



ACE European Group Ltd
 Avenue des Nerviens, 9-31, bte7
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 BELGIUM
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SIP Insurance Request

Policyholder/Insured: please complete in CAPITAL LETTERS

Broker: Marsh

Last name :	.....
First name :	.....
Date of birth :	Day : Month : Year :
Sex :	<input type="checkbox"/> M <input type="checkbox"/> F
Nationality :	.....
Language :	<input type="checkbox"/> English <input type="checkbox"/> French
Home address :	..... .....
Telephone :	.....
E-mail address :	.....

Name and address of the educational establishment in the country where you have your normal place of residence :	
.....	
You are :	<input type="checkbox"/> student <input type="checkbox"/> staff member <input type="checkbox"/> scientific person
If you are a student,	
Field :	.....
Registration number :	.....

Country of destination :	
Name and address of the educational establishment where you participate in an exchange program/training course in the country of destination :	
.....	
Place of residence :	..... .....
Telephone :	.....
E-mail address :	.....

Date of departure :	Day : Month : Year :
Date of return :	Day : Month : Year :
(please include the day of arrival in the country where you have your normal place of residence)	

Are you following medical treatment or have you followed medical treatment within the last 6 months?	
<input type="checkbox"/> yes <input type="checkbox"/> no	

Premium per person and per day (incl. taxes 9.25 %, excl 3,50 EUR expenses per contract) :
(please cross the chosen scheme)

Scheme 1 : Reimbursement of the cost of treatment as from the first euro:	EUR 1,28,-
Scheme 2 : Reimbursement of the cost of treatment after intervention of social security :	EUR 0,77-

Option 1 : Extension to winter sports, diving, speleology:	EUR 0,16-
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General overview of the indemnities :

Section 1 :	Accidental death	5.000,00 EUR
Section 2 :	Permanent invalidity due to accident	75.000,00 EUR
Section 3 :	Hospital stay in a common room, or ward (accident/sickness) during max. 365 days	real costs
	Costs of treatment following an accident/sickness	real costs
Section 4 :	Costs of urgent dental care	250,00 EUR
Section 5 :	Assistance to persons	
	Services :	
	- repatriation or medical transport	real costs
	- repatriation or transportation of the mortal remains	7.500,00 EUR
	- early return in case of the death of a relative	real costs
	- the dispatching of medicines abroad	real costs
	- search and rescue costs	real costs
	- telecommunication costs	125,00 EUR
	- travel assistance (loss/theft travel documents, interpreter, travel ticket)	real costs
	- legal assistance	5.000,00 EUR
	- transportation and accommodation costs for family members	7.500,00 EUR
Section 6 :	Luggage	1.500,00 EUR
	Household effects	5.000,00 EUR
Section 7 :	Civil liability in private life	
	- cover following to A.R. 12 January 1984.	

Coverage commences on the date of departure as mentioned above once the premium and associated costs due are paid to the Company, within 30 days as of the inception date of the contract.

The Policyholder has 30 days to cancel the contract as of the date that the Company received the present insurance request; cancellation will immediately take effect once the Company has been notified. In this case, the premiums already paid will be reimbursed. The Company may also cancel the present contract within 30 days after receipt of the insurance request. Cancellation will then be effective 8 days after notification. In this case, paid premiums will also be reimbursed.

Personal information mentioned on this document are collected and kept by ACE European Group Limited., avenue des Nerviens 9-11/ 7 in 1040 Brussels within the framework of global management of client relations, the sale and the commercialisation of insurance. According to the law of 8 December 1992 concerning the protection of private life, the Policyholder/Insured has the right to consult the data concerning him/herself as well as the right to rectify any erroneous, incomplete or non-relevant data. In order to do so, the Policyholder/Insured must send a registered letter to ACE European Group Limited. For additional information concerning personal data, the Public Register may be consulted.

The Policyholder/Insured declares having read and received a copy of the general conditions of the Student Insurance Program which is an integral part of the contract.

Policyholder/Insured's signature :

Place :

Date : Day : Month : Year :