

[LA MOBILITÉ]
INDIVIDUALS



Insurance cover for **expatriates in Asia**

2011

Issued by:



www.siam-consulting.asia

Siam Consulting Hua Hin Co., Ltd.
Mr. Franck Racine
250/129 Soi 94-Petchkasem Road
77110 Hua Hin- Prachuapkhirikhan

Phone: 085.962.2232
eMail: franckracinesiamconsulting@gmail.com



Creating a **new face of insurance.**

Asia Expat, cover for expatriates in Asia

Asia Expat is an insurance policy designed for expatriates living in Asia up to the age of 70 inclusive. This insurance solution provides cover for expatriates for a minimum period of one year in Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam. The policy provides fully flexible cover for medical expenses, repatriation assistance, death/loss of autonomy and sick leave.

Essential cover:

Routine or unforeseen healthcare expenses?

Asia Expat covers you for routine or unforeseen medical expenses from the first dollar spent at 100% of actual costs with no excess and:

- **2 options: Basic and Advanced**, covering hospitalisation only or hospitalisation, routine healthcare and dental treatment.
- a service providing **direct payment of hospital fees**: you have nothing to pay up front if you are admitted to hospital for more than 24 hours.



Need assistance during your stay?

APRIL Mobilité will arrange your **medical repatriation 24/7** to your home or to the best equipped hospital and will cover the cost of a return trip and accommodation to allow a relative to be with you.

Need Life & Disability cover?

Choose a **lump sum** to be paid in the event of **death or loss of autonomy**: choose between USD 20,000 and USD 400,000 which your loved ones will receive in the event of your death.

You can also opt for a **daily allowance**: this benefit guarantees payment of part of your salary for a fixed period.

A policy specially designed for expatriates in Asia

- **Medical cover from the 1st dollar with:**
 - up to **USD 1,000,000** if you are hospitalised
 - life-long benefits: you are covered for as long as you want and premium rates are not linked to your medical expenses
- Select only the cover you need: medical expenses, assistance and death and disability
- **Temporary extension of cover** to your country of nationality
- **Policy administered in USD**: premiums and level of cover expressed in USD
- **Payment facilities**: pay quarterly, twice-yearly or annually by cheque or bank transfer



Any questions? Contact our Customer Advisory service:



- **by telephone:** +33 (0)1 73 02 93 93 Monday to Thursday from 8.30 to 18.00 (8.30 to 17.30 on Friday) - Paris time
- **by email:** info@aprilmobilite.com
- **at our offices:** 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE



CHOOSE FROM:

Medical expenses

Repatriation assistance

Death and total
and irreversible loss
of autonomy

Sick leave from work
(must be combined with Death/Loss of autonomy)

TWO MEDICAL EXPENSES OPTIONS

to meet your needs and your budget:

BASIC option

Essential cover including:

- hospitalisation,
- maternity.

OR

ADVANCED option

Comprehensive cover including:

- hospitalisation,
- maternity,
- routine healthcare,
- dental treatment.

Benefits

cover for expatriates in Asia

1 Medical expenses

HOSPITALISATION



Annual upper limit of reimbursement
Hospitalisation <i>see definition p4</i> with or without surgery
Day hospitalisation <i>see definition p4</i>
Direct payment of hospital fees <i>see definition p4</i> during approved hospitalisation for more than 24 hours
Ambulance if hospital costs covered by APRIL Mobilité
Daily hospital charge <i>see definition p4</i> (in France)
Private room
Staying with your child in hospital
Cancer treatment (chemotherapy and radiotherapy)
Treatment of AIDS
Organ transplant
Pre and post hospitalisation treatment incurred within 30 days before admission, and 90 days following hospital discharge
Emergency treatment
Nursing at home*
Emergency dental treatment following an accident

* Treatment or procedures requiring a prior agreement *see definition p5* more than 20 visits per insurance year.

DEFINITIONS

- **Actual costs:** total medical expenses charged to you.
- **Daily hospital charge:** portion of daily hospital costs in France not covered by French Social security.
- **Day hospitalisation:** hospitalisation of less than 24 hours where you are allocated a bed but do not stay overnight.
- **Direct payment of hospital fees:** under the two medical expenses options, if you are hospitalised for more than 24 hours, you may take advantage of the direct settlement of expenses with no up-front payment. This facility is subject to medical approval. An advance payment of expenses is made in the event of childbirth.

