



# RELAIS' EXPAT+

YOUR TAILOR-MADE  
INTERNATIONAL HEALTH INSURANCE  
AS A TOP-UP TO THE CFE

## WHO ARE WE?



For more than 40 years, **MSH International** has been designing and managing international health insurance solutions for **globally mobile individuals** :

- expatriate employees
- freelancers,
- young adults living abroad (internships, studies or working holiday visas),
- active seniors, etc.

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

**As a specialist in international health insurance**, MSH International strives to be **your healthcare partner abroad**.

## KEY FIGURES

 400 000+ insured members



40+ languages spoken  
60+ nationalities



ISO 9001  
certified



Available  
24/7



**Medical network :**  
over 1 million healthcare providers



**4 customer care centers**  
Paris, Toronto, Dubai, Shanghai



**2 000**  
companies covered



**92%**  
customer satisfaction

# MSH INTERNATIONAL HEALTH INSURANCE AS A TOP-UP TO THE CFE

Are you a French expatriate? You can become a member of the **Caisse des Français de l'Étranger (CFE)** to benefit from coverage similar to that provided by the French Social Security during your time abroad, and also to continue contributing to the French pension scheme.

Important: this first level of reimbursement may not cover all of your expenses, as healthcare costs vary greatly from one country to another and certain medical treatments or procedures are not included in the CFE coverage.



To avoid any unpleasant surprises and benefit from protection suited to your particular needs, we offer you 4 levels of coverage as a **top-up to the CFE** and a system of **flexible options**.









Our unique partnership with the CFE makes your life easier: one contact available 24/7, reimbursements received within 4 days\*, and a 100% online experience.

\*on average

## Choose a package

 Your hospital care is covered at 100% +  Your routine healthcare (consultations, prescription drugs, examinations)	Quartz €400,000/year
	Pearl €800,000/year
	Sapphire €1,600,000/year
	Diamond €2,400,000/year

## Choose your options

 Dental	 Vision
 Dental	 Vision
+	
 Maternity	
+	
 Medical assistance and repatriation	

## DEDUCTIBLE

If you want to reduce the amount of your premiums, you can choose from the amounts available:

€ 350 \$ 500	€ 750 \$ 1 000	€ 2 000 \$ 2 500	€ 4 000 \$ 5 000
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# CHOOSE THE LEVEL OF COVERAGE BEST SUITED TO YOUR COUNTRY OF EXPATRIATION

Our recommendations to help you choose your package (Quartz, Pearl, Sapphire, Diamond) are based on healthcare costs in your country of expatriation.



## RECOMMENDED PACKAGE

COUNTRIES WITH **REASONABLE HEALTHCARE COSTS**  
**QUARTZ**

Cuba, Haïti, Honduras, Nicaragua, Salvador

COUNTRIES WITH **INTERMEDIATE HEALTHCARE COSTS**  
**PEARL**

Argentina, Barbados, Bolivia, Chili, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Peru

