

1. Medical expenses and basic repatriation assistance benefits schedule

Some important information before going any further:

Important

Medical expenses are covered within the limits of Actual costs and the Reasonable and Customary costs charged in the country where the treatment is provided. To maintain sustainable levels of cover and premiums, we closely monitor the rates charged by healthcare professionals and ensure they are in line with typical pricing in that area.

We provide you with a **network of healthcare professionals** who charge *Reasonable and Customary costs*. Please contact our team for more information about the APRIL International's Network.

All treatments over €/US\$2,000 are subject to Pre-approval. Please send us your request at least 5 days before the planned treatment date. Failure to comply with these conditions will result in a penalty which will be applied to your reimbursement.

In case of hospitalisation for more than 24 hours or day hospitalisation, **you benefit from a direct billing service, subject to Pre-approval.** Please note that this service is only **available to Members insured from the 1st €/US\$ and as a top-up to the CFE.** It is not available if you are covered as a top-up to the French Social Security (or another basic scheme).

What levels of cover?

The cover below corresponds to 100% reimbursement of actual costs. Please note that if you choose **the option of reimbursement at 80% or 90% of actual costs**, the reimbursement rates for Healthcare, Optical/Dental Care and Maternity are adjusted accordingly. If you have taken out **additional CFE/SS/CNS cover**, the limits shown in the table of benefits below include the part covered by your compulsory scheme.

What is outpatient care?

Outpatient surgery is defined as "day hospitalisation" in a healthcare facility for a period of less than 12 hours. Outpatient care, also known as ambulatory care, refers to all care provided by healthcare professionals without the need for hospitalisation or overnight accommodation in a healthcare facility.



What is cover for COVID-19?

COVID-19 is covered under the same conditions as any other disease, with no special restrictions (within the overall annual limit of the selected plan). All care and treatment will be covered as set out in the Table of Benefits.

Hospitalisation and basic Repatriation assistance package

In the Hospitalisation and basic Repatriation assistance package, outpatient care (including dental care and prostheses - excluding dentures and dental implants) is also covered **in case of accident** and on presentation of a medical certificate, **up to €/US\$ 75/treatment or procedure and €/US\$1,500/year/Insured.**

* All hospitalisation is subject to Pre-approval. **A penalty of 50%** will be applied if this procedure is not followed prior to hospitalisation.

** Subject to Pre-approval.

*** The waiting period does not apply if you had an equivalent or higher level of cover that was cancelled less than one month prior. Proof of this previous insurance and the Certificate of cancellation from that plan must be provided.

Plan	Emergency	Basic	Essential	Comfort	Premium
Upper limit amount of medical expenses per insurance year and per insured individual	€/US\$250,000	€/US\$500,000	€/US\$1,000,000	Bahamas, Japan, Puerto Rico, Singapore, USA: €/US\$1,500,000 Rest of the world: unlimited	Bahamas, Japan, Puerto Rico, Singapore, USA: €/US\$3,000,000 Rest of the world: unlimited

Hospitalisation* (excluding outpatient care, maternity and vision-dental)

Medical, surgical or day hospitalisation: Transport by ambulance (if hospitalisation is covered by APRIL International) Hospital room and board Medical and surgical fees Pathology, diagnostic tests and medicines, Medical procedures	100% in case of accident or medical emergency only	100%	100%	100%	100%
Hospital room	shared room	shared room	standard private room up to €//\$75 per day	standard private room (including television and internet charges)	standard private room (including television and internet charges)
Advanced medical imaging (MRI and scans) during hospitalisation	up to €//\$4,000 per year	100%	100%	100%	100%
Outpatient consultations, treatments, diagnostic tests and medical procedures related to hospitalisation/outpatient surgery within 30 days before and after hospitalisation (hospital certificate required)	100% only following hospitalisation covered by APRIL International	100%	100%	100%	100%
Home hospitalisation	not covered	100%	100%	100%	100%
Visitor's bed (for children under 18)	not covered	not covered	not covered	100%	100%
Hospitalisation for the treatment of mental or nervous disorders	not covered	not covered	not covered	up to €//\$8,000/year and a maximum of 15 days/year	up to 30 days/year
Rehabilitation directly related to and following hospitalisation covered by APRIL International (up to 3 months after hospitalisation)	up to 20 days	up to 20 days	up to 20 days	up to 30 days	up to 60 days
Reconstructive dental surgery following an accident	100%	100%	100%	100%	100%

