

What NHS papers entitled you to register with C.P.A.M? (if applicable)		<input type="checkbox"/> E.H.I.C.	<input type="checkbox"/> S1/E106	<input type="checkbox"/> S1/E109	<input type="checkbox"/> S1/E121
What Social Security regime are / will you be affiliated to?		<input type="checkbox"/> C.P.A.M	<input type="checkbox"/> R.S.I	<input type="checkbox"/> C.M.U.(C)	<input type="checkbox"/> OTHER
Please indicate your:	<u>Social Security Number</u>		<u>Organisme d'affiliation</u>		
Policy holder:					
Spouse / Partner:					
Children are affiliated to:	<input type="checkbox"/> Policy holder - <input type="checkbox"/> Spouse / Partner		<input type="checkbox"/> Policy holder - <input type="checkbox"/> Spouse / Partner		

	Policy holder	Spouse / Partner	1 st Child ≤ 20	2 nd Child ≤ 20	3 rd Child ≤ 20
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name					
First name					
Date of birth					

I DECLARE THAT ALL INFORMATION IS CORRECT. ERRONEOUS APPLICATIONS COULD RENDER THE POLICY NULL AND VOID. BY THIS APPLICATION, I AND ALL PERSONS INCLUDED TO THIS POLICY HERBY DECLARE **ELIGIBLE TO A MANDATORY HEALTH INSURANCE SCHEME IN FRANCE** OR ANY OTHER COUNTRIES GIVING **ACCESS TO A FRENCH MANDATORY HEALTH INSURANCE SCHEME** AND HAVE UNDERSTOOD ITS PURPOSE AND WORKING. IN CASE OF CHANGES TO YOUR SITUATION, SOFICAS MUST BE INFORMED **IMMEDIATELY** IN ORDER TO AMEND OR TERMINATE THE CONTRACT.

I would like to subscribe the following level of cover :							
Please mark with a "X" your chosen level of cover as well as any reductions that can be applied.	BHW1	No Frills €/m	BHW2	Basic €/m	BHW3	Comfort €/m	BHW4
	- 10 %	Additional reduction for simultaneous spouse/partner subscription. This reduction applies to all members and for the duration of the policy.					
	- 8 %	Additional reduction for simultaneous subscription to a SERENOVA funeral policy. Subscription for at least one ADULT member, min 2000€ , max 85 years. Please contact your SOFICAS agent for more details and tariffs.					
Please indicate final monthly premium taking into account relevant reductions. Reductions are to be calculated separately: -10% if applicable followed by - 8% if subscribed.					,..... €/m	

I would like my cover to take effect on the :		DO NOT WRITE IN THIS ZONE <input type="checkbox"/> CLIENT <input type="checkbox"/> AGENT ___ <input type="checkbox"/> SOFICAS <input type="checkbox"/> Loïc <input type="checkbox"/> Ech P <input type="checkbox"/> Envoi ___/___/___
<input type="checkbox"/> - 1 st of this month (Applications received before the 10 th only)	<input type="checkbox"/> - 1 st of next month (Applications received no later than 10 th of next month)	
<input type="checkbox"/> - When my policy with _____ ends on ___ / ___ / 20___		
NB: All French health insurance policies must be cancelled by "LRAR" within a set time limit before your "echeance principale" as stated in the "CG". This date is rarely specified on your "ATPS" or "Tiers Payant" slips so please refer to your original contract. It is sometimes possible to cancel upon renewal however, not all companies, including GIEPS are affected by the "Loi Chatel" and therefore will have to commence the following year. Please ask your SOFICAS agent for advice.		

I wish for the premiums to be paid :	
All cheques made payable to AFPS Please include SEPA authorisation document for all direct debits.	<input type="checkbox"/> Yearly I include a cheque for the remaining month in the year +15€
	<input type="checkbox"/> Half-yearly I include a cheque for the remaining month in this half year +15€
	<input type="checkbox"/> Quarterly I include a cheque for the remaining month in this quarter +15€
	<input type="checkbox"/> Monthly (by direct debit only) but I include a first cheque for one month +15€
I enclose a cheque for€ corresponding to month(s) premium + 15 € entrance fee.	

A part of SOFICA'S research into finding better quotes maintaining similar policy conditions, I authorise SOFICA'S to carry out all the necessary transactions for the transfer.

Date: ___ / ___ / _____ **SOFICA'S** Signature: