



# Indigo Expat WeCare

## Application Form – Private insurance

Please read the following carefully, completing all relevant information in **BLOCK CAPITALS** and ticking  the relevant boxes to subscribe to Indigo Expat WeCare.

New application

Change on existing policy

If you are adding a new dependant, please state your existing Policy Number \_\_\_\_\_

**You must notify us of any change of contact details so we can ensure that correspondence reaches you. The underwriting department will consider applicants for cover up to the day before their 69<sup>th</sup> birthday.**

### 1. Applicant's details

M.     Mrs    Surname \_\_\_\_\_

First name \_\_\_\_\_ Date of birth (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Family status     Married     Divorced     Widow     Single     Partner

Nationality (you have a valid passport) \_\_\_\_\_

Address in principal country of residence \_\_\_\_\_

City and zip code \_\_\_\_\_ Country \_\_\_\_\_

Home country \_\_\_\_\_ Country of expatriation \_\_\_\_\_

Primary phone number \_\_\_\_\_ (country code) \_\_\_\_\_ (area code) \_\_\_\_\_

Secondary phone number \_\_\_\_\_ (country code) \_\_\_\_\_ (area code) \_\_\_\_\_

Email address (claims administration) \_\_\_\_\_

Email address (invoicing, if different) \_\_\_\_\_

You are     Student  
 Employee –precise : \_\_\_\_\_  
 Self employed – precise : \_\_\_\_\_  
 Without professional activities – precise : \_\_\_\_\_

Language in which you wish to receive your policy documentation     French     English

Please indicate if you subscribed to any current domestic or international health insurance:

Name of Insurer \_\_\_\_\_

Policy number \_\_\_\_\_ Start date (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 2. Dependants to be covered under the contract

Dependants can include your spouse/partner and any children financially dependent on the applicant up to the day before their 18th birthday, or up to the day before their 24th birthday if in full-time education. Where the child is 18 years of age or older, please attach a letter from college/university confirming student status or a copy of the student's ID. We will consider adult dependants for cover up to the day before their 70th birthday. If there is insufficient space in the table below for all your dependants, please use another Application Form.

	Spouse	Child 1	Child 2	Child 3	Child 4
Surname					
First name					
Date of birth (dd/mm/yy)	/ /	/ /	/ /	/ /	/ /
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Nationality					
Home country					
Country of residence / expatriation (where you live at least 6 months during the year)					
Occupation (mandatory, please state i student or without activities)					

## 3. Commencement of cover

Please indicate the date you require cover from

This date is the 1st or the 15th of the month following the reception of your application form

Cover is conditional upon acceptance of your application, which is only confirmed when an Insurance Certificate is issued to you.

## 4. Plan details

Indigo Expat WeCare intervenes on a first euro basis, ie is a fully private insurance.

- Selected plan**
- Indigo Expat WeCare 80
- Indigo Expat WeCare 90
- Indigo Expat WeCare 100
- Maternity Option**
- Without Maternity
- With Maternity

We have created a bundled package specifically for individual clients which includes assistance and repatriation, personal liability and accidental death. Please note that these plans are not available for sale separately.

- Are of Cover**
- Zone 4: China, Hong Kong, Taiwan + Zones 3, 2, 1
- Zone 3: Brazil, Singapore, Russia + Zones 2, 1,
- Zone 2: South Africa, Albania, Angola, Andorra, Argentina, Australia, Austria, Azerbaijan, Bahrain, Barbados, Belgium, Belarus, Bolivia, Bosnia-Herzegovina, Bulgaria, Cambodia, Canada, Chile, Cyprus, Colombia, Costa Rica, Croatia, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, Estonia, Faroe (islands), Finland, France, Germany, Georgia, Gibraltar, Greece, Guatemala, Hungary, Indonesia, Ireland, Iceland, Israel, Italy, Japan, Kazakhstan, Kuwait, Latvia, Lebanon, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malaysia, Malta, Morocco, Mexico, Moldova, Monaco, Montenegro, Mozambique, Netherlands, New-Zealand, Nigeria, Norway, Oman, Panama, Peru, Poland, Polynesia, Portugal, Qatar, Romania, Saint Barthelemy, Saint Martin, Saint Pierre et Miquelon, Serbia, Slovakia, Slovenia, South Arabia, South Korea, Spain, Sweden, Thailand, Turkey, Ukraine, Uruguay, Vanuatu, Vatican, Venezuela, Vietnam and Wallis and Futuna + Zone 1,
- Zone 1: Worldwide excluding countries listed in Zones 2 à 4.

