

TO CONTACT US

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INSURANCE & BANK

**ENROLLMENT FORM
FONDATION ALFRED KASTLER**

MEMBER

Guest Researcher Number (mandatory) (Fnak Registration Nb) :
Host Name and Address (laboratory, university, ...):
Duration of the scientific residence: Start date / / End date: / / Indefinite duration

Start date of insurance cover / / End date of insurance cover / /

Last name (capital) :
First(s) name(s) : Date of birth : / /
Nationality : Home Country :
Address in the Host Country :
Zip code : City :
Marital status : Married Single, Widower, Divorced Unmarried partner, Common law partner Gender : M F
Email : Phone number :
Address in the Home country :

BENEFICIARIES OF INSURANCE BENEFITS

SPOUSE, CIVIL UNION PARTNER, COMMON LAW PARTNER / Last name :
.....
First(s) Name(s) : Date of birth : / /
Gender : M F Nationality : Home country :

1st CHILD / Last Name :
.....
First(s) Name(s) : Date of birth : / /
Gender : M F Nationality : Home country :

2nd CHILD / Last name :
.....
First(s) Name(s) : Date of birth : / /
Gender : M F Nationality : Home country :

3rd CHILD */ Last name :
First(s) Name(s) : Date of birth : / /
Gender : M F Nationality : Home country :

*From the 4th child onwards, please complete the information on plain paper

CHOICE OF COVERAGE

HEALTH

I would like to apply for Health cover YES - NO

FULL COVERAGE (as of the 1st EURO incurred) (for Members who are not covered by French Social Security) :

Formule 1 (CJ n° 228155688) - Formule 2 (CJ n° 228155689) - Formule 3 (CJ n° 228155690) - Formule 4 (CJ n° 228155691)

ON TOP UP FRENCH SOCIAL SECURITY COVERAGE (For Members covered by French Social Security) :

Formule 1 (CJ n° 228155692) - Formule 2 (CJ n° 228155693) - Formule 3 (CJ n° 228155694) - Formule 4 (CJ n° 228155695)

LIFE PROTECTION

I would like to apply for Life Protection YES - NO

Member	< 30 years old	30 – 34 years old	35 - 39 years old	40 – 49 years old	50 – 59 years old	60 – 64 years old
<i>The annual contributions set in Euros change according to the age of the Member. Guaranteed lump sum in % of the French Annual Social Security Ceiling ("PASS") in force on the date of the event</i>						
Option 1	21 €	23 €	29 €	49 €	127 €	228 €
Option 2	42 €	47 €	58 €	98 €	254 €	456 €
Option 3	85 €	93 €	117 €	195 €	509 €	912 €

BENEFICIARY DESIGNATION

I am aware that, in the event of my own death and according to the chosen Option, the all-cause death insurance cover shall guarantee the payment of a lump sum based on the Annual Social Security Ceiling (ASSC, that is in French the 'Plafond Annuel de la Sécurité Sociale', PASS) to the designated beneficiary(-ies) or in advance, to me in the event of my Total and Irreversible Loss of Autonomy (PTIA).

I, as a Member, choose the designation statement that informs that the death benefit shall be served to:
The Member's spouse who is not legally separated; or failing that, to the civil union partner,
Failing that, in equal shares between them, to the Member's living or represented children, and to the spouse's dependent children,
Failing that, in equal shares between them, to the Member's parents or to the surviving one of them,
Failing that, to the Member's heirs according to the devolution of the estate.

I do not retain the above designation and hereby designate as the beneficiary of my death benefit :

.....
.....
.....
.....
.....

Please note that the designation becomes irrevocable in the event of acceptance of the beneficiary (except in the case of a revocation of the beneficiary permitted by law).

STATEMENT OF GOOD HEALTH

I hereby declare that
- I am not currently on total or partial leave from work due to illness or accident,
- I am not on LTD (Long-Term Disability, in French: 'ALD', Affection de Longue Durée) nor benefitting from a 100% coverage by the French compulsory health insurance or by any other organization, nor have applied to such schemes,
- I do not benefit nor have previously benefited from a 2nd or 3rd category Disability Pension, nor from any disability pension from any type of plan, although presenting a permanent disability rate over 50%.