**NO UPFRONT PAYMENT
IF YOU ARE HOSPITALISED**

**PRIVATE ROOM COVERED
AT 100% OF ACTUAL COSTS**

	BASIC OPTION	ADVANCED OPTION
	USD 1,000,000 per insurance year	USD 1,000,000 per insurance year
	100% of actual costs <i>see definition p4</i>	100% of actual costs
	100% of actual costs	100% of actual costs
	provided on request 24 hours a day, if prior agreement has been obtained	provided on request 24 hours a day, if prior agreement has been obtained
	100% of actual costs	100% of actual costs
	100% of actual costs	100% of actual costs
	100% of actual costs	100% of actual costs
	100% of actual costs, up to 10 days per year (for children under 18)	100% of actual costs, up to 10 days per year (for children under 18)
	100% of actual costs	100% of actual costs
	100% of actual costs	100% of actual costs
	100% of actual costs, up to USD 200,000 per year	100% of actual costs, up to USD 200,000 per year
	100% of actual costs, up to USD 3,000	100% of actual costs, up to USD 3,000
	100% of actual costs	100% of actual costs
	100% of actual costs, up to 182 days per year	100% of actual costs, up to 182 days per year
	100% of actual costs, up to USD 50,000 per year	100% of actual costs, up to USD 50,000 per year

- **Hospitalisation:** stay of more than 24 hours (with or without surgery) in a public or private hospital.
- **Prior agreement:** certain medical treatments and procedures require the prior agreement of our Medical Examiner. The practitioner prescribing these treatments or procedures must provide you with a request for a prior agreement and a detailed breakdown of costs before incurring any corresponding expenses.
- **Waiting period:** period defined in the policy during which no benefits are paid. The waiting period applies starting from the start date of cover as mentioned on the membership certificate.

Benefits (continued) cover for expatriates in Asia

MATERNITY

waiting period *see definition p4* 9 months



- Annual upper limit of reimbursement
- Pre and post natal treatment
- Delivery

MEDICAL EXPENSES - OUTPATIENT SERVICES



- Annual upper limit of reimbursement
- Consultations and visits: general practitioners
- Consultations and visits: specialists
- Diagnostic tests / x-rays
- Prescription drugs
- Physiotherapy and chiropractor treatment - waiting period: 6 months**
- Acupuncture - waiting period: 6 months**
- Hormone replacement therapy

DENTAL CARE

waiting period 6 months**



- Annual upper limit of reimbursement
- Routine oral examination (including scaling & polishing)
- Basic dental services: extraction, amalgam filling, x-rays, periodontal scaling

** The waiting period may be cancelled (except for maternity cover) if the insured had equivalent or higher level cover which was cancelled less than one month previously. Proof of this previous insurance and the exit certificate must be produced.

How to claim reimbursement of your medical expenses?



See
a healthcare
professional



Send
your medical bills
to APRIL Mobilité



Your reimbursement
is processed within 48 hours
(excluding postal delivery
and bank processing times)



**CONSULTATIONS WITH
GENERAL PRACTITIONERS
AND SPECIALISTS COVERED AT
100% OF ACTUAL COSTS**

**TEMPORARY EXTENSION
OF COVER TO YOUR COUNTRY
OF NATIONALITY**

	BASIC OPTION	ADVANCED OPTION
	USD 5,000 per insurance year	USD 5,000 per insurance year
	100% of actual costs	100% of actual costs
	100% of actual costs	100% of actual costs

	BASIC OPTION	ADVANCED OPTION
	not covered	USD 5,000 per insurance year
	not covered	100% of actual costs
	not covered	100% of actual costs
	not covered	100% of actual costs
	not covered	100% of actual costs
	not covered	100% of actual costs, up to USD 60 per session, up to 15 sessions per year
	not covered	100% of actual costs up to USD 45 per session, up to 10 sessions per year
	not covered	100% of actual costs, up to USD 2,000 per year

	BASIC OPTION	ADVANCED OPTION
	not covered	USD 1,000
	not covered	100% of actual costs up to USD 100, once per year
	not covered	100% of actual costs

● Annual premiums 2011 (all taxes included) in USD for cover commencing prior to 12/16/2011

The upper age limit for applications is 65 inclusive	BASIC option	ADVANCED option
under 31	ind. USD 993 / fam. USD 2,336	ind. USD 1,329 / fam. USD 3,890
31 to 65 inclusive	ind. USD 1,427 / fam. USD 3,050	ind. USD 1,889 / fam. USD 5,597
66 to 70	ind. USD 1,856	ind. USD 2,455
over 70	ind. USD 2,412	ind. USD 3,192

The level of the family premium depends on the age of the eldest person.

Note

A medical visit (at your own expense) is required for applications from age 60 onwards. You must also complete a medical report provided by APRIL Mobilité.

Some examples of healthcare reimbursements

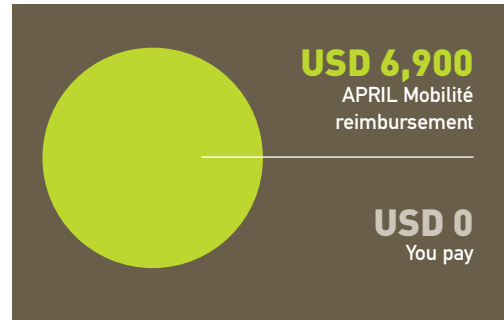
With Asia Expat, you are covered according to your needs: protection only in the event of a major difficulty or against any problems which might disrupt your time abroad.



I was involved in an accident and hospitalised in Bangkok. Cost of the two days in hospital: USD 6,900 (converted). APRIL Mobilité settled my bill directly with the hospital and I had nothing to pay up front.

I have medical expenses cover under the Asia Expat Basic option.”