Please note that each plan chosen will apply to all policy members. There is one option which can be purchased with this package: Maternity (a spouse/partner must also be insured under the policy if the Maternity option is selected). Your plan selection can only be amended at policy renewal. If you want to increase your level of cover, full medical underwriting may apply as well as waiting period, and an additional premium amount will be payable.

## 5. Premium and payment details

Calculate and indicate your quarterly premium \_\_\_\_\_ Euro

Quarterly fees to join ACME Association (annual fees of Euro) \_\_\_\_\_ 5,00 Euro

If Insurance Premium Tax or other government levies apply, these will be stated on your invoice, send by MSH International.

Payment frequency and method

Please tick  to indicate you preferred payment frequency and method:

	Annual	Half yearly	Quarterly	Monthly
<b>Direct Debit</b> ** on a bank account located in France or Monaco (the 1 <sup>st</sup> payment corresponds to a 3 months period of cover)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Credit card</b> * for the first payment, and all future payments through your online Member's Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not available
<b>Bank transfer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not available

In (city/country) \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

Insured member's signature, or the legal guardian of child under 18 (in this case, please indicate your relationship (parent, guardian...) along with your first name and name preceded by "read and approved")

\* In case of payment through Credit Card, please fill out and sign the following form

Card type  Visa  Mastercard  Amex

Cardholder's name \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Validation codem \_\_\_\_\_

(last 3 digits on the back of your card, excluding Amex)

After payment of your first term, the credit card information will be destroyed for legal reasons.

### Credit card authorization form

I hereby authorize MSH International on the behalf of ACME to charge my credit card account for the payment of quarterly international insurance premium

Amount : \_\_\_\_\_ Euro

In (city/country) \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Insured member's signature, or the legal guardian of child under 18 (in this case, please indicate your relationship (parent, guardian...) along with your first name and name preceded by "read and approved")



## 7. Signature of the Application Form

I **HEREBY REQUEST** coverage with ACME (Association Cooperation, Mobility & Expatriation), an association governed by the French law of 1901 on associations, which registered office is located 9, rue du 4 Septembre 75002 PARIS, also request to be covered under the insurance agreements underwritten by ACME with the following insurance companies:

- MFPREVOYANCE, under a delegation of subscription granted to VYV International Benefits, for healthcare coverage (contract n°G0405),
- TOKIO MARINE Europe S.A. (TOKIO MARINE HCC) for assistance and repatriation, personal liability and accidental death coverage (contract n°FR025648TT),

### I **HEREBY ACKNOWLEDGE:**

- I understand that Assurances et Conseils Moncey is a French brokerage company (registered with the ORIAS under n°07 005 355) which designs and manages, on the behalf of ACME, the entire range of Indigo Expat products.
- I have downloaded all contractual documents (including IPID), read and agree with the Indigo Expat's Notices of Information, which I have kept a copy, and I agree to the specific terms and conditions of this enrollment form. 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 ACME 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 if I subscribe by email sending my signed and scanned enrollment file, I will have to keep the original enrollment file during all the duration of my membership at MSH International. I acknowledge that the original enrollment form can be asked for at any time. If I cannot provide it when asked, a lapse of coverage will apply.