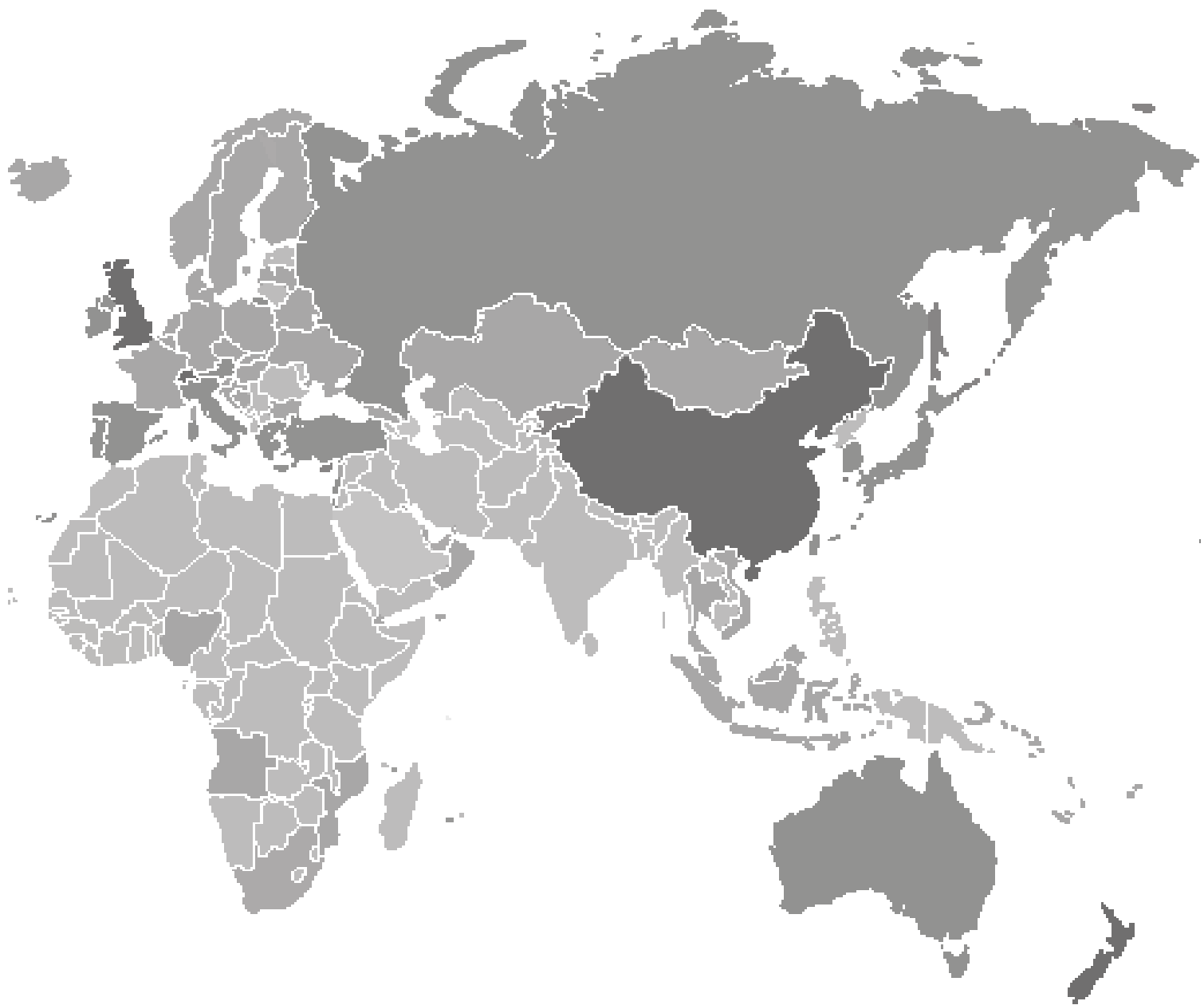
COUNTRIES WITH **HIGH HEALTHCARE COSTS**  
**SAPPHIRE**

Bahamas, Canada

COUNTRIES WITH **VERY HIGH HEALTHCARE COSTS**  
**DIAMOND**

Brazil, United States of America\*

\* The Relais'Expat+ plan as a top-up to CFE coverage is not available for the United States. If this is your country of destination, please refer to the First'Expat+ plan which provides the same coverage from the 1 st euro spent.



**RECOMMENDED PACKAGE**

COUNTRIES WITH **REASONABLE HEATHCARE COSTS**  
**QUARTZ**

Algeria, Benin, Cambodia, Gabon, India, Ivory Coast, Laos, Madagascar, Mauritius, Morocco, Philippines, Senegal, Tunisia, etc.

COUNTRIES WITH **HIGH HEATHCARE COSTS**  
**SAPPHIRE**

Australia, Austria, Greece, Ireland, Israel, Italy, Japan, Monaco, Portugal, Russia, Spain, Taiwan, etc.

COUNTRIES WITH **INTERMEDIATE HEATHCARE COSTS**  
**PEARL**

Belgium, France, Germany, Indonesia, Lebanon, Luxembourg, Malaysia, Netherland, Sweden, etc.

COUNTRIES WITH **VERY HIGH HEATHCARE COSTS**  
**DIAMOND**

China, Hong-Kong, Singapore, Switzerland, United Kingdom, etc.



# Hospitalization

Based on actual costs, within the limit of usual, customary and reasonable costs per member and per insurance year.

You don't have to worry about the cost of hospitalization. It is covered for as long as the plan member is in hospital, either as an outpatient or for several consecutive days.

Our client care team assists you and follows up on your case throughout the entire duration of your hospital stay and avoids you having to pay your medical expenses upfront.



The benefits below include the CFE reimbursement: **we reimburse the CFE portion of costs and the supplementary portion via a single reimbursement.** Thanks to our unique partnership with the CFE, you only need to send us one claim!

Within 4 days\* you receive your reimbursement: CFE portion + MSH portion.

\*on average

COVERAGE LEVELS - USA EXCLUDED <i>Annual healthcare benefits limit</i>	QUARTZ €400,000	PEARL €800,000	SAPPHIRE €1,600,000	DIAMOND €2,400,000
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Waiting period for psychiatric treatment and care : 12 months

