

# APPLICATION FORM



Primary insured member must be aged at least 18. Please fill out one medical questionnaire for each applicant.

## PRIMARY PLAN MEMBER INFORMATION

Title: Mr.  Ms.

First name(s):

Last name:

Your AARO identification number:

Family Status:

Date of birth: / / (DD/MM/YYYY)

Sex: Male  Female

Nationality (nationality shown on your main passport):

Occupation:

Country of expatriation 1 (outside USA):

Country of expatriation 2 (outside USA):

Social security member (outside USA): Yes  No

Social security number:

Home phone number:

Mobile phone number:

Email:

Mailing address (for your welcome package and your reimbursement statements):

Name and mailing for premium invoices (if different from the address above):

## OTHER PERSON(S) TO INSURE (SUBJECT TO THE ACCEPTANCE OF YOUR ENROLLMENT)

Unmarried children between the age of 20 & 26 who are full-time students or attend school regularly (a school/university attendance certificate is required) can be enrolled as dependants.

	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Relationship to plan member	Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Child <input type="checkbox"/>	Child <input type="checkbox"/>	Child <input type="checkbox"/>
First name(s)				
Last name				
Date of birth (DD/MM/YYYY)	/ /	/ /	/ /	/ /
Sex	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"/>
Occupation				

## EFFECTIVE DATE OF MEMBERSHIP OF THE PLAN

- The 1<sup>st</sup> day of the following month after MSH receives your application form:
- A subsequent date (DD/MM/YYYY): 01 /    /

## BENEFITS - CHOOSE THE PLAN BEST SUITED TO YOUR NEEDS

*Please note that the currency/level of healthcare coverage/benefits/deductible will apply to all plan members.*

### Type of cover (choose one):

- First euro (for individuals not benefiting from any Social Security system)
- Supplementary cover: (please indicate your social security system)
- In complement to the French Social Security system
  - In complement to the Austrian, Belgian or the Czech Republic Social Security system

### Select your healthcare benefits:

- OPTION 1:            Inpatient hospitalization only
- OPTION 2:            Medical (hospitalization + outpatient + maternity)
- OPTION 3:            Comprehensive (hospitalization + outpatient + maternity + dental + optical)

### Reimbursement level (concerns only OPTION 2 and OPTION 3):

AARO GOLD             AARO SILVER

## PAYMENT OF YOUR PREMIUM

Quarterly amount of your premium: €

*The cost of the premium depends on the insured members' age as from January 1 of the enrollment year.*

## FREQUENCY AND METHOD OF PAYMENT

*Please select the frequency and method of payment of your premium. Important: regardless of the frequency and method of payment chosen, a minimum of 3 months of premiums must be paid by credit card or bank transfer upon enrollment.*

	ANNUAL	BI-ANNUAL	QUARTERLY	MONTHLY
<b>Credit card</b> <sup>(1)</sup> (please fill in authorization to debit credit card form attached for first payment & thereafter online payment will be made available for the following payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not available</i>
<b>By Direct Debit</b> from a French Bank Account (please fill in authorization to direct debit form attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bank transfer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not available</i>
<b>Country in which the payer's bank account is</b>				

## PERSONAL DATA PROTECTION

MSH, 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 healthcare coverage plan, its management and monitoring and for compliance with regulatory requirements in the field of anti-money laundering and counter 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.

The recipients of your personal data are: the risk carrier (insurer), the different entities making up MSH 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](mailto:dpo@s2hgroup.com) or by mail at DIOT-SIACI - 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](http://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 penalties 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 92587 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](mailto:le.mediateur@mediation-assurance.org)

We remain available to answer any questions you may have.

## SIGNATURE OF THE APPLICATION FOR COVERAGE

**I HEREBY MANDATE** MSH to choose organizations in my best interests and act on my behalf with them. I authorize MSH to receive on my behalf the French Social Security's reimbursement notices. I have been informed of the general and specific terms and conditions, that have value of information guide as well as of the information note of MSH and I accept them.

**I ACKNOWLEDGE** the following:

- I have taken note of the advice provided by MSH and wish to follow it. MSH is a French insurance broker (registered with ORIAS under number 07 002 751) which designs and manages the AARO policy information notice.
- I have read and accepted the provisions of the AARO policy information notice, serving as the terms and conditions, 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 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 - Gestion AARO - 23 allées de l'Europe - 92587 Clichy Cedex - France enclosing ID. Each recording is kept for a period of 90 days.
- 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 have informed my dependents under the plan of their rights regarding the protection of their personal data.

**I AUTHORIZE MSH to receive on my behalf 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 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:**

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

## 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.

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](http://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](mailto:newapplication@msh-intl.com)

### ENROLLMENT BY MAIL:

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

**PLEASE NOTE THAT INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

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.



on behalf of