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 fair. 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) \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Insured member's signature, or the legal guardian of child under 18 (in this case, please indicate your relationship (parent, guardian...) along with your first name and name preceded by "read and approved")

## 8. Completion of your Application Form

To complete your enrolment, please send us:

- **The Application Form** duly completed and signed
- **The Medical Questionnaire** duly completed and signed, for each member; along with the additional medical details if you answered yes to any questions in the medical questionnaire,
- **A copy of your National ID Card** and/or your passport
- **Your Bank details** including your IBAN (for your healthcare reimbursements)
- **A school/university attendance certificate** for children aged between 18 and 20

**INCOMPLETE APPLICATION FORM AND FILES WILL NOT BE PROCESSED**

**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](http://www.msh-intl.com) in your Members' Area,
- Your **notices of information** and a practical booklet to help you through your healthcare procedures and to provide you with clear and useful answers to the questions you are likely to have.

**PLEASE SEND YOUR APPLICATION FORM AND ALL REQUIRED DOCUMENTS:**

**By Mail to**

Moncey Assurances / Indigo Expat  
63 rue de Provence  
75009 Paris, France

**Email**

[moncey@moncey-assurances.com](mailto:moncey@moncey-assurances.com)

Scan and email to:

**Data protection**

According to the Data Protection Act of January 6th 1978, as amended, and in the context of the management of the insurance contract, the personal data of the Insured may be transferred to the Insurer, its administrators, its service providers, its subcontractors or reinsurers. Insured persons are informed that treatments concerning them, as well as those of their potential beneficiaries, are implemented as part of the execution, management and execution of this contract as well as for its commercial management. They may also be used in the context of control, prospecting, anti-fraud and money laundering and terrorist financing operations, the search for beneficiaries of unregulated death contracts, the execution of legal and regulatory provisions. The data collected will be kept for the duration of the contractual relationship increased legal requirements or in respect of the terms provided by the Commission Nationale Informatique et Libertés (CNIL).

The Insured person and / or beneficiaries have the right to access, rectify or erase data, limit the processing of their data, portability, opposition to treatments, as well as the right to define guidelines for their fate after their death. They can exercise their rights by mail addressed to:

- medical: MFPrévoyance - Délégué à la Protection des Données, 4 Place Raoul Dautry, 75716 Paris Cedex 15, France or by email ([urgence.dpofs@MFPrévoyance.fr](mailto:urgence.dpofs@MFPrévoyance.fr)),

- assistance, personal liability or Individuelle Accident: Tokio Marine Europe S.A. – CS 40064 - 6/8 boulevard Haussmann, 75441 Paris cedex 09, France, or by email ([reclamations@tmhcc.com](mailto:reclamations@tmhcc.com))

When exercising their rights, the production of an identity document is requested. In case of persistent litigation, they have a right to seize the CNIL on [www.cnil.fr](http://www.cnil.fr) or at 3, place de Fontenoy - TSA 80715 - 75334 Paris cedex 7, France.

**Renonciation in case of distance selling**

Distance selling provisions apply if the policy is concluded via one or more distance selling techniques, particularly sale via correspondence or via the internet. In accordance with article L 112-2-1 of the French Insurance Code, a cancellation period of 14 calendar days applies in the case of distance selling. This period begins on the date the policy is concluded or from the date the applicant receives the policy conditions and information mentioned in article L.222-6 of the French Consumer Code (if this is after the date the policy is concluded). The date of conclusion of the policy corresponds to the membership start date.

Note from the translator: Translation from an original document in French. In case of any discrepancies or misinterpretations resulting from the translation process, the original document in French will always prevail. The translator is not responsible for the contents of this document



ASSOCIATION COOPERATION, MOBILITY & EXPATRIATION (ACME), Association régie par la Loi du 1<sup>er</sup> Juillet 1901 et par décret du 16 Aout 1901.  
Adresse : 9 rue du 4 Septembre 75002 Paris.



