



For more information, please call +33 (0)1 44 63 51 00\*  
Fax : 01 42 80 41 57- www.avi-international.com

**Planète études**  
Europe – Worldwide coverage



**SUBSCRIPTION FORM** **COVERAGE EXTENSION**

**SUBSCRIBER'S DETAILS**

Mr  Mrs  Miss

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Usual mailing address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email : .....@.....

**DEPARTURE / DESTINATION**

School or University in France: \_\_\_\_\_

Country of departure: \_\_\_\_\_

Main destination country: \_\_\_\_\_

Departure date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ = \_\_\_\_ months

Policy end date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Full monthly premium only)

**INSURED**

M.  Mme  Mlle

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Local call charges.

**PREMIUM** (VALID UNTIL 31/03/2012)

	CLASSIC	PREMIUM	PREMIUM +	
EUROPEANS in EUROPE	<input type="checkbox"/> 26 €	<input type="checkbox"/> 29 €	<input type="checkbox"/> 39 €	x  __  months =  __   __   __  € TTC
WORLDWIDE (except Europe)	<input type="checkbox"/> 36 €	<input type="checkbox"/> 39 €	<input type="checkbox"/> 49 €	x  __  months =  __   __   __  € TTC
From 41 to 60 year-old (and younger than 3) = 50 % extra charge				x  __  months =  __   __   __  € TTC
<b>Luggage INSURANCE</b>	Not covered	Included	Included	
<input type="checkbox"/> High risk OPTION**	Not covered	<input type="checkbox"/> 19 €	<input type="checkbox"/> 19 €	x  __  months =  __   __   __  € TTC

**TOTAL DUE = |\_\_| |\_\_| |\_\_| € incl. taxes**

**PAYMENT**

Credit Card (Visa / Eurocard / MasterCard / American Express)

N° \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_ Cryptogram \_\_\_\_\_

Bank Check (no extra charge in France) payable to AVI INTERNATIONAL to be sent 28, rue de Mogador 75009 Paris, France.

- I confirm having read, understood and accepted all the clauses included in the insurance conditions Pass'port Sécurité Planète Études, available online at www.avi-international.com and which forms an indivisible whole with the present document.
- I hereby declare that I am in good health and clearly understand that all consequences from any illness or accident prior to my insurance coverage starting date as above mentioned are not covered, nor are any effects or consequences of STD, the HIV virus or Hepatitis C transmission. I also declare that I do not plan to receive any medical care abroad and do not travel for medical purposes.
- I have the right to access, change, correct or delete the information about me saved in the AVI International files within the conditions provided in the law n° 78-17 of January the 6th 1978 by contacting AVI International by mail or e-mail. I understand that this information is intended for the insurer, AVI and their partners for the needs of the contract management.

After saving my subscription, I will receive by mail my AVI International Personal Insurance Card.

**Duty of counsel:** AVI International - Simplified Limited Liability Company or SAS with a capital of 100,000 Euros - Head Office: 30, rue de Mogador, 75009 PARIS, France, licensed in Paris as a company 323 234 575 - Licensed to subscribe insurance contracts with ORIAS 07 000 002 (www.orias.fr) - The name of the companies working with AVI International can be transmitted upon request. AVI International is rules by the Autorité de Contrôle Prudentiel (ACP) 61 rue Taitbout 75436 Paris Cedex 09, France.  
In case of dispute, please send your complaint by simple mail to AVI International, and if it is not solved then to the ACP.  
You need to subscribe to a travel insurance plan. We advise you to subscribe to the group insurance contract with optional subscription n° FR32/350.350 subscribed by the ISTEAC association with ACE EUROPEAN GROUP, General Management for France of ACE EUROPEAN GROUP LTD, S.A. of British Law with a capital of 544,741,144 £ - Identification number: 450 327 374 00028 RCS Nanterre - Le Colisée, 8 avenue de l'Arche, 92419 Courbevoise Cedex, France

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE :

\*\* This option extends your coverage for medical expenses to accidents or injuries resulting from the use of a two-wheel motor vehicle, participation in high-risk or violent sports such as but not limited to: scuba diving to 20 m, surfing, wind-surfing, rafting, mountaineering, hang gliding), a manual activity, a training internship in a company or a laboratory (labor accident).