



## ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

82 Avenue François Mitterrand  
91200 ATHIS-MONS

### REQUEST OF ALTERATION TO GUARANTEES

Mr. ☐ Mrs. ☐ Miss ☐

**APPN membership code:** .....

Surname: ..... First Name: .....

Postal Address (where post mail can be physically delivered): .....

..... City: ..... Country: .....

Mobile (including prefix): .....

Private email address: ..... @ .....

Company email address: ..... @ .....

☐ I authorize APPN to use my email address to contact me for any matter relating to my guarantees

Date of Birth ..... Place of Birth: .....

Family Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Employer: ..... Function: Captain ☐ First Officer ☐ Instructor ☐

☐ I am employed by the following agency/broker/contractor: .....

☐ I request the termination of one of my guarantees with an effective date of the 1<sup>st</sup> of ..... 2021

Please mention the relevant guarantee(s): .....

☐ I request the termination of all of my guarantees with an effective date of the 1<sup>st</sup> of ..... 2021

☐ I apply for an alteration to my guarantees with an effective date of the 1<sup>st</sup> of ..... 2021  
Under condition of an immediate approval of the request of insurance

	CAPITALS	MONTHLY PREMIUM
<b>LIFE INSURANCE</b> <small>Note: max. starting 330.000 €</small>	€	€
<b>PERMANENT LOSS OF LICENCE</b> <small>Note: max. starting 340.000 €</small>	€	€
<b>TEMPORARY LOSS OF LICENCE</b>	€/ month	€
<b>Subtotal</b>		€
<b>APPN's monthly administration fee</b>		7 €
<b>Monthly Provisional Premium</b>		€

☐ Please change the payment method of my premiums using the credit card facility

☐ Please change the payment method of my premiums using SEPA direct debit (only available for European bank account holders)

**Working capital:** APPN will adjust the existing working capital accordingly to the request of the alteration of your guarantees.

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

## Medical Questionnaire for your application with APPN:

It is mandatory to tick each box - please provide detailed formation for any answer with YES

1.) Are you or have you been insured for the same risks with another insurance company ? ☐ YES ☐ NO  
Which company ? \_\_\_\_\_ Which amount ? \_\_\_\_\_ For how long ? \_\_\_\_\_

2.) Have you been victim of any accident in the last 5 years ? ☐ YES ☐ NO  
When ? \_\_\_\_\_ Type of injuries ? \_\_\_\_\_

3.) Do you have any after effects of this accident ? ☐ YES ☐ NO  
Which ones ? \_\_\_\_\_

4.) Have you been affected during the past 10 years with any serious or permanent illness ? ☐ YES ☐ NO  
Which one ? \_\_\_\_\_ When ? \_\_\_\_\_

5.) Do you have any disability ? ☐ YES ☐ NO  
Which one ? \_\_\_\_\_ For how long ? \_\_\_\_\_

6.) Are you taking any type of medication ? ☐ YES ☐ NO  
For which diagnosis ? \_\_\_\_\_ Name of medication ? \_\_\_\_\_  
For how long ? \_\_\_\_\_ Planned duration ? \_\_\_\_\_

7.) Do you have any planned hospitalization in the future ? ☐ YES ☐ NO  
When ? \_\_\_\_\_ For which diagnosis/reason ? \_\_\_\_\_

8.) Any medical suspension for more than 10 days in the last 5 years ? ☐ YES ☐ NO  
For which reason ? \_\_\_\_\_

9.) Any restriction in your medical license class 1 ? ☐ YES ☐ NO  
Which one ? \_\_\_\_\_

**Cancellation period:** I am aware of the effective date of my insurance and the Terms and Conditions of APPN. Therefore I have understood that I have a 30 days deadline to cancel my insurance with sending a registered letter to APPN, 82 avenue Francois Mitterrand in 91200 Athis-Mons, France. An email or phone call only won't be accepted as a cancellation request by 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 insurance 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 use my personal data for 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).**

Location/Date, \_\_\_\_\_

☒ I have read and approved the Terms and Conditions of APPN, France

Signature:

**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 contract 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)