You Insurance Broker  
**ASSURANCES ET  
CONSEILS MONCEY**  
Orias 07 005 355  
Tel: +33 (0)1 53 16 42 61  
FRANCE

Indigo Expat™ is a product subscribed by Association loi 1901 ACME. Indigo Expat products are designed and managed by Assurances et Conseils Moncey, SARL with a capital of 8 000 Euro. Assurances et Conseils Moncey is a French brokerage company registered with the ORIAS 07 005 355 - RCS Paris 488 579 434. Medical benefits are covered by MFPrévoyance, 4 Place Raoul Dautry, 75716 Paris cedex 15, a Société anonyme à Directoire et conseil de Surveillance, with a capital de 81 773 850 euros, in accordance with the rules of the French insurance Code, registered under Registre du Commerce et des Sociétés, RCS 507 648 053 Paris. Assistance and repatriation, civil liability personal life and individual accident benefits are covered by Tokio Marine Europe S.A., French branch, at 6-8 Boulevard Haussmann 75441 Paris cedex 9, registered under the « Registre de commerce et des sociétés » RCS Paris B 843 295 221, VAT FR 60 843 295 221, in accordance with the rules of the French insurance Code. Tokio Marine Europe S.A is registered under the « Registre de commerce et des sociétés du Luxembourg » under n°B221975, authorized by the Luxembourg Ministry of Finance and regulated by the Commissariat aux Assurances (CAA). Registered office at 33 rue Sainte Zithe, L2763 Luxembourg.

# Indigo Expat WeCare

## Medical Questionnaire (pls scan and send it separately)

**Pre-existing conditions** are medical conditions or any related conditions for which one or more symptoms have been displayed at some point during your lifetime, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition, about which you or your dependants could reasonably have been assumed to have known, will be deemed to be pre-existing. Pre-existing conditions are covered under the policy, unless otherwise advised by us in writing. Conditions arising between completing the Application Form and the start date of the policy will equally be deemed to be pre-existing. Such pre-existing conditions will also be subject to medical underwriting and if not disclosed, they will not be covered.

**Therefore, it is necessary that you advise us of any material changes to the information provided, between submission of this application and acceptance by us.** You are hereby obliged on request to provide any further information that we might require. Full and accurate completion of this Application Form and disclosure of all relevant information is a condition precedent to cover. If you are an existing client, please also include details of any conditions for which you have claimed for since joining.

Please answer the following questions on the basis of your own and your dependants (if applicable) complete medical past. **All material facts (facts likely to influence the insurer's assessment and acceptance of this application) must be disclosed.** Failure to do so may invalidate the policy. **If you are in any doubt as to whether a fact is material, then it should be disclosed. This Health Declaration is valid for two months from the date of completion and the form being signed by the applicant.**

For confidentiality reasons, please put it in a closed envelope for the attention of the "Consulting Physician". According to your answers to this questionnaire and the analysis of our Consulting Physician, we can either refuse your enrollment or accept it with some restriction of benefits or with a loaded premium, as mentioned in the General Terms and Conditions of your plan. **Each member must fill out and sign a Medical Questionnaire** (the legal representative must sign if the child is aged under 18). If you need to fill out more than one medical questionnaire, please make a photocopy.

### QUESTIONS

You are  Insured Member  Spouse  Child

Surname \_\_\_\_\_

Name \_\_\_\_\_

What is your height, \_\_\_\_\_

weight \_\_\_\_\_

usual blood pressure at rest ? \_\_\_\_\_

### PLEASE ANSWER ALL QUESTIONS AND PRECISE WHEN REQUIRED

1	In the course of the 10 past years, have you been diagnosed with cancer, diabetes, High Blood Pressure, cardiovascular disease, digestive system disease, respiratory system disease, nervous system disease, genitourinary tract disease, endocrine or metabolic disease, psychiatric illness or bone and joint disease?  Please specify on the following page: illness, date of diagnosis, treatment, evolution and sequelae.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	In the course of the 5 past years, have you followed or are you currently undergoing treatment for more than 2 weeks? Please specify what treatment on the following page	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	In the course of the 5 past years, have you been hospitalized or should you be hospitalized soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you been screened for serology, particularly for the hepatitis B and C viruses or for the human immunodeficiency virus (HIV), which has been positive?  Which one? When? Please specify on the following page	<input type="checkbox"/> Yes <input type="checkbox"/> No



