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<b>COVERAGE</b> <input type="checkbox"/> in % of conventionnal tariff of the french social security	<b>OPTION ECO</b>		<b>OPTION A</b>		<b>OPTION B</b>		<b>OPTION C</b>	
Medical and paramedical expenses	75%		75%		100%		125%	
Dental Care ( maximum: 250€ first year) Only tooth decay  - Prothesis	NO		75 %  -		100 %  -		125 %  150 €	
Pharmacy	75%		75%		100%		125%	
Hospital confinement <input type="checkbox"/> - Daily fee	75%		75% <input type="checkbox"/> NO		100% <input type="checkbox"/> YES		125% <input type="checkbox"/> YES	
Optics <input type="checkbox"/> - Annual limit <input type="checkbox"/> Lenses from the 2 <sup>nd</sup> year	NO		30 €		65 €		100 €	
Deductible per claim	30 €		NO					
Maximum annual indemnity	160 000 €							
Assistance/medical repatriation - Repatriation of the body in case of death - Coffin expenses Advance of bail monies Juridical assistance	NO		Frais Réels 5 000 € 750 € 750 € 10 000 €					
Liability - Bodily injuries - Property damages(deductible : 80 €)	3 000 000 € 30 000 €							
Personnal accident insurance <input type="checkbox"/> - accidental death and dismemberment <input type="checkbox"/> Deductible	NO		5 000 € 20%		8 000 € 20%		16 000 € 20%	
<b>PREMIUMS</b>	- 40 years	40 to 55 years	- 40 years	40 to 55 years	- 40 years	40 to 55 years	- 40 years	40 to 55 years
<b>TARIFFS</b>	<b>173 € per year</b>	<b>226 € peryear</b>	<b>28 € per month</b>	<b>44 € per month</b>	<b>48 € per month</b>	<b>81 € per month</b>	<b>61 € per month</b>	<b>91 € per month</b>
<b>Special coverage for students (less 26 years) who have the French Social Security</b> (the student must send a copy of the social security card)							<b>OPTION B</b>	
<b>PREMIUM</b>							<b>28 € per month</b>	
<b>Reimbursements are in excess of the social security, in the limit of the student care option</b>								

C.G.E.A.

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**APPLICATION FORM**  
STUDENT CARE

NAME :

1<sup>st</sup> NAME :

DATE & PLACE OF BIRTH :

NATIONALITY :

	NAME	1 <sup>st</sup> NAME	BIRTH DATE
WIFE			
CHILDREN			

ADDRESS IN France :

UNIVERSITY OR SCHOOL IN France :

ARRIVAL IN THE COUNTRY:

DATE OF DEPARTURE FROM THE COUNTRY :

OPTION :  ECO  A  B  C  
PREMIUM : Number insured people : \_\_\_\_\_ x premium \_\_\_\_\_ €

PAYMENT

CHEQUE Send it at our adress

VISA CARD :

EXPIRATION DATE :

**The insurance coverage will be delivered upon receipt of the payment**