Hospital room covered	Semi-private room €100 per day	Private room €150 per day	Private room €250 per day	Private room €450 per day
Room and board fees for a parent staying in hospital with a dependent child under the age of 16	€300 per year	€400 per year	€700 per year	100%
Outpatient hospitalization (including outpatient surgery)	100%	100%	100%	100%
Emergency hospitalization within the selected coverage zone	100%	100%	100%	100%
Emergency hospitalization outside the selected coverage zone, for trips of less than 60 consecutive days with an aggregate limit of 90 days per insurance year	100% up to 60 days per year	100% up to 60 days per year	100% up to 60 days per year	100% up to 60 days per year
Intensive care	100%	100%	100%	100%
Surgical procedures including fees, operating room and anesthesia	100%	100%	100%	100%
Consultations with general practitioners and specialists, including specialist procedures	100%	100%	100%	100%
Emergency dental care with hospitalization	100%	100%	100%	100%
Laboratory tests, MRI, x-rays, scans and tomography	100%	100%	100%	100%
Prescription drugs	100%	100%	100%	100%
Renal dialysis	100%	100%	100%	100%
Oncology (treatment of cancer)	100%	100%	100%	100%
Treatment of AIDS	100%	100%	100%	100%
Internal surgical and medical prostheses and devices	100%	100%	100%	100%
External surgical and medical prostheses and devices (for each prosthesis and limited to 2 prostheses)	€1200	€1800	€2500	100%
Palliative care	€10,000	€15,000	€25,000	100%

	QUARTZ	PEARL	SAPPHIRE	DIAMOND
Organ transplant (room, care and hospitalization fees)	100%	100%	100%	100%
Medical expenses for an organ transplant (medical and transportation expenses, including for the organ donor)	Not covered	€ 3 000 per transplant	€ 4,500 per transplant	€ 6 000 per transplant
Physiotherapy/physical therapy, chiropractic and osteopathy	€ 1,000 per year	€ 2,500 per year	€ 5 000 per year	100%
Psychiatric treatment and care <b>Waiting period of 12 months</b>	Not covered	€ 3,500 (up to 10 days per year)	€ 7,000 (up to 20 days per year)	100% (up to 30 days per year)

#### CARE FOLLOWING COVERED HOSPITALIZATION

Home hospitalization (on prescription)	Not covered	€ 1,500 per year	20 days per year	30 days per year
Reconstructive surgery following an accident occurring during the period of coverage	100%	100%	100%	100%
Immediate rehabilitation following a stay in hospital and commenced within 30 days of hospitalization	20 days per year	30 days per year	40 days per year	50 days per year

#### ASSISTANCE INCLUDED WITH HOSPITALIZATION BENEFITS

Medical evacuation: local transfer by ambulance or air ambulance to the nearest hospital	Provided by Europ Assistance			
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Medical assistance

Liaising between Europ Assistance doctors and local doctors,  
or your treating doctor



## Routine healthcare

Based on actual costs, within the limit of usual, customary and reasonable costs ,  
per member and per insurance year..

Taking care of your health means being able to go to the doctor each time you need to, which is why we do not only cover emergencies but also your **routine healthcare**: consultations with general practitioners and specialists (excluding dentists and psychiatrists), prescription drugs, laboratory tests, medical examinations and also sessions with physiotherapists and speech therapists as well as health check-ups.



Our unique partnership with the CFE makes your life easier: one contact available 24/7, reimbursements received within 4 days\*, and a 100% online experience.

\*on average

COVERAGE LEVELS - USA EXCLUDED <i>Annual healthcare benefits limit</i>	QUARTZ € 15,000 <i>or \$ 19,000</i>	PEARL € 30,000 <i>or \$ 38,000</i>	SAPPHIRE € 50,000 <i>or \$62,000</i>	DIAMOND Unlimited
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Waiting period for psychiatric treatment and care and prescription drugs for chronic diseases : 12 months

Consultations with general practitioners and specialists (other than dentists and psychiatrists) and specialist procedures	€ 80 per procedure or consultation	€ 130 per procedure or consultation	€ 180 per procedure or consultation	100%
Emergency dental care without hospitalization	€ 200 per year	€ 300 per year	€ 500 per year	€ 750 per year
Prescribed sessions of speech therapy, orthoptics, occupational therapy and nursing care	€ 500 per year	€ 1,500 per year	€ 2,000 per year	100%
Physical therapy <u>on</u> prescription	€ 1,000 per year, up to 12 sessions per year	€ 2 000 per year, up to 17 sessions per year	€ 3,500 per year, up to 22 sessions per year	100% up to 32 sessions per year
Osteopathy and chiropractic	10 sessions, with a maximum of € 50/\$60 per session	15 sessions, with a maximum of € 100/\$125 per session	25 sessions, with a maximum of € 150/\$190 per session	100% up to 35 sessions
Homeopathy, acupuncture and traditional Chinese medicine	3 sessions, with a maximum of € 50 per session	5 sessions, with a maximum of € 100 per session	7 sessions, with a maximum of € 150 per session	100% up to 10 sessions
Laboratory tests, MRI, x-rays, scans, tomography and physical diagnostic examinations on an outpatient basis	€ 2,000 per year	€ 3,500 per year	€ 7,500 per year	100%
Prescription drugs	€ 3,000 per year	€ 9,000 per year	€ 15 000 per year	100%
Prescription drugs for chronic diseases Waiting period of 12 months	€ 10,000 per year, with a lifetime maximum of € 50,000	€ 15,000 per year, with a lifetime maximum of € 75,000	€ 20,000 per year, with a lifetime maximum of € 100,000	100%
Psychiatry Waiting period of 12 months	5 sessions per year	10 sessions per year	15 sessions per year	20 sessions per year
Prescribed medical equipment	€ 1,000 per year	€ 1,500 per year	€ 2,500 per year	€ 4,000 per year
Prescribed contraception	€ 80 per year	€ 100 per year	€ 200 per year	€ 300 per year



