4 rue Francis Martin - 33000 BORDEAUX
Tél.: 05 56 51 91 60
Fax.: 05 56 51 91 62
E-mail : info@soficas.fr
Internet : www.soficas.fr

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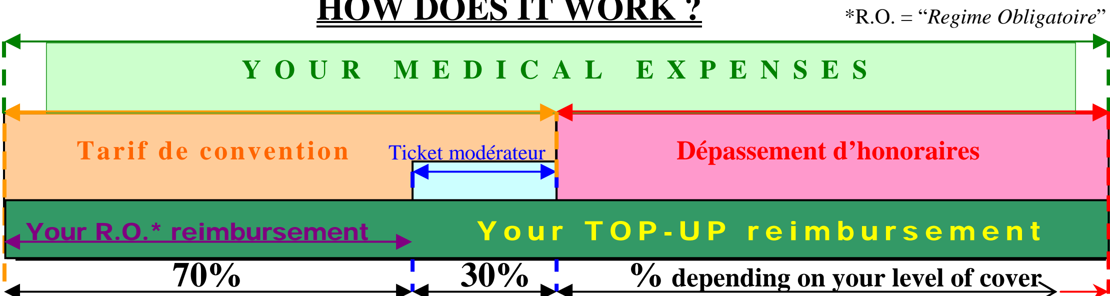
Ref: APRIL 1er Euro

Dear Sir / Madame

Please find enclosed our Health Insurance Proposal. You have a selection of guarantees, which are expressed as a percentage of the "*Tarif de Convention*".

HOW DOES IT WORK ?

*R.O. = "*Regime Obligatoire*"



WHEN DOES IT WORK ?

- **Automatic reimbursements with your "Carte Vitale" = "Télétransmission"**
- **No money to be advanced at the chemist. "Tiers payant"**
- **"Prise en charge" possible on demand.**
- **Hospitals stay expenses are paid directly by the company. "Frais de séjours and chambre particulière"**

WHAT WILL YOU HAVE TO SPEND ?

CPAM + TOP-UP = FULL COVER

	CPAM	TOP - UP	FULL COVER	Your expenses
Doctors visits	70%	30%	100%	0€
Prescription	35%	65%	100%	0€
Medication	65%	35%	100%	0€
Labs / X-rays	70%	30%	100%	0€
Dental care	70%	30%	100%	0€
Hospital stay	0%	100%	100%	0€

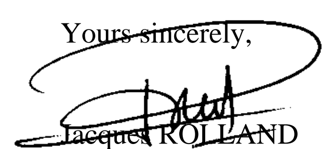
All that remains for you to do is select the suitable level of cover.

Complete the **Health insurance offer form**.
Include the following documents and return them **dated and signed** to **SOFICAS**

- A **Relevé d'identité bancaire ou postal.** This **RIB** gives us your bank details for all reimbursements.
- The "**autorisation de prélèvement**" **Dated and signed** if you wish to pay by direct debit. (*Direct debit starts after the first instalment if made by cheque. Please refer to* ***Health insurance offer form***).
- A photocopy of your **CPAM attestation** stating your **insurance number** and "**organisme d'affiliation**". (*If this number changes or if you do not have an attestation* ***you must send a copy when you receive it***).
- The **French** medical questionnaire if application for Full Cover only.

If you have any questions, please do not hesitate to contact us at the office on 05 56 51 91 60

Yours sincerely,



Jacques ROLLAND

APRIL 1st €: A health insurance plan specifically designed and only for people **not subject to a mandatory health insurance scheme.** *Subscription limit: ≤65*	**Level 1** **Minimum cover to replace CPAM**	**Level 2** **Equivalent to CPAM & Top-Up**	**Level 3** **Allows excess fees for private sectors**
HOSPITAL CHARGES			
Medical and surgical hospitalisation, surgical fees **Fixed hospital charge**	**100 %** **Totally refunded**	**100 %** **Totally refunded**	**150 %** **Totally refunded**
ROUTINE HEALTH CARE			
GPs, specialists, radiology, paramedics, outpatient care, routine medical care	**75 %**	**100 %**	**150 %**
MEDICAL ANALYSIS			
Medical analysis	**75 %**	**100 %**	**100 %**
PHARMACY			
Medically prescribed pharmacy services	**70 %**	**100 %**	**150 %**
MEDICAL DEVICES			
Orthopedy, hearing aids, small medical devices	**75 %**	**100 %**	**150 %**
AMBULANCE TRANSPORT			
Prescribed medical transport	**75 %**	**100 %**	**150 %**
DENTAL CHARGES			
Dental care **Accepted orthodontic services (1)** **Accepted dental prosthesis**	**100 %** Reimbursement ceiling per insured person: 1st policy year*: **304,90€** From 2nd policy year*: **609,80€**	**100 %** Reimbursement ceiling per insured person: 1st policy year*: **381,12€** From 2nd policy year*: **762,25€**	**150 %** Reimbursement ceiling per insured person: 1st policy year*: **533,57€** From 2nd policy year*: **1,067,14€**
OPTICAL CHARGES			
Accepted glasses and lenses (1) **Accepted spectacle frames (1)**	**100 %** **62,50€** maximum per policy year*	**100 %** **83,59€** maximum per policy year*	**150 %** **103,89€** maximum per policy year*
ACCEPTED THERMAL TREATMENT (1)			
Fixed rate excluding any other reimbursement	**6,51€ per day** 21 days maximum per policy year* and per insured person	**12,37€ per day** 21 days maximum per policy year* and per insured person	**16,81€ per day** 21 days maximum per policy year* and per insured person