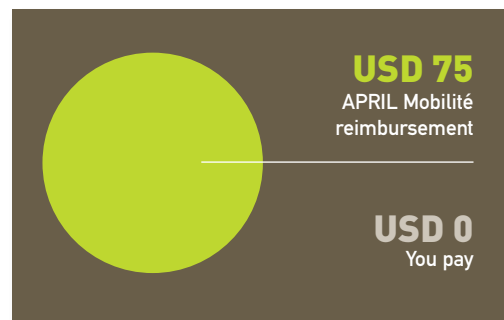
Laurent, age 32, expatriate in Bangkok



I had bronchitis and went to see a private GP in Taiwan. The consultation cost USD 75 (converted).

I have medical insurance under the Asia Expat Advanced option.”

Anna, age 54, expatriate in Taiwan

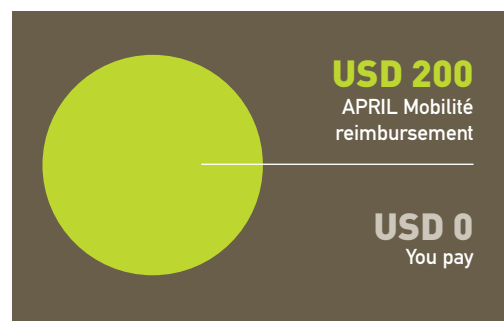


I was suffering from toothache and went to a private dentist in Vientiane.

Cost of the extraction: USD 200 for one tooth.

My family is insured under the Asia Expat Advanced option.”

Patrick, age 37, expatriate in Laos



2 Repatriation assistance

In the event of an accident, illness or serious problems, we will come to your aid 24 hours a day, 7 days a week. Simply call us or send a fax:

TYPE OF BENEFITS	LEVEL
Medical repatriation or medical transportation	covered
Returning the body or ashes to residence	covered
Cost of a transport coffin for repatriation of the body	up to USD 2,200
Accompanying the deceased during transportation or repatriation	covered
Cost of a relative if the insured is hospitalised for more than 6 days and was expatriated alone	return economy class airline ticket or 1 st class railway ticket and USD 115 per night up to a maximum of 10 nights

Annual premiums 2011 (all taxes included) in USD for cover commencing prior to 12/16/2011

Individual under 31	USD 186
Individual aged 31 to 70 inclusive	USD 278
Family	USD 608

The upper age limit for applications is 70 inclusive.

3 Death and total and irreversible loss of autonomy

In the event of an illness leading to death, we will pay a lump sum to the beneficiary or beneficiaries designated at the time of application. The amount of the sum is doubled if the death is caused by an accident.

In addition, the amount is fully paid in the case of total and irreversible loss of autonomy [see definition](#).

Note

The amount of death benefit paid may be fixed between USD 20,000 to USD 400,000.

The premium is calculated as follows:

Example of premium calculation

In order to obtain cover of USD 122,000, in the event of death, a person aged 37 would pay a premium of:

$(\text{USD } 122,000 / \text{USD } 20,000) \times \text{USD } 75 = \text{USD } 457.50$ per year.

The calculation rule is as follows:

$(\text{Level of cover requested} / \text{USD } 20,000) \times \text{Premium corresponding to USD } 20,000$ in the appropriate age group.

Annual premiums 2011 (all taxes included) in USD per insured for cover commencing prior to 12/16/2011

The upper age limit for applications is 64 inclusive	18 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 64
Minimum death benefit: USD 20,000*	USD 51	USD 63	USD 75	USD 102	USD 150	USD 201	USD 291	USD 441
Maximum death benefit: USD 400,000*	USD 1,020	USD 1,260	USD 1,500	USD 2,040	USD 3,000	USD 4,020	USD 5,820	USD 8,820

* doubled if death is caused by an accident.

Note:

Depending on the level of death benefit requested, you will be asked to complete the following medical requirements:

- death benefit between USD 20,000 and USD 150,000: Health questionnaire,
- death benefit between USD 150,001 and USD 250,000: Health questionnaire + doctor's medical report**,
- death benefit between USD 250,001 and USD 400,000: Health questionnaire + doctor's medical report** + electrocardiogram, blood and urine samples (ask us for details).

**reimbursed by APRIL Mobilité if you are under 60

The amount paid for death benefit is not subject to inheritance tax under current legislation.

DEFINITION

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

4 Sick leave from work

We will pay a daily allowance or a disability amount if you cannot work due to illness or accident. This cover ensures that you receive a regular part of your salary for a fixed period.

You can take out this cover only if you are already covered for death benefit under the policy. You are free to choose the level of daily allowance (between USD 20 and USD 200) on condition that the following rules are followed:

- the monthly equivalent of the daily allowance must not exceed 70% of your gross monthly income,
- the amount of daily allowance selected depends on the level of death benefit selected: for example, for a daily allowance of USD 20 the death capital selected must be at least USD 20,000.

You must be in paid employment to benefit from sick leave cover.