	QUARTZ	PEARL	SAPPHIRE	DIAMOND
<b>WELLBEING &amp; WELLNESS</b>				
Vaccinations and preventive treatments prescribed for adults (over the age of 20 )	€ 200 per year	€ 350 per year	€ 500 per year	100%
Vaccinations and preventive treatments prescribed for children (under the age of 20)	100%	100%	100%	100%
Health check-up	Not covered	€ 150 tous les 3 years	€ 500 tous les 3 years	€ 1,000 tous les 3 years
Preventive Package covering all the procedures listed below:	Not covered	€ 500	€ 800	100%
PAP smear (1 per year)	Not covered	included	included	included
Mammogram for women aged 45 and over (every 2 years)	Not covered	included	included	included
Prostate cancer screening, for men aged 45 and over (every year)	Not covered	included	included	included
Screening for oral cancer (every 5 years)	Not covered	included	included	included
Screening for skin cancer (every 5 years)	Not covered	included	included	included
Colonoscopy, from age 50 (every 5 years)	Not covered	included	included	included
Annual screening for fecal occult bloods	Not covered	included	included	included
Bone density test, for women aged 45 and over (every 5 years)	Not covered	included	included	included
Dietitian	Not covered	Not covered	2 sessions per year, up to € 150 per consultation	3 sessions per year, up to € 200 per consultation
Nicotine replacement	Not covered	€ 50 per year	€ 75 per year	€ 100 per year



## Legal assistance and personal third-party liability

Benefits included as standard with your healthcare coverage

Because **dealing with a legal problem abroad** is even more complicated than usual, we have included legal assistance coverage. This benefit provides you with **assistance services and contributes to your legal costs**.

PERSONAL THIRD-PARTY LIABILITY	QUARTZ (EXCL. USA)	PEARL	SAPPHIRE	DIAMOND
Bodily injury	€ 3,000,000/\$3,000,000 per claim and per insurance year with a deductible of € 300/\$300 per claim			
Material damage	Up to € 1,500,000/\$1,500,000 per claim and per insurance year with a deductible of € 300/\$300 per claim			
Consequential financial loss	€ 300,000 €//\$ 300,000 per sinistre et per yearnée d'assurance avec une franchise de € 300/\$300 per sinistre			
Defense/Remedy (excluding expatriates in the USA)	€ 16,000/\$ 16,000			
Defense/Remedy (expatriates in the USA)	€ 30,000 €//\$ 30,000			
LEGAL ASSISTANCE	QUARTZ (EXCL. USA)	PEARL	SAPPHIRE	DIAMOND
Legal and tax information	Yes			
Intervention in case of a dispute with a third party or public body				
Assistance in case of loss or theft of means of payment				
Accompanying children under 6 or dependent persons				
Advance of bail bond up to € 16,000/\$20,000				
Assistance and advance of funds in case of overbooking				



## Optional benefits: Vision, dental, maternity and medical assistance/repatriation

Do you wear glasses? Are you looking for coverage of your dental costs? Choose the Visions + Dental option. If you are planning a pregnancy: add the Maternity option to your coverage.

**Our unique partnership with the CFE makes your life easier:** one contact available 24/7, reimbursements received within 4 days\*, and a 100% online experience.

\*on average

COVERAGE LEVEL	QUARTZ	PEARL	SAPPHIRE	DIAMOND
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### Dental + Vision option (Health<sup>+</sup>)

Based on usual, customary and reasonable costs as determined by us, per Member and per Insurance year

#### Dental



Waiting period: 3 months for dental care and periodontics, 6 months for dentures, dental implants and bone graft surgery, 12 months for orthodontics

Annual aggregate limit on dental benefits for the procedures listed below (excluding Orthodontics which has its own limit)	€ 1,000 up to € 250 per tooth	€ 1,500 up to € 400 per tooth	€ 2,000 up to € 500 per tooth	€ 3,500 up to € 600 per tooth
Routine dental care, dentures and dental implants, dental surgery, periodontics	Covered (excluding periodontics)	Covered	Covered	Covered
Orthodontics up to the age 16	Not covered	€ 800 per year for 3 years	€ 1,200 per year pendant 3 years	€ 1,500 per year pendant 3 years