IMPORTANT INFORMATION

I acknowledge that I have been informed of the consequences that could result from an omission or a false declaration as provided for in Articles L113-8 (nullity of the membership) and L113-9 (reduction of benefits) of the French Insurance Code.

REPATRIATION ASSISTANCE IN CASE OF DEATH

I would like to apply for Repatriation Assistance cover YES - NO

Repatriation to Home Country in case of death:
..... Person(s) * € 15.40 = €

LEGISLATION ON THE PROCESSING OF PERSONAL DATA

As part of your relationship with a Company of the AXA Group for an insurance policy, the former shall mainly use your data for transfer purposes, management (including commercial management) and performance of the policy. Your data might also be used (i) in the context of litigations, (ii) for the prevention of money laundering and the financing of terrorism, (iii) in order to comply with any applicable regulations, or (iv) for the analysis of all or part of your personal data collected within the AXA Group and that may be cross-referenced with those of other selected providers or partners in order to improve our Insurance products (research and development), assess or predict your status (attractiveness rating) and customize your experience as an Insured member. Any collected data relating to your health shall exclusively be used for the transfer, management and implementation of your insurance policy.

Your personal data will be stored for as long as necessary to process these transactions, or during the specific period granted by the CNIL -French National Committee for Data Protection and Liberties- (Insurance business standards) or by the Law (legal requirements).

Your personal data shall only be communicated to AXA Group companies, insurance brokers, reinsurers, partners or duly authorized professional bodies or subcontractors who need to access them to process such operations. For data recipients located outside the European Union, the transfer is limited to (i) countries listed by the European Commission known to provide sufficient and adequate data protection or (ii) to data recipients which comply either with the standard contractual clauses proposed by the CNIL or with AXA's internal company rules on data protection (BCR). Any collected data concerning your health shall only be communicated to the Insurer's duly authorized subcontractors.

We are legally required to control that your data are accurate, comprehensive, and if need be, fully updated. We may therefore ask you to check that; otherwise we may have to add information to your file (for instance by saving your email address, when you write us an e-mail)

You benefit from a right of access, rectification, erasure or opposition and portability of your personal data as well as the right to organize instructions upon your death, choose to limit the use of your personal data or object to their processing. In case you have specifically and expressly authorized the use of part of your personal data, you may exercise your right of withdrawal at any time, provided that such data are not key data for the implementation of your insurance policy.

To exercise your rights, you can send an email to our Data Protection Officer at the following address: service.informationclient@axa.fr or by mail (AXA France- Service Information Client- 313 Terrasses de l'Arche 92727 Nanterre Cedex- France.)

In case of a complaint, you can choose to refer the matter to the CNIL.

For further information, please visit the website: www.axa.fr/donnees-personnelles.html.

I am informed that AXA France may use my personal data to promote its insurance, banking and assistance offers.

I can object to this by ticking the box opposite .

I, the undersigned,

. hereby apply to join the above-mentioned group insurance policy (-ies)

. hereby certify the accuracy and sincerity of the above statements which will serve as the basis for my subscription to the policy (-ies), whether or not they have been written in my name or not

. hereby declare that I have read the Information Booklet containing the provisions of the general conditions of the group insurance policy taken out by the Fondation Nationale Alfred Kastler.

Done in :

Signature of the Member preceded by the words
« read and approved »

On / /

Important: Any printout that is too full, crossed out, showing multiple entries or showing the use of different pens will be systematically returned to the Member.

SUPPORTING DOCUMENTS

In addition to this completed and signed document :

- your Bank details from your bank in France as soon as possible for the health cover only,
- a copy of your Social Security certificate (if applying for a cover on top of French Social Security benefits),
- the email of the reception of your Guest Researcher Number by your Euraxess Centre or FnAK,
- one identity document per person to be insured.

These documents are mandatory for the processing of your application.

You can send us your payment:

- By cheque payable to AXA Assurances,
- By bank transfer by requesting our Bank details

WARNING :

Coverage is provided for the period requested and for a maximum of one year, there is no automatic renewal. To renew, you must send us a new application with all the necessary documents.

All persons in the same family must subscribe to the same coverage.