*Policy year: a one-year period between two anniversary dates.
(1) By April, provided they are medically prescribed and covered by the French Social Security scheme.

Reimbursement expressed as a percentage of the official rates set by the French Social Security, within the limits of the expenses actually incurred.
All fixed rates and coverage ceilings listed on the table below are only applicable once per policyholder and per policy year. *
They cannot, therefore, be carried over from one year to another.

MONTHLY PREMIUMS		**Level 1**	**Level 2**	**Level 3**
	Policy holder			
	Spouse/Partner			
Premiums set by each individual company are liable to change. On reception of your application and in case of price difference, you will be informed before registration.	**Children**			
	TOTAL			

SOFICA's

SPECIALIST in MEDICAL INSURANCE in FRANCE

HEALTH INSURANCE OFFER

Ref:

Name: First name: ☎ :

Address: Post code: Town:

Persons to benefit from guarantees chosen

	Policy holder	Spouse / Partner	1st Child	2nd Child	3rd Child
Name					
First name					
Date of birth	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __

I AND ALL PERSONS INCLUDED TO THIS POLICY HERBY DECLARE **INELIGIBLE** AND HAVE BEEN **REFUSED** ACCESS TO ANY MANDATORY HEALTH INSURANCE SCHEME IN FRANCE OR ANY OTHER COUNTRIES GIVING **ACCESS TO OR REPLACING A FRENCH MANDATORY HEALTH INSURANCE SCHEME** AND HAVE UNDERSTOOD ITS FUNCTION. IN CASE OF CHANGES TO YOUR SITUATION, SOFICAS MUST BE INFORMED **IMMEDIATELY** IN ORDER TO AMEND YOUR CONTRACT.

Please ☒ your preferred options:

Level 1 ☐

Level 2 ☐

Level 3 ☐

	Level 1	Level 2	Level 3
Policy holder	€/m	€/m	€/m
Spouse / Partner	€/m	€/m	€/m
Children	€/m	€/m	€/m
TOTAL	€/m	€/m	€/m

I would like my cover to take effect: ☐ Immediately ☐ 1st of next month ☐ Preferred date __ / __ / __

Actual start date depends on medical acceptance by APRIL and payment of first premium.

I wish for the premiums to be paid:

	Direct debit	Cheque
Yearly	O	O
Half-yearly	O	O
Quarterly	O	NA
Monthly	O	NA

If by direct debit, please ☒ preferred debit day of month: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

*APRIL applies a **2,50€** charge for each payment segment.*
e.g. If you chose to pay Half-yearly you will be charged 2 x 2,50€/y

An associative contribution of **0,80€/m** is applied from 01/01/2013

Include only a 20€cheque upon subscription payable to APRIL

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: ....

Important Bordereau d'autorisation de prélèvement

N° assureur-conseil :

Nom et prénom de l'adhérent principal : ....

Date de naissance

Autorisation de prélèvement

A joindre impérativement

J'autorise l'établissement teneur de mon compte à prélever sur ce dernier si sa situation le permet tous les prélèvements ordonnés par le créancier ci-contre. En cas de litige sur le prélèvement, je pourrai en faire suspendre l'exécution par simple demande à l'établissement teneur de mon compte. Je réglerai le différend directement avec le créancier.

A compléter obligatoirement **Le débiteur**

Nom : ....

Prénom : ....

Adresse : ....

....

Code Postal : Ville : ....

Date : Signature :

Le créancier : **APRIL Assurances** N° national d'émetteur : 142 662
Immeuble Aprilium 114 boulevard Marius Vivier Merle - 69439 Lyon cedex 03

Codes **Le compte à débiter**

Etablissement Guichet N° de compte Clé RIB

L'Etablissement teneur du compte à débiter

Nom : ....

Adresse : ....

....

Code Postal : Ville : ....

Je renvoie cet imprimé au créancier en y joignant obligatoirement un relevé d'identité bancaire (RIB) ou postal (RIP) (agrafé au dos).