#### Vision



Waiting period of 6 months

Lenses and frames, limited to one pair every 2 years	€ 100	€ 250	€ 400	€ 600
Cost of surgical treatments for visual corrections (myopia, hyperopia, astigmatism and keratoconus)				
Corrective contact lenses including disposable lenses	€ 100 per year	€ 200 per year	€ 300 per year	€ 400 per year

### Maternity option (Health<sup>+</sup> child)

Available only if the "Dental and vision" option has been selected



Waiting period: 10 months for maternity, 12 months for fertility treatment

Childbirth preparation classes, prenatal and postnatal care Waiting period of 10 months	€ 3,500 per year	€ 5,000 per year	€ 8,000 per year	€ 11,000 per year
Childbirth without complications (single or multiple births) Waiting period of 10 months				
Childbirth complications Waiting period of 10 months	Double the amount above			
Fertility treatment Waiting period of 12 months	Not covered	€ 900 per attempt (up to € 3,600 lifetime maximum)	€ 1,200 per attempt (up to € 4,800 lifetime maximum)	€ 1,500 per attempt (up to € 6,000 lifetime maximum)

## Optional additional medical assistance and repatriation

<b>ACCIDENT OR ILLNESS OF THE MEMBER</b>	<b>Based on actual costs</b>
Extension of stay of the Insured member or an insured companion	Hotel €150/\$190 per night (max. €1,500/\$1,900)
OR Return of an insured companion	Return ticket
OR Hospital visit	Round-trip ticket + €150/\$190 per night (max. €1,500/\$1,900)
Accompanying children under the age of 18	Round-trip ticket + €150/\$190 per night (max. 2 nights)
Return to the place of residence	Return ticket
Early return in the event of Hospitalization of a family memb	Round-trip ticket (max 1 per year/insured member)
Second medical opinion <sup>1</sup>	Assistance with organization
Psychological support	See general terms and conditions
<b>ASSISTANCE ON RETURNING HOME FOLLOWING REPATRIATION (FRANCE)</b>	<b>Based on actual costs</b>
Childcare	Round-trip tickets
Home help	10 hours
Care of pets	Transportation + boarding €155/\$195
Hospital comforts	€80/\$100
<b>ADVANCE OF HOSPITAL CHARGES</b>	<b>Within the limits of the healthcare plan</b>
<b>ASSISTANCE IN THE EVENT OF DEATH</b>	<b>Based on actual costs</b>
Transportation of the body	100% des frais réels
Cost of a coffin or urn	2 000 €/2 500 \$
Identification of the body and death formalities	2 round-trip tickets and hotel €150/\$190 per night per person (max. 2 nights)
Early return in the event of a family member's death	Round-trip ticket
Return of an insured companion	Return ticket
<b>TRAVEL ASSISTANCE</b>	<b>Based on actual costs</b>
Early return in the event of loss or damage to your place of residence	Return ticket
Early return or transportation to a secure zone in the event of an attack or a natural disaster	Return ticket or round-trip ticket to/from a secure zone
Transmission of urgent messages	Delivery charges
Delivery of medication	Delivery charges
Assistance in the event of the theft, loss or destruction of identity documents or means of payment	See general terms and conditions
Health and travel information	Information
Assistance with unplanned changes to travel plans	Organization
Mountain, sea and desert search and rescue costs	€ 15,000/\$18,750
Access to "123 Classez", the Europ Assistance data vaulting service	Free subscription to the website

# OUR SERVICES TO ASSIST YOU DAY AFTER DAY

## Online medical consultations

Certified doctors

24/7

In your chosen language

Service included in your plan



## Contact us 24/7

Direct payment in case of hospitalization

Second medical opinions from our consulting doctors and nurses



## Manage your account online

The MSH app and secured website allow you to:

Submit your claims by taking a picture of your supporting documents

Check your reimbursement

Geolocate healthcare professionals belonging to our medical network

Obtain a certificate of insurance or your insurance ID card

## Benefit from our medical network

Find an MSH-approved hospital

Health fact sheet for your country and advice on prevention



# OUR ANSWERS TO YOUR QUESTIONS

## HOW DO I TAKE OUT THE INSURANCE ?

Go to our website [www.msh-intl.com](http://www.msh-intl.com) and click on "Get a quote". You can also fill out an enrollment form and email it to us.

For further information, contact us directly at [contact@asfe-expat.com](mailto:contact@asfe-expat.com) or by telephone on +33 (0)1 44 20 48 77.

## WHO CAN APPLY ?

Our plans are available to adults under the age of 66 , and anyone under the age of 71 in paid employment, living outside of their home country.

## I SOMETIMES HAVE TO TRAVEL OUTSIDE MY CHOSEN PRICING ZONE. WHAT WILL HAPPEN TO MY HEALTHCARE COVERAGE ?

We have divided countries into 5 pricing zones depending on local healthcare costs. You can choose your zone when taking out the insurance.