Daily allowance:

Daily indemnities may be paid starting from the 31st day or the 61st day based on the option selected and for a maximum period of 3 years. The number of days paid per month is 30 days. Daily allowance cover applies from the 31st day or the 61st day of the exemption benefit: in case of financial difficulties caused by a leave of absence from work with the right to daily allowance, you receive free social protection cover. This benefit will stop when you reach the age of 65.

Disability pension:

We will pay a long-term disability pension if you are disabled through illness. The daily allowance is converted to an annual pension after a maximum of 3 years payment of the daily allowance. The annual pension is paid once your condition has stabilised and until you reach retirement age, 65 at the latest.

The amount of the annual pension is in proportion to the disability rate.

Annual premiums 2011 (all taxes included) in USD per insured for cover commencing prior to 12/16/2011

The upper age limit for applications is 64 inclusive	USD 20 of daily allowance with excess of 30 days	USD 20 of daily allowance with excess of 60 days
Minimum death benefit or D.A. selected x 1,000	USD 20,000	USD 20,000
Maximum annual amount D.A. selected x 360	USD 7,200	USD 7,200
18 to 30	USD 165	USD 144
31 to 35	USD 177	USD 150
36 to 40	USD 228	USD 201
41 to 45	USD 303	USD 264
46 to 50	USD 465	USD 402
51 to 55	USD 537	USD 465
56 to 60	USD 618	USD 534
61 to 64	USD 708	USD 612

Calculation: Rule of proportionality, for example a person aged 40 requesting a daily allowance of USD 62 with excess of 30 days will pay (USD 62 x USD 228) / USD 20 = USD 706.80 per year.

Note:

Depending on the level of daily allowance and disability pension selected, you will be asked to complete the following medical requirements:

- daily allowance of between USD 20 and USD 80: Health questionnaire,
- daily allowance of between USD 81 and USD 100: Health questionnaire + doctor's medical report*,
- daily allowance of between USD 101 and USD 200: Health questionnaire + doctor's medical report* + delectrocardiogram, blood and urine samples (ask us for details).

(* reimbursed by APRIL Mobilité)

HOW THE POLICY OPERATES

Useful information before you apply

WHO IS THE POLICY DESIGNED FOR?

Cover is available to any person of any nationality residing in one of the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam (excluding the country of nationality) and who, at the start of the period of insurance, is under the age of:

- 71 for repatriation assistance,
- 66 for medical expenses cover,
- 65 for death/loss of autonomy and sick leave from work benefits.

Over the age of 60, new subscribers will be required to attend a mandatory medical visit at their own expense and complete a medical report which is available on request from APRIL Mobilité.

Membership can be on an individual or family basis (excluding death/loss of autonomy and sick leave from work benefits which are offered only on an individual basis). The health questionnaire is not required if only repatriation assistance has been selected.

WHERE AM I COVERED?

For medical expenses:

Cover is valid in your host country: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam. It also applies during stays of less than 90 consecutive days in your country of nationality. Cover is extended to the rest of the world (excluding the Bahamas, Canada, the United States, Japan and Switzerland) in the event of an accident during stays of less than 60 consecutive days.

For repatriation assistance:

Cover is valid in the zone comprising the following countries: Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam. It also applies during stays of no more than 90 consecutive days worldwide.

For death, total and irreversible loss of autonomy and sick leave from work:

Cover is valid in your host country (Cambodia, Indonesia, Laos, Malaysia, the Philippines, Taiwan, Thailand and Vietnam.) It also applies during stays of less than 90 consecutive days in your country of nationality.

You are covered 24 hours a day in both a private and professional capacity.

Note:

As a result of heightened tension, cover in certain countries is subject to prior agreement from APRIL Mobilité. A comprehensive list of temporarily excluded countries can be consulted on www.aprilmobilite.com or by calling us on + 33 (0)1 73 02 93 93.

The list of excluded countries is liable to change.

WHEN AM I COVERED?

Cover takes effect at the earliest on the 16th of the month or on the first day of the month following receipt of the completed application form, premium payment and any additional documents requested and subject to our medical approval.

HOW THE POLICY OPERATES (continued)

Useful information before you apply

HOW LONG AM I COVERED?

Cover is for a minimum period of one year (unless specified otherwise) and can be cancelled at each annual renewal date with two months prior notice. Otherwise it is renewed automatically.

Cover ceases automatically:

- when the age limit is reached:
 - **21** for dependent children for medical expenses benefits (26 if in full time-education), 31 for repatriation assistance benefits;
 - **65** for death and total and irreversible loss of autonomy and sick leave from work benefits;
 - **71** for repatriation assistance benefits;
- if you do not pay the premium,
- if you are no longer an expatriate. Supporting documentation must be produced.

HOW TO APPLY

- 1 Complete the Application form attached.
- 2 The principal insured, his or her insured spouse and his or her insured children over 18 should sign the Health questionnaire (unless only repatriation assistance has been selected).
- 3 Send your Application form and the Health questionnaire together with a cheque for the first premium in US dollars made **payable to APRIL Mobilité** or arrange for a bank transfer (enclose a copy of the transfer document).
- 4 Send your application to:
APRIL Mobilité - Service Adhésions individuelles - 110 avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

Services

to support you throughout your stay abroad



**YOUR
PERSONAL
SPACE**

... ONLINE

If you are **insured**, you can view:

- your reimbursement advice notes, your cover and general conditions,
- your personal and bank details.

If you are the **member**, you can view:

- check your premium payments and payment method,
- your insurance consultant details.



**DIRECT
SETTLEMENT
OF HOSPITAL
FEES**

If you are hospitalised for more than 24 hours, you may be eligible for direct settlement of your hospital fees with no upfront payment. This facility is subject to medical approval: APRIL Mobilité will settle your bill directly with the hospital or clinic to which you have been admitted.



**MANAGING
YOUR POLICY**

THROUGHOUT YOUR PERIOD OF SUBSCRIPTION AND DURING YOUR STAY ABROAD, OUR CUSTOMER SERVICE TEAM IS AVAILABLE TO PROVIDE YOU WITH ANY ASSISTANCE YOU MAY REQUIRE IN CONNECTION WITH YOUR POLICY.

You can:

- change the level of cover to suit your needs at any time throughout the life of your policy,
- add a beneficiary,
- sign up to new options,
- update contact or bank details,
- make any other changes to your cover.

The customer service team can be contacted on:

Tel: +33 (0)1 73 02 93 93 or email suivi.client@aprilmobilite.com



**YOUR
INSURANCE CARD**

YOUR CARD PROVIDES YOU WITH EMERGENCY CONTACT NUMBERS AVAILABLE 24/7 FOR:

- direct settlement of hospital fees with no upfront payment during approved hospitalisation for more than 24 hours,
- requesting emergency assistance.

The card facilitates your admission to a medical centre in the event of emergency hospitalisation. To simplify procedures, the card contains your personal details: name, first name(s) and policy number.

APRIL, changing the face of insurance

From our beginnings in 1988, APRIL has been committed to changing the face of the insurance industry by ensuring that the client is always at the heart of our business.

Today, more than 3 million people know they can count on our 3,500 employees and 70 companies to protect their goods and families day after day.

APRIL has earned that trust by providing insurance products that combine a fair price with a reassuring level of cover and quality service; proof indeed that insurance is not what it used to be.



APRIL Mobilité, specialising in international insurance for 35 years

Our promise:

- Top quality management of your insurance choices: applications processed within 24 hours and reimbursement of medical expenses within 48 hours
- Multilingual teams at your service
- Clear and easy to understand products supported by a range of services

For every expatriate situation, an international insurance solution

Whether you're a student, on an internship, planning a working holiday, in work or retired, travelling alone or with your family, APRIL Mobilité will support you during your time abroad with a range of comprehensive and flexible insurance solutions suitable for all kinds of expatriates and all budgets.

FOR MORE INFORMATION, CONTACT YOUR INSURANCE CONSULTANT



www.siam-consulting.asia

Siam Consulting Hua Hin Co., Ltd.
Mr. Franck Racine
250/129 Soi 94 Petchkasem Road
77110 Hua Hin Prachuapkhirikhan

Phone: 085.962.2232

eMail: franckracinesiamconsulting@gmail.com

april | mobilité

APRIL MOBILITÉ A MEMBER OF APRIL

Headquarters:

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE
Tel.: +33 [0]1 73 02 93 93 - Fax: +33 [0]1 73 02 93 90
Email: info@aprilmobilite.com - www.aprilmobilite.com

Public limited company with capital of € 200,000 - Registered with Companies House in Paris under number 309 707 727
Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr) - Prudential Supervision Authority - 61, rue Taitbout - 75436 Paris Cedex 09 - FRANCE.



Creating a new face of insurance.

Issued by:



www.siam-consulting.asia

Siam Consulting Hua Hin Co., Ltd.
Mr. Franck Racine
250/129 Soi 94-Petchkasem Road
77110 Hua Hin- Prachuapkhirikhan

Phone: 085.962.2232
eMail: franckracinesiamconsulting@gmail.com

[LA MOBILITÉ]
INDIVIDUALS



Asia Expat

Application form 2011



Creating a new face of insurance.

CHOICE OF BENEFITS AND LEVEL OF COVER (CONTINUED):

4.3 / Death and total and irreversible loss of autonomy

• INDIVIDUAL MEMBERSHIP ONLY

Depending on the level of benefit selected, certain medical formalities may be required. Please refer to page 9 of the brochure.

Principal insured

Amount of cover requested (between USD 20,000 and USD 400,000): USD (amount doubled in case of death by accident)

Annual premium (all taxes included): USD . **C**

Spouse

Amount of cover requested (between USD 20,000 and USD 400,000): USD (amount doubled in case of death by accident)

Annual premium (all taxes included): USD . **D**

• NAME OF BENEFICIARIES

Principal insured: I name as beneficiary (or beneficiaries) in the event of my death:

My surviving spouse on condition that we were not legally separated when the lump sum became payable, second, equally, to my children living, to be born or represented as such; third, equally to my ascendants and fourth to my other heirs.

Other beneficiary: Name:..... First names:.....

Date of birth: / / Place of birth:

4 Spouse: I name as beneficiary (or beneficiaries) in the event of my death:

My surviving spouse on condition that we were not legally separated when the lump sum became payable, second, equally, to my children living, to be born or represented as such; third, equally to my ascendants and fourth to my other heirs.

Other beneficiary: Name:..... First names:.....

Date of birth: / / Place of birth:

4.4 / Sick leave from work

(must be combined with death and total and irreversible loss of autonomy cover ; the amount of the daily allowance depends on the level of death benefits you have selected → For example, to receive USD 20 per day, you must have selected death benefits of at least USD 20,000)

• INDIVIDUAL MEMBERSHIP ONLY

Depending on the level selected, certain medical formalities may be required. Please see page 10 of the brochure.

Principal insured

Gross annual salary*: USD Amount of daily allowance requested (between USD 20 and USD 200): USD

Excess: 30 days 60 days

Corresponding death benefits: USD Annual premium (all taxes included): USD . **E**

Spouse

Gross annual salary*: USD Amount of daily allowance requested (between USD 20 and USD 200): USD

Excess: 30 days 60 days

Corresponding death benefits: USD Annual premium (all taxes included): USD . **F**

* compulsory fields

Choice of start date: / / **2011** (1st or 16th of the month)

(subject to your application being approved and at the earliest on the 16th of the month or the first day of the month following receipt of the Application form)

Calculating and paying the premium

Select the number of instalments of the premium	Tick your chosen payment method:	
	Bank transfer*	Cheque*
Annual instalment charges	<input type="radio"/>	<input type="radio"/>
Twice yearly instalment charges	<input type="radio"/> USD 20 per semester or USD 40 per year	* If I choose any of these two payment methods, it is my responsibility to ensure payment is made for each instalment
Quarterly instalment charges	<input type="radio"/> USD 20 per quarter or USD 80 per year	

Calculating the premium

Total annual premiums (all taxes included): **A** + **B** + **C** + **D** + **E** + **F** : USD . **G**

Annual membership fees in addition to cover selected: + USD . **H**

Annual instalment charges if payment is quarterly or twice yearly: + USD . **I**

Total premium for 12 months:* **G** + **H** + **I** : USD . **J**

* Premiums may be readjusted on 1st January each year depending on the claims history of the insured group

Total amount of 1st premium: USD .

If you want your policy to take effect on the 16th of the month, you should divide the first monthly premium by two. The first premium is a pro rata amount of the annual premium which is valid until 31/12/2011. When calculating your premium, remember to include the instalment charge if applicable.

Paying the premium:

I will pay my first premium by cheque or postal order made payable to **APRIL Mobilité** or by bank transfer.

I will pay future premiums by cheque or postal order or bank transfer. For these two payment methods, I understand that it is my responsibility to make the payments when they are due.

Paperless premium notices are available by email or on your insurance website. If you would also like to receive a paper version, please tick the following box:

SIGNATURE OF THE APPLICATON

I hereby apply for membership of the Association of APRIL Mobilité Insured under their agreements with Axéria Prévoyance and ACE Europe for the insured listed on the Application form. I have read the Association's statutes and regulations.

I have read the General conditions and booklet As 2011 outlining the details of my insurance cover. I am aware of my right to cancel the insurance and accept the terms and conditions. I have retained a copy of these.

I also understand the terms and conditions of APRIL Mobilité's handling of my insurance cover. If my insurance cover is subsequently amended, I accept that the General conditions applied will be those outlined above.

I have been informed that the information requested is required in order to process my application and that these details will be held electronically by APRIL Mobilité, the insurer or their agent for the requirements of my insurance cover.

Under the French Act of 6th January 1978, I have the right to access and, if necessary, rectify any personal information held on file by writing to APRIL Mobilité, 110 avenue de la République, CS 51108, 75127 Paris Cedex 11, FRANCE. APRIL Mobilité has the right to utilise certain administrative information and to share it with associated businesses who may use it to make me aware of new products or services. A list of these companies is available on request.

7 Under the French Act of 6th January 1978, I have the right to prevent my details being passed on in this way by writing to APRIL Mobilité at the above address. Postal charges will be refunded.

I understand that telephone calls to APRIL Mobilité may be recorded for administrative purposes and that I may have access to recordings made of my calls by writing to APRIL Mobilité at the above address. I understand that each recording is kept for a maximum of 2 months.

I understand that cover under the present policy does not exempt me from paying contributions to any state scheme to which I may belong.

I confirm that I have answered all of the questions accurately and honestly and have neither included or omitted anything which could mislead the insurers of the present policy.

Signed in (town or city)

Date

 / /

Signature of the principal insured and insured spouse preceded by the words
"I have read, understood and accepted the policy document":

Signature of the member (if different from the principal insured) preceded
by the words **"I have read, understood and accepted the policy document":**

8

Validity of the Health questionnaire: 6 months

Example: if you would like your policy to start on 01/07/2011, you can sign this questionnaire between 01/01/2011 and 30/06/2011

You must personally answer all the questions as accurately as possible as your responses are binding. This Health questionnaire is essential to the evaluation of the risk that the insurer proposes to undertake. Any unanswered questions will result in further enquiries.

