



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

82 Avenue François Mitterrand 91200 ATHIS-MONS

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MEMBERSHIP FORM for FIA members

To be returned no later than the 20th of a month for an effective date the 1st of the following month.

Miss Mrs. Mr.

Surname & Firstname : _____

Postal address : _____

Country : _____

☎ : _____ 📠 : _____

E-mail address : _____

(I hereby authorize APPN to use my email address to contact me for any matter relating to my guarantees)

Date of birth : _____

Family status : married single divorced marital union widowed separated

Number of children : _____

Employer's Name : _____

Airport Base : _____

Contractor Agency's Name : _____

Function : CP FO Instructor

Membership with a pilots association / trade union :

Yes Name of the union : **FIA** Félag íslenskra atvinnuflugmanna (*Icelandic Airline Pilots Association*)

I hereby refuse my personal details to be used for a prospecting by the insurers

I apply for the following guarantees and request the effective date to be 1st _____

(Under condition of an immediate approval of the request of insurance).

	CAPITALS	MONTHLY PREMIUM
LIFE INSURANCE (D)	€	€
DEFINITIVE LOSS OF LICENCE (LOL)	€	€
TEMPORARY LOSS OF LICENCE (TLOL) E _____	€/ month	€
subtotal		€
discount : - 25 years: 10% / -30 years : -5% surcharge : from 40 years: +10%		€
<i>APPN's fees: 7,00 €/month</i>		€
Monthly Provisional Premium		€

I pay my contributions using : Bank transfer Credit card

Payment Patterns : quarterly in advance six-month in advance annual in advance

Working capital: A.P.P.N. pays the insurers on a quarterly basis in advance. That is the reason we ask you a 3 months reserve. The working capital is entirely paid back, and if you leave APPN after 45 years of age, it is increased by investment products :

Please Turn Over

Medical Questionnaire

It is mandatory to complete each box writing YES or NO in "black & white" (do not cross off nor black)

For every "YES" answer please provide the detailed information as requested

1- Are you or have you been insured for the same risks with another company ?

Which company ? _____

For which amount and how long ?-----

When and for what reason the insurance has to stop or has been stopped ? -----

2- Have you been victim of an accident during the last 5 years?

When did this happen ? _____

Type of injuries ? -----

3-Do you keep aftereffects of this accident ?

Which ones ? _____

4- Are you or have you been affected during the past 10 years, serious or permanent illness ?

Which one ? _____

When did this happen ? -----

5- Have you any disability ?

Which one ? _____

For how long ? _____

If yes, degree of incapacity ?-----

6- Are you undergoing medication ?

For which pathology ? _____

Name of the medication ? _____

For how long ? _____

Planned duration ? _____

7- Do you have to be hospitalized ?

When ? _____

Why ? _____

8- Did you have more than 10 days medical Suspension during the last 5 years ?

Nature of the physical wounds, diseases, affections or physical deficiencies having led to licence(s) withdrawal(s) :

Please join copies of :
- complete licence(s),
- latest medical certificate,
- most recent pay slip or certificate from your employer,
- if necessary, proof of the pilots association/trade union membership.

Denunciation deadline : Since I am aware of the effective date of my contract receiving my insurance certificate, I have 30 days deadline to return on my decision and announce it to APPN 82, avenue François MITTERRAND, 91200 ATHIS-MONS, France sending a registered letter according the following sample:

*I undersigned, SURNAME, Firstname, Address declare renouncing to the subscription to the contract, subscribed on date
Date and signature of the member.*

After making myself acquainted with the insurance policies subscribed by A.P.P.N., and it's statutes, I declare accepting the conditions of these insurances and the statutes of A.P.P.N., especially the articles 3 and 4 which application could lead to my deregistration , or to the termination of my contract in case of non-payment of the premiums. I made myself acquainted of the detailed information notice of my contracts and a duplicate copy of my application.

I authorize APPN to treat all my personal details for its internal use.

Any false deliberate declaration from me or any reluctance likely to limit the risk concerning me could lead to the nullity of my insurance (article L.113-8 du Code des assurances). Any omission or deliberate inaccurate declaration can entail new conditions of insurance, if it is possible, and out of any claim. On the other hand, in case of claim, the service is proportional to the contribution paid with regards to the due contribution if the declaration had been complete and exact (article L113-9 du Code des assurances).

Place of signature : _____
Date : _____

Signature preceded with the mention "Read and approved"

French "computers and liberties" law dated 06/01/78. The meditative data will be the object of a processing automated by the APPN, the agent of management, in the name and for the insurers of the contracts that it distributes (Generali Vie, Axa collective France and Macif), responsible for processing for what concerns them, for the signing, the management and the execution of insurance contracts and for purposes of prospecting and sales managements. They can be communicated with companies and partners of the insurers in the same purposes.They are also the object of processing of anti-money laundering and the terrorism financing, and against the fraud in the insurance by the insurers as well as the entities of the groups to which they belong and can be passed on in the entities and the people indicated by the regulation.The fight against the fraud in the insurance can lead to a registration on a list of people presenting a risk of fraud.You have towards these data of a right of opposition, access and rectification with APPN, 82, avenue François Mitterrand, 91200 ATHIS-MONS. We inform to you that you can join on the list of opposition the cold calling.

AXA FRANCE COLLECTIVE - 26 Rue Louis-Le -Grand - 75002 PARIS (Contrat n° 5092) . GENERALI VIE - 76 Rue Saint-Lazare - 75009 PARIS (Contrat n° 23624)
MACIF – Mutual insurance company with variable premiums. A company regulated by the French Insurance Code . Head quarters : 2-4 rue Pied de Fond – 79037 Niort cedex 9. Identified as exclusive number 781 452 511 RCS Niort. Company subject to the supervision of the 'Autorité de Contrôle Prudentiel – 61 rue Taitbout – 75436 Paris cedex 9. (Loss of Licence)