

Subscriber

I the undersigned _____ First name(s) _____ Last name(s) _____

Sex: ☐ F ☐ M Date of birth: _____ Country of nationality: _____

dd/mm/yyyy

Postal address

Address: _____

Address precisions: _____

Postal code: _____ City: _____ Country: _____

Telephone: _____ Subscriber's email: _____

Sector of activity: _____

Occupation: _____

Are you a PEP (Politically Exposed Person): ☐ Yes ☐ No*PEP: someone who has been appointed by a community institution, an international body or a state to a high-profile position within the last 12 months.***I also would like to cover the following family members:****My spouse**Sex: ☐ F ☐ M

First names(s): _____ Last name(s): _____

Date of birth: _____ Country of nationality: _____

dd/mm/yyyy

Sector of activity: _____

Occupation: _____

Are you a PEP (Politically Exposed Person): ☐ Yes ☐ No*PEP: someone who has been appointed by a community institution, an international body or a state to a high-profile position within the last 12 months.***My child/children**

Sex	First name(s)	Last names(s)	Date of birth dd/mm/yyyy	Country of nationality
F M				
F M				
F M				
F M				
F M				

Country(ies) of coverage

Expatriation country: _____

Please note that for contracts denominated in USD, Cuba is not eligible as a country of expatriation.

For stays outside your country of expatriation of less than seven weeks, you remain covered in case of an emergency (except in Afghanistan, North Korea, Iran, and Syria).

Would you like to be covered in your country of nationality? ☐ Yes ☐ No*The maximum coverage duration in the country of nationality is 6 months per membership year. Nationals of the following countries cannot be covered in their country of nationality: Afghanistan, North Korea, United Arab Emirates, Iran, Morocco, Russia, South Sudan, Switzerland, Syria.*

Additional coverage country: _____

If you regularly stay in a country other than your expatriation country and would like to benefit from the same level of coverage as that which you have in your expatriation country. For contracts denominated in USD, Cuba cannot be an additional coverage country.

Coverage

Coverage type: 1st euro 1st dollar CFE Top up (in euro)

Please note that this choice also determines the currency in which premiums are paid.

All plans include a basic assistance guarantee: Evacuation Repatriation.

The Dental and Optical option, as well as the Maternity option, can only be selected if you have already chosen the Routine Medical Care, Prevention and Screening option.

Bronze	Silver	Gold	Platinum
Hospitalisation Max. limit of 500 000 EUR/USD per contrat year + Evacuation Repatriation	Hospitalisation Max. limit of 1 000 000 EUR/USD per contrat year + Evacuation Repatriation	Hospitalisation Max. limit of 2 000 000 EUR/USD per contrat year + Evacuation Repatriation	Hospitalisation Max. limit of 3 000 000 EUR/USD per contrat year + Evacuation Repatriation
Routine Medical Care, Prevention and Screening option			
	Level 1	Level 1	Level 1
		Level 2	Level 2
			Level 3
Dental and Optical (possible only if you have opted for the Routine Medical Care, Prevention, and Screening option)			
	Level 1	Level 1	Level 1
		Level 2	Level 2
Maternity (possible only if you have opted for the Routine Medical Care, Prevention, and Screening option)			
	Level 1	Level 1	Level 1
		Level 2	Level 2

If you have chosen the Maternity option, it covers: Myself My spouse

Would you like to add a deductible to your Health coverage?

Would you like to subscribe to the Assistance Plus option? Yes No

Effective Date and Payment Information

I would like to be covered starting from:

*It is **important to note** that the effective date of the policy cannot occur less than 8 days following the receipt of your application form and supporting documents.*

Payment Method

SEPA Direct Debit (for contracts in EURO)

Credit Card Debit

Bank transfer

Frequency

Annually

Semi-annually

Quarterly

Monthly

The premiums are payable in advance. The annual membership fee to the Globe Partner Association is €20 EUR per contract or \$30 USD for contracts in dollars.

Important: The contract takes effect at the earliest 8 (eight) days after receipt of the complete subscription file. Furthermore, and subject to medical approval, the contract cannot take effect before the date the client accepts the terms and conditions. The rate applied corresponds to the rate in effect on the date the quote is issued, but it may be revised in the event of a change in age, country of destination or a pricing adjustment before final acceptance.