If you're traveling in a lower zone of coverage than the one you selected, you'll be covered exactly as you are in your country of expatriation.

If you're traveling in a higher zone of coverage, you'll be covered only for accidents and illnesses in an emergency.

## CAN I BE COVERED FOR SEVERAL COUNTRIES OF EXPATRIATION ?

Yes.

We have divided countries into 5 pricing zones depending on local healthcare costs. You can choose your zone when taking out the insurance.

You can opt for a higher pricing zone in order to be covered in all your countries of expatriation. It's possible to select any pricing zone.

## I WOULD LIKE TO CHANGE MY LEVEL OF COVERAGE WHILE THE PLAN IS ACTIVE: IS THAT POSSIBLE ?

On the anniversary date of your plan, you can increase or decrease your level of coverage only once for the entire duration of your plan (by changing your healthcare package, adding or removing an option or a deductible etc.) However, once this change has been approved, you will not be able to change your level of coverage again.

## HOW LONG BEFORE I GO ABROAD SHOULD I TAKE OUT THE INSURANCE ?

The earliest you can enroll is three months before going abroad.

## DO WAITING PERIODS APPLY TO YOUR PLANS ?

Yes, waiting periods apply to our plans for :

- psychiatric care and treatment
- dental, vision and maternity optional benefits

For hospital treatment and routine medical care (such as, for example, seeing a doctor, buying medication etc.), there is no waiting period: you'll be covered as soon as your application for coverage is approved. For further information, please refer to the benefit schedules.

## I WAS PREVIOUSLY COVERED UNDER ANOTHER PLAN. CAN THE WAITING PERIODS IN YOUR PLANS BE WAIVED?

Yes.

If you were previously covered under a plan with an equivalent level of coverage in respect of benefits provided, reimbursement rates and coverage limits, the waiting periods for dental and vision benefits will be waived. The waiting period for Maternity, however, will remain in place.

## WHAT IS THE MINIMUM ENROLLMENT PERIOD?

Plans are taken out for a minimum period of 6 months. The plan is automatically renewed for one year on the anniversary of its effective date.

## WHEN DOES MY COVERAGE TAKE EFFECT?

You are covered on the effective date chosen when taking out the insurance (1st or 15th day of the month), at the earliest on the day following your enrollment.

## HOW DO I PAY MY PREMIUMS?

You can pay your premiums:

- in euros by SEPA CORE direct debit from an account in France, by check, wire transfer or credit card (online payments via our secure website or by telephone with one of our administrators),
- in US dollars by wire transfer or credit card.

Please note that, when you take out the insurance, the first payment must be made by check in euros or by credit card in euros or dollars.

## I HAVE SOME OTHER QUESTIONS : WHO SHOULD I CONTACT?

Please feel free to contact our team on +33 (0)1 44 20 48 77 or your local insurance professional who will be pleased to assist!


# RELAIS' EXPAT+

## ENROLLMENT FORM



on behalf of



In partnership with   
Caisse des Français de l'Étranger  
La Sécurité Sociale des Expatriés

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS, and return it to us:

By email to: [newapplication@msh-intl.com](mailto:newapplication@msh-intl.com) having first signed and scanned the entire enrollment form

By mail, using the contact details shown at the bottom of the last page of this form.

If you require assistance to complete this application for coverage, please contact us on +33 (0)1 44 20 48 77.

### 1 APPLICANT DETAILS

Only persons under the age of 71 may enroll in the plan.

Title: Mr  Ms

First name(s):

Last name:

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

Nationality (country for which you own a valid passport):

French Social Security/CFE membership number:

Home country (either your nationality country, or the country you would want to be repatriated to):

Country of expatriation (the country where you and your dependents (if applicable) live for more than 6 months of the year):

Mailing address in your main country of residence (mandatory):

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

Phone number:    country code:            area code:            number:

Email address (to receive email alerts for reimbursement statements):

Email address for premium invoices (if different from the above address):

Occupation (mandatory, please specify if you are a student):

Business sector:

Preferred language for contractual documents:    French     English



## 2 DEPENDENTS TO BE COVERED UNDER THIS PLAN

Dependents can include your spouse/partner and any children financially dependent on the applicant up to the day before their 20th birthday. If there is insufficient space for all dependents, please use another Application Form.

We would like you to bring our provisions related to personal data protection to your dependents' attention and more specifically to inform them of their right of access, rectification or erasure, restriction or opposition and portability of their personal data.

	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4
Relationship to applicant	Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Child <input type="checkbox"/>	Child <input type="checkbox"/>	Child <input type="checkbox"/>
First name				
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"/>
Nationality				
Home country				
Country of expatriation				
Occupation (mandatory, please specify if your are a student or unemployed)				
Business sector				

## 3 COMMENCEMENT OF COVER

Please indicate the date you require cover from (DD/MM/YYYY): / /  
(must be the 1<sup>st</sup> or the 15<sup>th</sup> of any month)

Backdated enrollments will not be accepted.