Cancer treatment (hospitalisation, chemotherapy, radiotherapy, oncology, diagnostic tests and medicines as an inpatient, in day care or as an outpatient)	not covered	100%	100%	100%	100%
Organ transplant	100%	100%	100%	100%	100%
Kidney dialysis	not covered	100%	100%	100%	100%
Palliative care centres and palliative care	up to €/\$10,000	up to €/\$25,000	up to €/\$50,000	100%	100%
Internal devices and prostheses during hospitalisation	up to €/\$1,000 per hospitalisation	100%	100%	100%	100%

Basic repatriation assistance

Medical repatriation or medical transport to the most suitable hospital or to the country of nationality	100%	100%	100%	100%	100%
Repatriation of other plan beneficiaries if the insured is repatriated	one-way ticket by air in economy class or by train in 1 st class	one-way ticket by air in economy class or by train in 1 st class	one-way ticket by air in economy class or by train in 1 st class	one-way ticket by air in economy class or by train in 1 st class	one-way ticket by air in economy class or by train in 1 st class
Accompanying children	Round-trip ticket by air in economy class or by train in 1 st class	Round-trip ticket by air in economy class or by train in 1 st class	Round-trip ticket by air in economy class or by train in 1 st class	Round-trip by air in economy class or by train in 1 st class	Round-trip ticket by air in economy class or by train in 1 st class

Outpatient (optional)

Package	Emergency	Basic	Essential	Comfort	Premium
Outpatient benefits (excluding maternity, medically assisted reproduction and dental treatment)					
Teladoc 24/7 telehealth service	unlimited	unlimited	unlimited	unlimited	unlimited
Consultations with GPs and specialists including for the monitoring of chronic illnesses	not covered	2 consultations per year covered at 100%. From the 3 rd consultation onwards, covered up to €/\$80 per consultation	5 consultations per year covered at 100%. From the 6 th consultation onwards, covered up to €/\$100 per consultation	10 consultations per year covered at 100%. From the 11 th consultation onwards, covered up to €/\$200 per consultation	100%
Psychiatrists, psychologists and psychotherapists		not covered	up to 4 consultations per year and a maximum of €/\$60 per consultation	up to 5 consultations per year and a maximum of €/\$200 per consultation	up to 20 consultations per year and a maximum of €/\$200 per consultation
Speech therapists, orthoptists, chiropodists/podiatrists and language therapists		up to 10 consultations per year	up to 15 consultations per year	100%	100%

Physiotherapy, osteopaths, chiropractors, nursing care, occupational therapy and psychomotor therapy	not covered	up to €/\$1,000 per year	up to €/\$2,000 per year	up to €/\$4,000 per year	100%
Consultations with homeopaths, etiopaths, acupuncturists and phytotherapists and traditional Chinese medicine		not covered	up to €/\$500 per year	up to €/\$1,000 per year	up to €/\$2,000 per year
Drugs medicines during hospitalisation for home use or for chronic illnesses		100%	100%	100%	100%
Drugs medicines on an outpatient basis (including contraception, homeopathy, phytotherapy and antimalarial vaccines and treatments)		up to €/\$2,500 per year	100%	100%	100%
Diagnostic tests, X-rays and other technical medical procedures performed outside the hospital environment		100%	100%	100%	100%
Advanced medical imaging (MRI and scans) on an outpatient basis		up to €/\$2,000 per year	up to €/\$4,000 per year	up to €/\$8,000 per year	100%
External devices and prostheses including hearing aids (excluding dentures)		up to €/\$1,000 per year	up to €/\$2,000 per year	up to €/\$3,500 per year	up to €/\$5,000 per year

Prevention

Screening (cancer, hepatitis B, HIV testing etc.)	not covered	100%	100%	100%	100%
Self-medication package (non-prescription pharmacy items, smoking cessation aids...)		not covered	up to €/\$50 per year	up to €/\$150 per year	up to €/\$300 per year
Health check-up and hearing test (one check-up every two years)		not covered	up to €/\$200	up to €/\$800	up to €/\$2,000
Consultations with dieticians		not covered	not covered	not covered	up to 5 consultations per year

Maternity** (optional)

12-month *Waiting period*

> Maternity benefits under the Essential package are only available if you choose cover in zones 3, 4 or 5. For more information on the countries included, please refer to paragraph 2.2 of the General Conditions.

