

Access specific advice on prevention

OUR ANSWERS TO OUR FREQUENTLY ASKED QUESTIONS

HOW DO I TAKE OUT THE INSURANCE?

Via our website

Go to www.asfe-expat.com, under “Our solutions”.

After choosing your plan, click on ENROLL ON-LINE and let us guide you through!

By mail

You need to send us:

- The enrollment form completed and signed,
- The medical questionnaire completed and signed, along with the additional medical details (on an additional page that you will date and sign) if you answered yes to any questions in the medical questionnaire,
- A copy of your identity card or passport,
- A bank account slip for your reimbursements from ASFE,
- The payment of your premium.

WHO CAN APPLY?

All persons over the age of 16 and under the age of 66 who wish to benefit from health insurance during their stay abroad, regardless of their status (traveller, student, WHV, assignment, trainee, etc.).

IS START'EXPAT PLAN A COMPREHENSIVE OR COMPLEMENTARY COVERAGE?

The START'EXPAT plan provides comprehensive coverage and reimburses 100% of actual charges incurred from the 1st euro in the event of hospitalization or unforeseen medical expenses (see definition p.5), without deductibles.

IT IS NECESSARY TO MAKE CASH ADVANCES?

In the event of hospitalization or medical expenses over €400, we pay the hospital or healthcare facility on a direct basis, avoiding you to pay upfront for your medical costs. For outpatient care (consultations, prescription drugs, etc...), you need to pay for your medical costs first and then to send us your bills and supporting documents in order to receive reimbursement within 72 hours after receipt of your claim file.

HOW FAR IN ADVANCE SHOULD I PURCHASE COVERAGE AND IS COVERAGE EFFECTIVE IMMEDIATELY?

No waiting period is applicable and your policy may be effective as early as the next day following your online enrollment or upon receipt of your request sent by mail, or at a later date of your choice, selected upon your enrollment (but no later than two months as your medical questionnaire is only valid for two months).

However, in order to go overseas with total peace of mind, we recommend you enroll at least 10 to 15 days before the requested date so that you will receive your Welcome Package before your departure.

WILL I RECEIVE DOCUMENTS AFTER MY ENROLLMENT IS COMPLETED?

Of course, upon acceptance of your duly documented request for coverage, we will send you a Welcome Package **by email** including: a certificate of coverage mentioning your ID number and your password allowing you to access your Participants' Pages on our website, a certificate in English upon request, your insurance ID card which will permit you to benefit from hospital precertification, the terms and conditions of your policy and the guide to insured members detailing all the general procedures applicable to your plan.

IS IT POSSIBLE TO ENROLL FROM ABROAD?

Absolutely, you can directly enroll via our website www.asfe-expat.com from any country in the world, excluding the USA (please contact us in that case).

WHAT WOULD YOU RECOMMEND BEFORE GOING OVERSEAS?

We recommend you have a medical check-up (in particular, vaccination booster shots and a comprehensive dental exam) as well as a medical consultation if needed, in order to have a medical certificate issued to authorize the practice of all types of sports (e.g.: scuba-diving).

We also advise you to take with you a first-aid kit including basic pharmaceutical products of everyday life, as well as your prescriptions if needed. It is also important that you communicate your insurance policy number and our contact details to a friend and/or your family, as well as your address and telephone number on site.

As a specialist in international health insurance, MSH INTERNATIONAL strives to be your true local healthcare partner abroad. Four core values characterize our commitment to provide you with the level of service you deserve, day after day.



PROXIMITY

4 regional head offices in Paris, Calgary, Dubai and Shanghai

10 local offices in Toronto, Houston, Geneva, Lyon, Abu Dhabi, Bangkok, Beijing, Shenzhen, Guangzhou and Singapore

A medical network of

94,700 healthcare providers worldwide and

1,000,000 in North America



DIVERSITY

More than **40** languages spoken

More than **60** nationalities

Reimbursements in more than **150** currencies



FLEXIBILITY

SOLUTIONS FOR INDIVIDUALS

- Temporary stays (from 1 to 12 months)
- Long-term expatriation with coverage as of the 1st €/€ (at least 12 months)
- Long-term expatriation with coverage complementary to the CFE scheme (at least 12 months)

SOLUTIONS FOR COMPANIES & INTERNATIONAL ORGANIZATIONS

- Health
- Life & Income protection
- Repatriation Assistance
- Moving Insurance
- Personal Third-Party Liability
- Pension plans



EMPATHY

92% of individual members satisfied

93% of corporate members satisfied

Certified **ISO 9001**

Practical services **online**

START' EXPAT

ENROLLMENT FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS, and send it to us duly completed and signed along with the complementary documents requested:

By mail, see address at the end of this form.