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

## 4 PLAN DETAILS

Select your level of healthcare coverage:

Quartz plan  Pearl plan  Sapphire plan  Diamond plan

Select your healthcare benefits:

- HEALTH: Inpatient care + Outpatient care\*
- HEALTH+: Inpatient care + Outpatient care\* + Vision + Dental
- HEALTH+ CHILD: Inpatient care + Outpatient care\* + Vision + Dental + Maternity

\* Inpatient care + Outpatient care\* include Legal assistance and Civil liability + Medical Evacuation

Select your coverage zone (your country of expatriation determines the minimum coverage zone):

The benefits apply in the **Selected coverage zone** and in lower **Coverage zones** (for example, if the **Selected coverage zone** is zone 3, the benefits will apply in zones 3, 2 and 1).

However, you may opt for a coverage zone which is higher than that corresponding to your country of expatriation.

- Zone 4:** Bahamas, Brazil, China, Hong Kong, Jersey, St. Barthelemy, St. Martin, Singapore, Switzerland, and United Kingdom + Zones 1, 2 and 3
- Zone 3:** Australia, Austria, Canada, French Polynesia, Greece, Ireland, Israel, Italy, Japan, New Zealand, Portugal, Qatar, Russia, Saint Pierre and Miquelon, Spain, Taiwan, Turkey, United Arab Emirates, and Vanuatu + Zones 1 and 2
- Zone 2:** Andorra, Angola, Argentina, Azerbaijan, Bahrain, Barbados, Belarus, Belgium, Bolivia, Bosnia and Herzegovina, Bulgaria, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, Finland, Georgia, Germany, Guatemala, Hungary, Iceland, Kazakhstan, Kuwait, Latvia, Lebanon, Liechtenstein, Luxembourg, Malaysia, Mexico, Monaco, Mozambique, Netherlands, Nigeria, Norway, Oman, Panama, Peru, Saudi Arabia, Slovakia, South Africa, Sweden, Thailand, Ukraine, Uruguay, Venezuela, Vietnam and Wallis and Futuna + Zone 1
- Zone 1:** Worldwide (including France) excluding countries from Zones 2 to 4

For clarity purposes, some islands and territories are not included in the list of countries. If your country of expatriation is not shown, please contact us.

We inform you that some of the countries listed above outside the European Union, to which your data may be transferred if you are living in one of them, may guarantee a level of protection different from the one provided for by the GDPR.

- I expressly agree that, to benefit from the healthcare benefits of my plan, my 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.

## 5 SELECT YOUR OPTION: ASSISTANCE AND MEDICAL REPATRIATION

YES  NO













## 9 PERSONAL DATA PROTECTION

MSH International, with its head office located in Season, 39 rue Mstislav Rostropovitch 75815 Paris cedex 17, France, conducts personal data processing actions required for your formal identification to access a secure area, for the issue of an insurance offering or policy, its management and monitoring and for compliance with regulatory requirements in the field of anti-money laundering and 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 International and the service providers involved in the administration of the insurance policy 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 length of time required by the administration service, 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 mail at the abovementioned address or by email at [dpo@s2hgroup.com](mailto:dpo@s2hgroup.com).

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.

## 10 INFORMATION NOTE

### **Please be advised of the following important information.**

Our analysis and sales offers have been made on the basis of the information, needs and requirements that you communicated and expressed during our meetings and correspondence. Please note that the quality and accuracy of the information communicated by the policyholder in terms of financial information and underwriting objectives directly influence the quality and consistency of our offer.

It is very important that you carefully read the general terms & conditions of your insurance policy, in particular the paragraphs dealing with the exclusions, policy term, waiting periods, definitions of the coverage and applicable measures in case of misrepresentation or non-disclosure.

Should you be dissatisfied in any way, your usual contact person is available to assist you.

You can also contact the Service réclamation (Complaints Department) at 23 allées de l'Europe 92 587 Clichy Cedex, France or the Complaints Department of your nearest regional head office (all contact details are available under "Contact").

In this case, we undertake to provide you with a reply no later than two months after receiving the necessary information related to your complaint, or, failing that, to keep you informed about the progress of the investigation into your complaint.

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

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

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

Please do not hesitate to contact us should you have any questions or concerns.