Any medical information you provide is held in strict confidence. Detailed answers will help us process your application promptly.

To ensure your responses remain confidential, please send the Health questionnaire and all supporting documentation in a sealed envelope for the attention of APRIL Mobilité's Medical Examiner.

Some of the medical information you provide may be processed electronically for the use of the APRIL Mobilité's Medical Examiner.

Under the French Act of 6th January 1978, you have the right to access and, if necessary, rectify any personal information held on file by writing to the Medical Examiner, APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

QUESTION :	Principal insured	Spouse	1 st dependent child	2 nd dependent child	3 rd dependent child
1 Height					
2 Weight					
3 Are you currently on partial or total sick leave from work due to illness or accident?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4 Within the last 10 years, have you:					
a) undergone surgery?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
b) undergone laser treatment, chemotherapy or radiation therapy?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
5 Within the last 5 years, have you had an illness or an accident which result in:					
a) more than one month's sick leave from work?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
b) more than one month's medical treatment?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6 Within the last 5 years, have you consulted for:					
a) nervous conditions (chronic fatigue, anxiety, depression)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
b) back complaints (back pain, sciatica, slipped disc)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
c) arthritis and/or rheumatism (hip, knee, shoulder...)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

HEALTH QUESTIONNAIRE (CONTINUED)

QUESTIONS (CONTINUED):	Principal insured	Spouse	1 st dependent child	2 nd dependent child	3 rd dependent child
7 Do you suffer from any disorder or illness requiring or not regular medical supervision or treatment?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
8 Have you been tested for HBV (Hepatitis B)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
If you answered "Yes" to this question, were the results positive?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Date of the test:					
8 Bis Have you been tested for HCV (Hepatitis C)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
If you answered "Yes" to this question, were the results positive?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Date of the test:					
8 Ter Have you been tested for HIV (AIDS)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
If you answered "Yes" to this question, were the results positive?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Date of the test:					
9 Do you have a disability which entitles you to benefits?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
10 Will you undergo any diagnostic test over the next 6 months (lab tests, scans, endoscopy...) and/or have a consultation with a specialist and/or any treatment or surgery?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
11 Within the last 12 months, have you had:					
a) more than 3 periods of sick leave of any duration?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
b) specialist tests (other than routine screening) such as lab tests, scans, endoscopy...?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
12 Do you have, or have you ever had 100% cover from Social Security for a long-term complaint (with no contribution from you towards costs)?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
13 Do you want your responses to this Health questionnaire to remain confidential?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

HEALTH QUESTIONNAIRE (CONTINUED)

For new cover after the age of 60, a medical visit at your expense is required and a medical report provided by APRIL Mobilité must be completed.

If you wish your answers to remain confidential, make a copy of the blank Health questionnaire, fill it out and send it to us enclosing all the supporting documentation required in a sealed envelope with the word "Confidential" for the attention of the Medical Examiner to the following address: APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE.

Further details if the response to one of the questions is YES [other than question 13]:

To help us process your application, please provide further details regarding the events surrounding the illness or accident and any consequences resulting from it.

Example:

If you have had an operation to remove your appendix and answered YES to question 4, you would write in the space below: *4, appendix removed, 2003, 3 days in hospital. No further treatment required.*

ADDITIONAL INFORMATION

THE INSURERS' MEDICAL EXAMINERS RESERVE THE RIGHT TO REQUEST FURTHER MEDICAL EXAMINATIONS.

Any non-disclosure, intentional misrepresentation or inaccuracy altering the nature of the risk or influencing the insurers to reduce the risk will result in the cancellation of all cover under the policy. In such circumstances the premium will not be refunded (art. L113-8 of the French Insurance Code).

I hereby certify that I have answered all the questions accurately and honestly and have neither included or omitted anything which might mislead the insurers of the present policy.

Signed in (town or city)

Date

 / /

Signature of the principal insured preceded by the words "**I have read, understood and accepted the policy document**":

Signatures of the insured spouse preceded by the words "**I have read, understood and accepted the policy document**":

Signature(s) of the insured dependent child(ren) over 18 preceded by the words "**I have read, understood and accepted the policy document**":

Your Insurance consultant + APRIL Mobilité Code:



www.siam-consulting.asia

Siam Consulting Hua Hin Co., Ltd.
Mr. Franck Racine
250/129 Soi 94 Petchkasem Road
77110 Hua Hin Prachuapkhirikhan

Phone: 085.962.2232

eMail: franckracinesiamconsulting@gmail.com

Please send your completed application to:

APRIL Mobilité
Service Adhésions Individuelles
110, avenue de la République - CS 51108
75127 Paris Cedex 11 - FRANCE

To cancel your policy, please use the tear-off slip below and send it to:
APRIL Mobilité - 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

CANCELLATION OF DOOR-TO-DOOR CONTRACT OF SALE

Articles L121.23 to L 121.26 of the French Consumer Code

Conditions: If you wish to cancel your insurance policy, please fill in and sign this tear-off slip. You should then send it in a sealed envelope by registered letter with proof of receipt to the above address. It must be sent no later than 14 days (legal time limit of 7 days extended to 14 days by the insurers) on the day following signature of your application or, where the deadline expires on a Saturday, Sunday or a Bank holiday or other non-working day, on the next working day.