1 APPLICANT DETAILS

Only people aged between 16 and 65 can subscribe to the plan.

Title: Ms Miss Mr.

First name(s):

Last name:

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

Nationality:

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

Country of expatriation (several countries may be indicated):

Telephone No.:

Email:

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

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

Payment: By check By credit card debit authorization

2 YOUR BENEFICIARY CLAUSE IN THE EVENT OF DEATH (DEATH BENEFIT)

I hereby designate as my beneficiary my living spouse unless legally separated or divorced, otherwise my living children in equal shares among them, otherwise my father and mother in equal shares among them or the survivor of them, otherwise my other heirs in equal shares among them.

I hereby designate as my beneficiary(-ies):

In (city/country, excluding USA):

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
 Preceded by "Read and approved":

Date (DD/MM/YYYY): / /

3 MEDICAL QUESTIONNAIRE

Please write in capital letters.

Title: Ms Miss Mr.

First name(s):

Last name:

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

Nationality:

Height (cm):

Weight (kg):

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW:

Please provide all details deemed useful (dates, medical grounds, carry-over effects, therapy, duration, etc...) on an additional page that you will date, sign and send along with your application in a sealed envelope for medical confidentiality reasons, for the attention of the Consulting Physician.

Over the past 10 years, have you been hospitalized or undergone surgery (other than removal of the appendage, amygdala, adenoids and wisdom teeth)? YES NO

Have you been, or are you currently under medical supervision (therapy, medical care, prescribed medication...)? YES NO

Have you ever suffered from an illness condition or accident that required medical supervision for more than 30 consecutive days? YES NO

Are you scheduled to undergo a medical procedure or surgery and/or a medical examination and/or a medical treatment of any kind (psychology, psychiatry, physiotherapy, radiotherapy, speech therapy, chemotherapy, dental treatment, drug treatment, etc...) in the next 12 months? YES NO

Have any of your medical or viral test yielded abnormal results? YES NO

I hereby testify that the foregoing declarations are accurate, complete and fair. I have been informed and I accept that any intentional withholding of significant information or proven false declaration that might mislead the Association's insurers may lead to the cancellation of the insurance cover and to the reduction of benefits in accordance with the provisions of Articles L. 113-8 and L 113-9 of the French Insurance Code (Code des Assurances).

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":



4 SIGNATURE AGREEMENT OF THE ENROLLMENT FORM

I HEREBY REQUEST coverage with ASFE (Association of Services for Expatriates), an association governed by the French law of 1901 on associations, which registered office is located Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17, France, and also request to be covered under the insurance agreements underwritten by ASFE with the following insurance companies:

- AXA FRANCE VIE, for Healthcare coverage
- EUROP ASSISTANCE, for the Medical Assistance & Repatriation coverage, Death & Disability coverage, Third-Party Liability coverage and Rental Civil Liability coverage

I HEREBY ACKNOWLEDGE THE FOLLOWING:

- I understand the advice given by MSH INTERNATIONAL and agree to follow it. MSH INTERNATIONAL is a French brokerage company (registered with the ORIAS under No. 07 002 75) which designs and manages ASFE's entire range of insurance plans on its behalf, including the START'EXPAT plan.
- I have read and agree to the provisions of the general terms & conditions of START'EXPAT that constitute an information guide, from which I have kept a copy, I agree to the specific terms and conditions of this application file. I acknowledge that I have read about my opting-out right.
- I have been informed that my telephone conversations with the administration teams of MSH INTERNATIONAL may be recorded for internal management purposes and with a view to improving services. I may access these records by writing to MSH INTERNATIONAL - Gestion ASFE - 82 rue Villeneuve, 92587 Clichy Cedex France and attaching a document of identification to my request. Each record is kept for a 90-day period.
- I hereby acknowledge that enrollment to ASFE does not exempt me from any premium payable under any mandatory scheme to which I may be eligible.
- I have been informed that no payment will be made, whether directly or indirectly, to countries subject to sanctions, as provided, for example, by the United Nations, the Office of Foreign Assets Control (OFAC) of the US Department of the Treasury or the European Union.
- I understand that the information collected is used either for identification purposes to allow me secure access to a website, or to collect information so MSH INTERNATIONAL can offer me customized solutions and answers. This information is exclusively intended for MSH INTERNATIONAL and is subject to automated processing used for compliance with legal requirements and for the purposes of signing, promoting, administering and fulfilling the insurance contracts. As provided by the French law of January 6, 1978 on Data Protection (Loi Informatique et Libertés), amended in 2004, I acknowledge the right to request, access rectify and delete any personal information held pertaining to myself. This right may be exercised by writing to: MSH INTERNATIONAL - Direction juridique - Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17, FRANCE, together with a copy of signed document of identification.