Package	Emergency	Basic	Essential	Comfort	Premium
Childbirth fees: hospitalisation, private room and board and medical and surgical fees	not covered	not covered	up to €/\$3,000/ pregnancy (increased to €/\$6,000/ pregnancy for surgical delivery)	up to €/\$6,000/ pregnancy (increased to €/\$12,000/ pregnancy for surgical delivery)	up to €/\$12,000/ pregnancy (increased to €/\$20,000/ pregnancy for surgical delivery)
Home births					
Pre and post-natal consultations, pharmacy items, examinations and care					
Pre-natal classes (held by a doctor or midwife)					
Diagnosis of chromosomal abnormalities					
Neonatal screening					
Pregnancy and childbirth complications			100% in accordance with the conditions specified in Hospitalisation benefits	100% in accordance with the conditions specified in Hospitalisation benefits	100% in accordance with the conditions specified in Hospitalisation benefits

Medically assisted reproduction

12-month *Waiting period*

Pharmacy items, in vitro fertilisation, diagnostic tests and follow-up examinations		not covered		up to €/\$1,500 per attempt	up to €/\$2,500 per attempt
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Optical & Dental (optional)

Package	Emergency	Basic	Essential	Comfort	Premium
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Dental

3-month *Waiting period**** for preventive and routine dental treatment and 6 months*** for major dental reconstruction and orthodontics

Upper limit per year	not covered	€/\$500	€/\$1,000	1 st & 2 nd years: €/\$2,000 From the 3 rd year onwards: €/\$3,000	1 st & 2 nd years: €/\$4,000 From the 3 rd year onwards: €/\$5,000
Preventive dental care (dental check-ups, x-rays, scale and polish and mouth guards)	not covered	100%	100%	100%	100%
Routine dental care (extractions, treatment of tooth decay, periodontics, endodontics etc.)		100%	100%	100%	100%
Major reconstructive dental treatment (dentures, crowns and implants)		100%	100%	100%	100%
Orthodontics up to age 18 (treatment must begin before age 16)		not covered	not covered	up to €/\$1,200 per year and a maximum of 3 years	up to €/\$1,700 per year and a maximum of 3 years

Optical

6-month *Waiting period****

Laser treatment for vision correction (myopia, hyperopia, astigmatism and keratoconus)	not covered	not covered	not covered	up to €/\$500	up to €/\$700
Frames and lenses (maximum 1 pair every 2 years)		up to €/\$150	up to €/\$250		
Contact lenses			up to €/\$200	up to €/\$300	up to €/\$400

2. Optional benefits

To benefit from all-round international protection, we offer the following optional benefits to enhance your Healthcare cover:

- > Comprehensive repatriation assistance and personal liability (private capacity);
- > Death and total and irreversible loss of autonomy lump sum;
- > Income protection during periods of sick leave from work

Comprehensive repatriation assistance and personal liability (private capacity) – benefits schedule

Comprehensive repatriation assistance	
Type of benefit	Level
In case of Accident or illness:	
Search and rescue costs	up to €//\$5,000 per person, up to €//\$15,000 per event
Returning the insured to the country of expatriation following stabilisation	one-way ticket by air in economy class or by train in 1st class
Presence of a family member if the insured is hospitalised for more than 6 days and was expatriated alone	round-trip ticket by air in economy class or by train in 1st class and €//\$80 per night for 10 nights
Sourcing and sending medication not available locally	100%
Care of dependent children under the age of 18	reimbursed up to 20 hours per year and a maximum of €//\$500
Returning or caring for a pet if all family members are repatriated	up to €//\$500 per year
Home help	reimbursed up to 10 hours and a maximum of €//\$250
Death of the insured:	
Returning the body or the ashes to the home	100%
Cost of a transport coffin for repatriation of the body by air	up to €//\$2,000
Presence of a relative or friend at the burial abroad if the deceased plan member was expatriated alone	Round-trip ticket by air in economy class or by train in 1st class and €//\$50 per night for 4 nights
Repatriation of other plan beneficiaries: family members, spouse and children living with the insured	one-way ticket by air in economy class or by train in 1st class
Attack or natural disaster:	
Repatriation in case of an act of terrorism or sabotage, attack or assault	100%
Early return in case of a terrorist attack, political unrest or natural disaster.	one-way ticket by air in economy class or by train in 1st class up to €//\$1,500
Loss or theft of identity documents, baggage, or travel documents:	
Loss, damage or destruction of personal baggage	up to €//\$1,000
Advance of funds abroad	up to €//\$1,500
Advance of a new ticket abroad	one-way ticket by air in economy class or by train in 1st class
Theft of mobile phones, smartphones or tablets during an assault or mugging	up to €//\$500
Fraudulent use of a SIM card by a third party	100%
Sending urgent messages	100%