## 11 SIGNATURE OF THE ENROLLMENT FORM

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

- **GROUPAMA GAN VIE**, acting on behalf of GROUPAMA GAN VIE, for Healthcare coverage RELAIS'EXPAT+
- **EUROP ASSISTANCE** for the Medical Assistance & Repatriation coverage RELAIS'EXPAT +
- **CIVIS - AREAS** for Legal Assistance coverage RELAIS'EXPAT+
- **CHUBB** for Third-Party Liability Coverage

### **I HEREBY ACKNOWLEDGE:**

- I have joined the CFE ('Healthcare/Maternity' coverage as a minimum) to benefit from the top-up insurance plan Relais Expat+. The Franc'Expat plan (which covers medical care received in France but excludes care received abroad) and the Relais Expat+ product are not compatible.
- I understand the advice given by MSH INTERNATIONAL and agree to follow it. MSH INTERNATIONAL is a French brokerage company (registered with the ORIAS under no. 07 002 751) which designs and manages ASFE's entire range of insurance plans on its behalf, including the RELAIS'EXPAT+ plan.
- I have read and agree to the provisions of the general terms & conditions of RELAIS'EXPAT+ that constitute an information guide, from which I have kept a copy, and I agree to the specific terms and conditions of this enrollment form. I acknowledge that I have read about my opting-out right.
- I have been informed that my telephone conversations with the administration teams of MSH INTERNATIONAL may be recorded for internal management purposes and with a view to improving services. I may access these records by writing to MSH INTERNATIONAL - Gestion ASFE - 23 allées de l'Europe, 92587 CLICHY Cedex, France and attaching a document of identification to my request. Each record is kept for a 90-day period.
- I hereby acknowledge that enrollment to ASFE does not exempt me from any premium payable under any mandatory scheme to which I may be eligible.
- I have been informed that no payment will be made, whether directly or indirectly, to countries subject to sanctions, as provided, for example, by the United Nations, the Office of Foreign Assets Control (OFAC) of the US Department of the Treasury or the European Union.
- I acknowledge that I have received all the information related to the processing of personal data protection and that I have expressly agreed that, if I live outside the European Union and in order to benefit from an 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 understand that if I subscribe by email sending my signed and scanned enrollment file, I will have to keep the original enrollment file during all the duration of my membership at MSH INTERNATIONAL. I acknowledge that the original enrollment form can be asked for at any time. If I cannot provide it when asked, a lapse of coverage will apply.
- I acknowledge that I have informed my dependents under the plan of their rights regarding the protection of their personal data.

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

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

**In** (city/country, excluding USA):

**Date** (DD/MM/YYYY): / /

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

(in this case, please indicate your relationship (parent, guardian...) along with your first name and name preceded by "read and approved"):



## 12 COMPLETION OF YOUR ENROLLMENT FORM

To complete your enrollment, you need to send us:

- the **enrollment form** completed and signed,
- the **MEDICAL QUESTIONNAIRE** completed and signed, along with the additional medical details if you answered yes to any questions in the medical questionnaire,
- a **copy of your identity card** or passport,
- a **bank account slip** for your healthcare reimbursements from ASFE,
- a **certificate from your previous healthcare insurance** and a summary of benefits in order to possibly waive waiting periods,
- your **French Social Security/CFE membership number** or proof of your CFE membership<sup>(1)</sup> on which the start and end dates of your coverage are specified.

1. Important: the CFE Franc'Expat plan (which covers medical care received in France but excludes care received abroad) and our Relais Expat+ product are not compatible.

And for payment of your premium:

- The **direct debit authorization** (for French accounts only) completed and signed,
- or
- the **credit card authorization** completed and signed
- or
- a **check payable** to ASFE

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), 'LOGIN' section, at the top, right,
- your **member's guide**, including your general terms and conditions and a practical booklet to help you through your healthcare procedures and to provide you with clear and useful answers to the questions you are likely to have.

**ONLINE ENROLLMENT:**  
[www.msh-intl.com](http://www.msh-intl.com), under the "International Health Insurance"

**ENROLLMENT BY MAIL:**  
MSH International / ASFE - Service Adhésions  
23 allées de l'Europe - 92587 Clichy Cedex - France

We would inform you that any incomplete request will not be processed

**ASFE**, Association of Services For Expatriates, créée en 1992, est une association de loi 1901.

Sa vocation est d'apporter des solutions à tous les expatriés dans le monde entier en matière de couverture santé, prévoyance, assistance médicale / rapatriement, et responsabilité civile.

**MSH International**, concepteur et gestionnaire des contrats ASFE, est l'un des leaders mondiaux de la protection sociale internationale, avec plus de 400 000 personnes couvertes en situation de mobilité internationale à travers le monde.

MSH INTERNATIONAL met à votre service une équipe dédiée, disponible pour vous accompagner et vous conseiller au quotidien.

## YOUR CONTACTS

For further information or to apply for coverage, you can reach us using the contact details below:

- Telephone: +33 (0)1 44 20 48 77
- Email: [contact@asfe-expat.com](mailto:contact@asfe-expat.com)
- Website: [www.msh-intl.com](http://www.msh-intl.com)
- Facebook: MSH International