I HEREBY AUTHORIZE MSH INTERNATIONAL to receive on my behalf reimbursement statements for hospitalization expenses paid for me by direct payment agreement.

I HEREBY TESTIFY that the foregoing declarations are accurate complete and faire. I have been informed and I accept that any intentional withholding of significant information or proven false declaration that might mislead MSH INTERNATIONAL may result in the cancellation of the insurance cover and to the reduction of benefits in accordance with the provisions of Articles L. 113-8 and L. 113-9 of the French Insurance Code (Code des Assurances).

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":

5 CREDIT CARD AUTHORIZATION FORM

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

Cardholder's details:

Type of credit card: Visa Mastercard Amex

Card number:

Expiration date: / /
(DD/MM/YYYY)

Card Validation Code:
(last three digits on the back of your card, excluding Amex)

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":

6 INFORMATION NOTE

Please be advised of the following important information:

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 tax 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 82, rue de Villeneuve 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 the investigation into your complaint.

If you still disagree with the reply or solution provided, you can write to the Insurance Mediator as a last resort: La Médiation de l'Assurance, TSA 50110 - 75441 Paris Cedex 09, France.

The information collected may be subject to automated processing used for the purposes of administering and fulfilling the contracts offered by our company.

As provided by the French law of January 6 1978 on Data Protection (Loi Informatique et Libertés), amended in 2004, you have the right to access, rectify and delete any personal information that we have on file pertaining to you. You may exercise this right by writing to (with a copy of a signed document of identification: ASFE - MSH INTERNATIONAL - Direction juridique - Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17.

7 COMPLETION OF YOUR ENROLLMENT FORM

To complete your enrollment, you need to send us:

- The enrollment form completed and signed
- The medical questionnaire completed and signed, along with the additional medical details (on an additional page that you will date and sign) if you answered yes to any questions in the medical questionnaire
- A copy of your identity card or passport
- A bank account slip for your reimbursements from ASFE
- The payment of your premium (see below)

Please attach the following to your enrollment file:

- A check payable to ASFE

ou

- The credit card authorization form completed and signed for the amount corresponding to your premium for the chosen duration of stay

You will receive a Welcome Package when you join the plan in which you will find your member's guide, including:

- A practical guide to help you through your healthcare procedures and to provide you with clear and useful answers to the questions you are likely to have,
- Your general terms and conditions.

PLEASE SEND YOUR ENROLLMENT FORM AND ALL REQUIRED DOCUMENTS:

By mail:

ASFE - Service Adhésions
82, rue Villeneuve
92587 CLICHY Cedex - France

AN INCOMPLETE ENROLLMENT FORM WILL NOT BE PROCESSED



SIACI SAINT HONORE GROUP

on behalf of



MSH INTERNATIONAL, a French insurance brokerage company, a société par actions simplifiée with a capital of €2,500,000. Registered office: Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17 - France. Registered with the Paris Trade and Companies Register under no. 352 807 549, registered with the ORIAS under no. 07 002 751, Intra-community VAT no. FR 78 352 807 549



ASFE, the Association of Services For Expatriates, was created in 1992 and is governed by the French law of 1901 on associations. Its purpose is to provide expatriates all over the world with solutions in the fields of healthcare coverage, life & disability, medical assistance/repatriation and third-party liability.

MSH INTERNATIONAL, the designer and Administrator of the ASFE plans, is a world leader in international benefits with over 330,000 internationally-mobile insured members worldwide. MSH INTERNATIONAL guarantees you the services of a dedicated team which is always on hand to support and advise you day by day.

MSH INTERNATIONAL HEALTH INSURANCE. FOR YOU. WHEREVER. WHENEVER.

YOUR CONTACTS

For further information or to apply for coverage, you can contact us.

YOUR INSURANCE ADVISOR

MONCEY
ASSURANCES & CONSEILS


SIACI SAINT HONORE GROUP

MSH INTERNATIONAL on behalf of



ASFE - MSH INTERNATIONAL, a French insurance brokerage company, a société par actions simplifiée with a capital of €2,500,000. Registered office: Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17 - France. Registered with the Paris Trade and Companies Register under no. 352 807 549, registered with the ORIAS under no. 07 002 751, Intra-community VAT no. FR 78 352 807 549