Completed in _____ on the _____
City, country dd/mm/yyyy

Subscriber's signature

Broker's reference: _____



About your personal information



The information collected by ACS, insurance broker, simplified joint-stock company registered under number 317 218 188 RCS Paris, and located at 153, rue de l'Université – 75007 Paris, France, either directly from you or via your insurance intermediary, is subject to data processing for the sole purpose of:

- preparing, concluding, managing and executing your quote or contract (study of needs, underwriting, calculation and collect of premium, preparation of endorsements, claims management, treatment of complaints if any...),
- enforcing regulations related to anti-money laundering and terrorist financing prevention, fight against fraud,
- elaborating statistical and actuarial studies,
- redistributing risks via reinsurance or coinsurance.

They will be retained 3, 5 or 10 years in accordance with applicable laws and regulations.

The processing of such data is carried out in compliance with the requirements applying to the collection, processing, recording, organization, purpose limitation and data minimization, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transfer, dissemination, security of personal data.

The recipients of such data are, within the limits of their relevant assignments and according to applicable purposes, the insurers, reinsurers, insurance intermediaries (your direct broker, if applicable), and eventually their subcontractors, which intervene in the context of the execution or the management of your contract, third party administrators, the mediator if a case is submitted to him/her, authorities legally authorized to manage your complaints, Tracfin for the fight against terrorism and anti-money laundering. Your data may also be transmitted to any person benefiting from the contract (subscriber, insured, member, and beneficiary of the contract).

You expressly accept the collection and processing of data concerning your health. This information is necessary for the execution and the management of your contract and your benefits, which is the sole purpose of the processing, and made in accordance with the regulations of medical confidentiality. This information is exclusively intended for the medical advisors of ACS, its departments in charge of managing your benefits, its third- party administrators and assistance providers if applicable, as well as for the insurers and reinsurers of your contract.

In addition, we inform you that your personal data, or that of other parties concerned by or benefiting from the contract, may be transferred outside the European Union if necessary for the performance of your contract.

The sole purpose of such transfers is to allow the performance of insurance and assistance claims, and only the data necessary for the achievement of this purpose are transferred.

The recipients or categories of recipients authorized to receive the data are the accredited staff of the medical administrators and assistance companies as well as of the insurers, where appropriate.

These transfers are made according to the regulations relating to the protection of personal data applicable in the European Union.

In accordance with the French data protection law n° 78-17 of January 6 1978 as amended in 2004 and 2018 and to EU regulation 2016/679 of April 27th 2016, you have the right to Access, Rectify, Erase, and to the Portability of, any data concerning yourself, as well as the rights to the Restriction of and to Object to the processing of your personal data, which you can pursue by writing to our Data Protection Officer: dpo@acs-ami.com or by postal mail to « ACS, To the attention of the DPO, 153, rue de l'Université, 75007 Paris, France » (together with a copy of an official ID).

You may send a complaint:

- On the CNIL website by filling out the online form
- By postal mail writing to CNIL - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07 FRANCE

Regarding your health data, these rights may also be exercised by writing to the ACS Medical Consultant (ACS, To the attention of the Medical Consultant, 153, rue de l'Université, 75007 Paris, France) together with of a copy of an official ID.

You may receive commercial offers from our company for products or services similar to those you have requested. Should you wish to receive commercial offers from our company, please check this box:

ACS – ASSURANCES COURTAGES ET SERVICES

📍 153 RUE DE L'UNIVERSITÉ, 75007 PARIS – FRANCE

☎ + 33 (0)1 40 47 91 00

✉ contact@acs-ami.com 🌐 www.acs-ami.com

317 218 188 RCS Paris – S.A.S. with a capital of 150,000 € - ORIAS No. 07 000 350
(www.orias.fr) For any complaint, you can write to our Complaint Service at the adjacent address. Operates under the control of the Prudential Control and Resolution Authority (ACPR), 4 place de Budapest CS 92549, 75436 Paris Cedex 09 France.

