



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 :

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 1st of 2023

Please mention the relevant guarantee(s):

I request the termination of all of my guarantees with an effective date of the 1st of 2023

I apply for an alteration to my guarantees with an effective date of the 1st of 2023
Under condition of an immediate approval of the request of insurance

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

Please change the payment method of my premiums using my credit card via payment link

Please change the payment method of my premiums using SEPA direct debit

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

I have read and approved the data above and the T&Cs of APPN, France

Signature: _____

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).

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

Signature: _____

Location/Date, _____

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)