MSH INTERNATIONAL
SIACI SAINT HONORE GROUP

AARO THE ASSOCIATION OF AMERICANS RESIDENT OVERSEAS

APPLICATION FORM

Primary insured member must be aged at least 18. If a couple, please fill out two application forms and medical questionnaires.

■ Insured Member

☐ Mrs. ☐ Miss ☐ Mr.

Last name:_____ First name: _____

Your AARO identification number:_____ Family status: _____

Date of birth |__|__| |__|__| |__|__|__|__| (DD MM YEAR) Nationality: _____

Occupation _____

Country of expatriation (outside USA): _____

Social security member (outside USA): yes ☐ no ☐

Social security no.: _____

Home phone no._____ Mobile phone no. _____

E-mail_____

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

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

■ Other person(s) to insure (subject to the acceptance of your enrollment)

		Last name, first name	Sex	Date of birth (dd/mm/yyyy)
Spouse				
Dependent child*	1			
	2			
	3			

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

For family coverage, the premium is determined by the age of the oldest couple member, who will be considered as the primary insured.

■ Effective date of coverage requested (subject to the acceptance of your application)

☐ The 1st day of the following month after MSH INTERNATIONAL receives it: _____

☐ A subsequent date (dd/mm/yyyy): |0|1|/|__|/|__|__|__|__|

■ Benefits chosen - Choose the plan best suited to your needs

Your coverage: ☐ Single ☐ Family

If you are a couple, please tick SINGLE & fill out two application forms & two medical questionnaires.

TYPE OF COVER (choose one of each)

1 - ☐ FIRST EURO (for individuals not benefiting from any Social Security system).

or

☐ SUPPLEMENTARY COVER:

- ☐ In complement to the French Social Security system
- ☐ In complement to the Austrian, Belgian or the Czech Republic Social Security system

2 - ☐ HEALTH CARE BENEFIT MODULES

- ☐ Option 1: Hospitalization only
- ☐ Option 2: Medical (hospitalization + outpatient & maternity)
- ☐ Option 3: Comprehensive (hospitalization + outpatient & maternity + dental & optic)

3 - ☐ REIMBURSEMENT LEVEL (concerns only Option 2 & Option 3)

- ☐ AARO GOLD
- ☐ AARO SILVER

PREMIUMS

1 - Total amount of your annual premiums_____Euros

The cost of the premium depends on the insured member's age as from January 1 of the enrolment year.

For family coverage, we remind you that the premium is determined by the age of the oldest couple member.

2 - Frequency of premiums payment

☐ Annual ☐ Biannual

☐ Quarterly ☐ Monthly, by direct debit on French account

3 - Means of payment

☐ By check in Euros made payable to MSH INTERNATIONAL

☐ By credit card (please fill in authorization to debit credit card form attached for first payment & thereafter online payment will be made available for the following payments).

☐ By Direct Debit from a French Bank Account (please fill in authorization to direct debit form attached)

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

Town/City_____Date |__|__| |__|__| |__|__|__|__|

Signature of insured participant (preceded by "Read and approved")