Travel incidents:

Enforced stay abroad	€/80 per night, maximum 14 nights
Flight delays or cancellation, or denied boarding	up to €/300
Missed connection	up to €/300
Reimbursement of trip expenses in the event of an early return home following the Insured's medical repatriation	on a pro rata basis up to €/5 000 actual costs up to €/250 per day, maximum €/5,000

Death or hospitalisation of a family member:

Early return in case of the death of a family member in the country of nationality	Round-trip ticket by air in economy class or by train in 1st class
Early return in case of hospitalisation of a family member lasting more than 5 days	Round-trip ticket by air in economy class or by train in 1st class

Unintentional violation of the laws of a country:

Legal fees abroad	up to €/1,500 per event
Advance of bail abroad	up to €/15,000 per event

Language difficulties:

Translation of legal or administrative documents	up to €/500 per year
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Psychological support:

Interview with a psychologist	up to 3 interviews
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Personal liability (private capacity)

Type of benefit	Level
Bodily injury, material damage and consequential financial loss including:	up to €/7,500,000 per claim and per insurance year
Material damage and consequential financial loss	up to €/750,000 per claim and per insurance year (deductible of €/150 per claim)
Damage (including fire, explosion and water damage to property which the insurant has leased or borrowed for the organisation of family ceremonies)	up to €/150,000 per claim and per insurance year (excess of €/150 per claim)

3. Death and total and irreversible loss of autonomy (optional)

In the event of death due to illness, this benefit provides a lump sum to the beneficiary or beneficiaries designated at enrolment in the plan. The amount of the lump sum payable in case of death due to illness can be set at any amount between **€/€20,000 and €/€500,000**.

The amount of the lump sum is **doubled if the death is caused by an accident**.

The full amount of the lump sum is also payable in case of total and irreversible loss of autonomy ^{see definition}.

Medical formalities

Depending on the selected lump sum amount, you will need to complete the following medical formalities:

AGE	€/€20,000 to 150,000	€/€150,001 to 250,000	€/€250,001 to 350,000	€/€350,001 to 500,000
≤ 45	1	1	1	2
46 to 55	1	1	2	2
56 to 65	1	2	2	3

1: Health questionnaire

2: Health questionnaire + Medical report* + Blood tests* (cholesterol, triglycerides, SGO and SGP transaminases, HIV 1 and 2 and anti-HCV test for hepatitis C)

3: Health questionnaire + Medical report* + ECG* + Blood tests* (blood count, blood platelets, ESR, blood glucose, cholesterol, HDL, triglycerides, creatinine, gamma GT, SGO and SGP transaminases, HIV 1 and 2, anti-HCV test for hepatitis C and PSA test for men ≥ 55)

**reimbursed by APRIL International subject to approval and implementation of the plan*

The amounts payable in respect of the death benefit are exempt from inheritance tax in France, subject to the legislation in force.

Definition

> **Total and irreversible loss of autonomy:** the insured is deemed to be totally and permanently medically unfit for any gainful employment and requires the assistance of a third party to carry out basic daily tasks.

4. Income protection during periods of sick leave (optional)

The daily benefit and disability pension provide financial protection against the loss of earnings due to illness or accident. This benefit ensures that a portion of your salary is paid for a fixed period.

You can only opt for this benefit if you have already selected a death lump sum.

You are free to choose the level of daily benefit (between €/€20 and €/€500), provided that:

- > The total daily benefit paid over one month does not exceed 100% of your monthly net salary (limited to 70% of your monthly net income if you started or took over a business within the last year). If you have CFE or French Social Security top-up cover, the combined total of daily benefits from the basic scheme and the My Health International plan cannot exceed 100% of your monthly net salary (limited to 70% of your monthly net income if you started or took over a business within the last year).
- > The amount of the daily benefit depends on the amount of the selected death lump sum: for a daily benefit of €/€20, the selected lump sum must be at least €/€20,000. The medical formalities required are those specified for the level of death lump sum selected.

You must be in paid employment to benefit from income protection cover.

Definitions

> **Daily benefit:**

Daily benefits may be paid from either the 31st or the 61st day, depending on the option selected, and for a maximum of 3 years. The number of days on which the benefit is payable per month is 30. By selecting a daily benefit, you are no longer required to pay the premium from the 31st or the 61st day. This means that, if you are experiencing financial difficulties Due to sick leave from work and are entitled to the daily benefit, you will receive free social protection cover. This benefit ends when you reach the age of 65.