I, the undersigned, wish to cancel my application for insurance under the following policy:

Policy name: **Asia Expat Ref. As 2011**

Date of signature of application: / /

Member's surname:

Member's first name:

Date of birth: / /

Member's address:

Postcode: City:

Country:

Telephone: / / / / / if outside France

Name of insurance consultant:

Address of insurance consultant:

Postcode: City:

Country:

Telephone: / / / / / if outside France

Date and member's signature:

Reserved for APRIL Mobilité

Client reference number

Article L121-23

The transactions referred to in article L.121-21 must be the subject of a contract, a copy of which must be sent to the client when the contract is concluded and must include the following information: otherwise they are null and void:

- 1 - Names of supplier and canvasser;
- 2 - Address of supplier;
- 3 - Address of the place where the contract was concluded;
- 4 - Precise description of the nature and characteristics of the goods offered or the services proposed;
- 5 - Contract performance terms, in particular delivery procedures and deadlines for goods or performance procedures and deadlines for services;
- 6 - Overall price to pay and payment methods; in the event of sales on instalment credit terms or on credit, the forms required by credit sales regulations, as well as the nominal rate of interest and the annual percentage rate of interest determined in accordance with the conditions provided for in article L.313-1;
- 7 - Option of cancellation provided for in article L.121-25, as well as the conditions under which said option may be exercised and, clearly stated, the full text of articles L.121-23, L.121-24, L.121-25 and L.121-26.

Article L121-24

The contract referred to in article L. 121-23 must include a detachable form intended to facilitate the exercising of the option of waiver in accordance with the conditions provided for in article L 121-25. A Council of State decree will specify the wording which must appear on this form.

This contract may not include any jurisdictional clause.

All copies of this contract must be signed and dated by the client, in person.

Article L121-25

Within seven days, including bank holidays, of the order or the undertaking to buy, the customer has the right to cancel by means of a registered letter with proof of receipt. If this deadline normally expires on a Saturday, Sunday, bank holiday or non-working day, it is extended until the next working day.

Any contractual clause by virtue of which the customer waives his/her right to cancel his/her order or his/her undertaking to buy is null and void.

This article does not apply to contracts concluded under the circumstances provided for in article L.121-27.

Article L121-26

Prior to the expiry of the cooling-off period provided for in article L.121-25, nothing may be requested or obtained from the customer, directly or indirectly, on any grounds or in any form whatsoever nor any consideration or undertaking nor the provision of services of any kind whatsoever.

Home subscription to a daily, or similar, publication in the sense of article 39a of the general tax code is not, however, subject to the provisions of the previous paragraph provided that the consumer has a permanent right to cancel, without expense or compensation, together with reimbursement, within fifteen days, of sums paid, on a pro-rata basis, for the subscription period still to run.

In addition, payment obligations or orders must not be executed prior to the expiry of the deadline provided for in article L.121-25 and must be returned to the consumer within fifteen days of cancellation.

The provisions of the second paragraph apply to subscriptions taken out at home offered by State-approved associations and companies with the object of providing services referred to in Article L.129-1 of the Labour Code Article L121-23.

TAKING OUT THE INSURANCE

- A. Fill in your personal details (surname, first name, address...) 1, 2 and 3.
- B. Select your level of cover 4.
- C. Indicate the date on which you want your cover to take effect 5.
- D. Indicate the number of instalments and your selected payment method. Then calculate your premium 6.
- E. Date and sign your application in part 7.
- F. Date, complete and sign the Health questionnaire 8.
- G. Enclose payment of the first premium by cheque or by bank transfer.

Send your application form and supporting documents to:
APRIL Mobilité - Service Adhésions Individuelles
 110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

WHAT HAPPENS NEXT?

Your application is processed within 24 hours, as soon as we receive your application form and supporting documents.

Your insurance is evidenced by a Membership certificate showing details of your level of cover and the start date of your policy.

Your policy will start on the date shown on the Membership certificate and, at the earliest, on the 16th of the month or the first day of the month following receipt of your application form and supporting documents.

april | mobilité

APRIL MOBILITÉ A MEMBER OF APRIL

Headquarters:

110, avenue de la République - CS 51108 - 75127 Paris Cedex 11 - FRANCE

Tel.: +33 (0)1 73 02 93 93 - Fax: +33 (0)1 73 02 93 90

Email: info@aprilmobilite.com - Internet: www.aprilmobilite.com

Public limited company with capital of € 200,000

Registered with Companies House in Paris under number 309 707 727

Insurance broker - Registered with ORIAS (Organisation for the registration of insurance brokers) under number 07 008 000 (www.orias.fr)

Prudential Supervision Authority - 61, rue Taitbout - 75436 Paris Cedex 09 - FRANCE



Creating a new face of insurance.