



NOTES ON MAKING AN APPLICATION PLATINE POLICIES

These notes are enclosed to help you if you wish to complete an Application.

The Application Form.

This should be completed in capital letters by each applicant in their own handwriting,, taking note of the following points:

Please indicate the trade show or agents name that has recommended this policy.

The address must be a French address for the policy to be issued. A UK address can be entered for a quotation only.

Telephone numbers: are not obligatory if not available. A mobile number is acceptable.

Height & weight: must be filled in for all Policy types

Dependants to be included: should be completed in respect of each child under the age of 18 years of age only, to be covered under the same Policy other than the Proposer, otherwise a separate application form should be completed. All boxes including Height & Weight are important.

Commencement date: For quote purposes only, this will be at the discretion of the Underwriters once the proposal/terms have been established.

Please note that payment by cheque or Credit Card together with the Application form enables us to process the Policy Documents once the Underwriters terms have been issued and accepted.

Premium. The benefits schedule states standard rates, the final premium is set by the Underwriters, your Agent will be able to advise you

Level of Cover should be clearly selected by a cross or tick.

Voluntary Excess option applies to all **PLATINE plans**.

Please note that the **NIL** excess option is only available to the Platine Hospital and Platine France plans.

Premium Payment Please see the various payment options

Medical questions should be completed. If any of the "YES" boxes are ticked please give an explanation in the space provided or on a separate sheet of paper. We are unable to underwrite your Policy without this information.

Please be advised that depending to the replies to this questions, the Underwriting department at Identities Mutuelle may write to you direct by post requesting additional medical information. This may result in delays to obtaining the final terms.

Name and address of your usual doctor. If you have just arrived or have not yet selected one please give the name and address of your last doctor. We shall not contact your doctor without informing you first.

OTHER POINTS

You will find a Affidavit of Residency incorporated on the application form. This should always be completed and signed.

If you feel in need of help or advice please contact [EXCLUSIVE HEALTHCARE](#) on 00 33 (0) 4 94 40 31 45.

Payment Options

Ease and convenience of payment is important and we are able to offer the following options:

I Annual Settlements

By Cheque in Euros drawn on a French Bank.

By Visa or Mastercard drawn in Euros.

II Monthly Settlements

In the case of a New Policy, a three months deposit is required together with completed Sepa direct debit authorisation.

The deposit may be paid by:

Cheque in Euros drawn on a French Bank.

Credit/Debit Card as defined above.

The monthly instalments for the 4 month and onwards are payable only in Euros by Direct Debit on a French Bank.

A deposit will not be required on a Policy Renewal as this is payable by twelve monthly instalments.

When completing the Sepa Direct Debit Authorisation, please ensure that all sections are completed and a Relevé d'identité bancaire (RIB) issued by your bank is attached. Without this we are unable to set up your instalment plan. Please draw cheques in favour of Exclusive Healthcare SA.

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