

APPLICATION FORM



Volontaire du service civique on mission abroad | Health and Providence

> RECEPTION FACILITIES

Reception facilities' name

CFE number

SECTION DEDICATED TO HUMANIS ASSURANCES SERVICES

CONTRACT NUMBER

SOCIAL SECURITY OR CFE NUMBER

> VOLUNTEER'S IDENTIFICATION

Name

Birth name

First name

French Social Security registration number

Nationality

Date of birth Country and town of birth

Nationality

Country of location

Policy start date (DD/MM/YYYY)

Policy end date (DD/MM/YYYY)

Mail address where refundings explanations shall be sent

Tel.

Email @

TO FACILITATE THE REGISTRATION OF YOUR DECLARATION

- 1- Write in block capitals.
- 2- Date and sign your declaration.
- 3- Join:
 - A copy of your passport or ID,
 - Your swift code or bank account details.N.B. : when a dependant is also covered by the Plan, do not forget to fulfil and join the required document.
- 4- Send it to:
WELCARE
BP 30
41914 Blois cedex 9 - France

> BENEFITS RESUME

- ▶ CFE Health care plan, covering disease, maternity and disability
- ▶ Humanis Assurances complementary Health care plan
- ▶ Assistance services & personal liability underwritten via IMA Assurances and INTER MUTUELLES ENTREPRISES
- ▶ CFE daily allowance in case of temporary work disability - lump sum in case of death
- ▶ CFE employee benefits in case of professional accident - professional illness

I take note that Humanis Assurances will perceive refunding of the medical and/or hospitalizations expenses due to me by the CFE, in order to make a single refunding including the basic and complementary guarantees on my bank account.

I also authorize the exchange of medical and administrative information by remote transmission between the CFE and Humanis Assurances



> YOUR COMMITMENTS

I attest the accuracy of the information contained in this document and agree to inform Humanis Insurance within 15 days following the date on which I was aware of any changes affecting any data contained in this guidance document or any change in my situation (moving, new bank details, death ...).

I acknowledge that I have been informed that acceptance of the contract does not contribute to exemption from compulsory schemes of the country of expatriation when appropriate. I certify the accuracy of the information contained within this document and undertake to inform the CFE and Humanis Assurances within 15 days from the date on which I became aware of any changes affecting a particular contained in this document or any change in my situation (relocation, new bank details...).

With my signature, I authorise Humanis Assurances to collect the benefits owed to me by CFE on my behalf.

With my signature, I authorise the exchange of medical and administrative information by remote data transmission between CFE and Humanis Assurances.

With my signature, I agree that the reported health data, comprised by IMA Assurances and concerning myself in the settlement of the benefits, is subject to computer processing by a medical advisor from Humanis Assurances and persons authorised by him.

With my signature, I agree that in case of overseas emergency hospitalisation, doctors from IMA Assurances can contact the hospital directly.

I, the undersigned, certify that the information provided in this form is complete and correct.

Drawn up in on

Signature (preceded by the mention "read and approved")

The management of your medical insurance plan is operated by Humanis Assurances, through its specialized service in the social protection of persons in international mobility, named WELCARE.

In accordance with current regulations, and, more specifically, with the General Data Protection Regulation no. 2016/679 of 27 April 2016, the information you send to us via this website is required to enable you to use the website and access its various features. This information is processed by Humanis Assurances, whose contact details are provided above.

Each form or remote service limits the collection of personal data to that strictly necessary and notably informs you of the purposes for which this data is being collected, the recipients duly authorised to access it to respond to your request, as well as your rights with regards to the processing of your personal data and how you can exercise them. Personal data collected as part of the services offered by this website is processed using secure protocols and is used to manage requests received through IT applications. Personal data collected through the website is processed in France. Your data is not kept any longer than the duration required for the purposes for which it is processed.

For further information or to exercise your rights on the processing of your personal data on this website, you can contact the Humanis Group's data protection representative (DPR) by writing to:

- protection-donneespersonnelles@humanis.com or

- Groupe Humanis - Cellule Protection des données personnelles - 141 rue Paul Vaillant Couturier - 92246 Malakoff cedex, France.

We may ask you to provide proof of identification to confirm your identity before responding to your request.

To find out more, please read the legal notices on the "welcare.fr" website.

In any event, you can contact the CNIL directly at the following address: 3 place de Fontenoy - TSA 80715 - 75334 Paris cedex 07, France.

The hyperlinks that appear on this website give access to websites that may collect personal data. From then on, it is up to you to read the legal notices of each of these websites.

If you do not wish to be contacted by the Humanis group or its partners entrusted by the group and receive information about their offers, products and services, please tick this box .

If you do not wish to be contacted by the Humanis group or its partners entrusted by the group and receive newsletters, please tick this box .