> **Disability pension:**

A disability pension offers protection if you disabled due to illness or as the result of an accident. When the daily benefit has been in payment for a maximum of 3 years, it is converted to an annual pension. The annual pension is paid once your condition has stabilised and continues until you reach retirement age, which is 65 at the latest. The amount of the annual pension is proportionate to the degree of disability determined according to the following disability scale (see paragraph 7.5 in the General Conditions).

APRIL International Care France Head Office:

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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



International Health Insurance

Insurance product information document

Product designed by APRIL International Care France, Groupama Gan Vie and Chubb European Group SE.
(Companies governed by the Insurance Code and subject to the supervision of the French Prudential Supervisory and Resolution Authority)

Product: MyHealth International (Ref: MHI Cov25s3)



This document presents a summary of the main benefits and exclusions of the product. It does not consider your needs and specific requests. Please refer to the pre-contractual and contractual documents as the general conditions and member's guide to get comprehensive information. Details on reimbursement levels are available in the benefits table.

What is this type of insurance?

MyHealth International is a health insurance solution geared towards all types of long-term expatriates or travelers (more than 12 months). This policy offers a selection of cover levels and benefits. Then, the product can be adjusted to the expatriates' needs according to their cover desire and budget. This policy can be subscribed from the 1st€ / USD or as a top-up of the Caisse des Français à l'Étranger, the French Social Security or the Caisse Nationale de Santé luxembourgeoise.



What is insured?

Benefit amounts are subject to **upper limits** which are indicated in the benefit table.

BENEFITS SYSTEMATICALLY INCLUDED:

FOR THE EMERGENCY COVER:

- ✓ **HOSPITALISATION IN CASE OF ACCIDENT OR MEDICAL EMERGENCY AND BASIC REPATRIATION ASSISTANCE**

FOR BASIC, ESSENTIAL, COMFORT AND PREMIUM COVER:

- ✓ **HOSPITALISATION AND BASIC REPATRIATION ASSISTANCE**
Medical and surgical
Outpatient consultations, treatments, analysis
Hospital room

OPTIONAL BENEFITS AND SERVICES:

OUTPATIENT BENEFIT (this benefit is available from **BASIC** level)
Consultations and acts with general practitioners and specialists
Nursing and physiotherapists procedures
Diagnostic tests, X-rays and pharmacy

OPTICAL AND DENTAL (this benefit is available from **BASIC** level and implies the outpatient benefit selection)
Frame and lenses
Contact lenses
Preventive and routine dental care

MATERNITY (this benefit is available from **ESSENTIAL** level and implies the outpatient benefit selection)
Childbirth fees
Consultation, pharmacy, examination
Pre and post-natal consultations

FREE REIMBURSEMENT APP EASY CLAIM AND TELEHEALTH SERVICE

OTHER COVER AVAILABLE:

COMPREHENSIVE REPATRIATION ASSISTANCE AND PERSONAL LIABILITY (PRIVATE CAPACITY)

DEATH AND TOTAL AND IRREVERSIBLE LOSS OF AUTONOMY LUMP SUM

INCOME REPLACEMENT DURING PERIODS OF SICK LEAVE FROM WORK (available if a death lump sum is selected)

Benefit preceded by a green check (✓) are systematically included in the policy according to the selected level of cover.



What is not insured?

- ✗ Preexisting conditions.
- ✗ Any costs incurred for treatment or procedures prescribed before the effective date of the plan or during the waiting periods
- ✗ Expenses considered unreasonable or unusual in the country in which they are incurred.
- ✗ Expenses not prescribed by a qualified Medical authority
- ✗ Any expenses which is not medically necessary



Are there any restrictions on cover?

MAIN EXCLUSIONS

- ! **Exclusions which apply to all cover:**
Practice of sport in a professional capacity;
Consequences of alcoholism or drunkenness on the part of the Insured.
- ! **Medical expenses cover:**
Previously declared conditions which were excluded at the time of enrolment in the plan;
Any medical and surgical expenses which is not medically required, (as well as their consequences) or not prescribed by a qualified Medical authority.
- ! **Repatriation assistance cover:**
Benign conditions or injuries which can be treated locally and that do not prevent the Insured from continuing their journey;
Illnesses which had been identified prior to departure and which were at risk of aggravation or relapse.
- ! **Personal liability (private capacity) cover:**
Driving any motorised or animal-drawn vehicle.

MAIN RESTRICTIONS:

- ! **Apply to all cover:**
Benefit amounts are subject to waiting periods which are detailed in the General conditions.
Benefit amounts are subject to upper limits which are indicated in the benefit table.
- ! **Medical expenses cover:**
Treatments requiring prior agreement (except in the case of accident or medical emergency) provided without prior agreement from the insurer. However, if the care is recognized as necessary by the insurer, a penalty of 50% will be applied.

Exhaustive lists of exclusions and restrictions are mentioned in the General conditions



Where am I covered?

- ✓ For medical expenses and basic repatriation assistance: the main destination country determines the zone(s) where I will be covered. Nevertheless, I can extend my cover to a higher zone or worldwide. Benefits can be claimed in the event of an accident or medical emergency occurring during stays outside the cover zone for periods of less than 90 consecutive days.
- ✓ For comprehensive repatriation, personal liability (private capacity), death lump sum, total and irreversible loss of autonomy and income protection during periods of sick leave from work, benefits can be claimed for the entire duration of the stay anywhere in the world (including the country of nationality) except for excluded countries.



What are my obligations?

- When taking out the insurance

I must pay the premium on the due dates specified in the plan. You can reduce your premiums by selecting the level of reimbursement at 90% or 80% of actual costs.

I must complete the health questionnaire as accurately as possible.

- between the age of 16 and 64 included for medical expenses, repatriation assistance and personal liability (private capacity) cover, if covered in zone 0, Thailand and Mexico,
- between the age of 10 and 70 included medical expenses, repatriation assistance and personal liability (private capacity) cover, if covered in zones 1 and 2 (excluding Mexico and Thailand),
- between the age of 10 and 74 included medical expenses, repatriation assistance and personal liability (private capacity) cover, if covered in zones 3, 4 and 5.

The minimum age for medical expenses, repatriation assistance and personal liability (private capacity) cover applies only to children insured alone on a policy. I can insure your children under these minimum ages if I am insured myself.

On the effective date of the plan, I must be 18 years of age or more and up to age 65 for death & disability benefits.

- During the life of the plan

I must provide all the documents and evidence required for the payment of benefits under the plan.

I must inform APRIL International Care France if there are any changes to your personal circumstances, status, home address or employment.

I must notify APRIL International Care if I have cover from Social Security, a supplementary medical insurance scheme and/or any insurers.

- When making a claim

I can send claims for reimbursement electronically or by post (please refer to the general conditions for details).

I must keep original medical bills for a period of 2 years.

I must contact APRIL International Care to obtain prior agreement if required in a particular situation or for a particular benefit.



When and how do I pay?

Premiums are payable in euros and USD,

- in full when taking out the insurance by payment card, PayPal or bank transfer by SEPA direct debit (available only for payments in euros),
- quarterly or twice-yearly, by payment card, PayPal, bank transfer, (instalment charges may apply), SEPA direct debit (available only for payments in euros),
- monthly by SEPA direct debit (available only for payments in euros).



When does the cover start and end?

Cover begins

The date of enrolment corresponds to the benefits effective date, which You specified in Your application form, subject to the suspensive condition of payment of the Premium. This date is shown on your Membership certificate.

Cover comes to an end

- if I do not pay the premiums;
- if the plan is terminated by the insurer or by "l'Association des Assurés APRIL" on the annual renewal date;
- if I cancel my membership;
- when I no longer meet the conditions of insurance;
- on the day on which I return permanently to my country of nationality;
- on the last day shown on the membership certificate.

Membership of this plan is effective for a period of 12 months and is renewed automatically on the anniversary date unless the member states otherwise.



How do I cancel the contract?

- If my trip is cancelled, I must notify APRIL International before the effective date and return the originals of the membership certificate and where applicable the insurance card.
- I can cancel the membership of this plan on the annual renewal date (anniversary date of the plan) by registered letter or email giving 60 days' notice (or 30 days' notice following receipt of new conditions of cover).
- I can terminate this insurance plan at any time, after 12 months of membership by ordinary or registered mail, by email or via my Member portal.

MyHealth International is designed by:

- **APRIL International Care France**, an insurance intermediary registered with ORIAS under number 07 008 000 and governed by the French Insurance Code.
- **Groupama Gan Vie** (Health/Death & Disability insurer), registered in Paris under number 340 427 616, 8-10 rue d'Astorg, 75383 Paris Cedex 8, FRANCE
- **Chubb European Group SE** (Repatriation/Personal liability insurer), company governed by the Insurance Code and subject to the supervision of the French Prudential Supervisory and Resolution Authority (ACPR). Registered at Nanterre RCS under number 450 327 374. La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie