



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT
82 Avenue François Mitterrand, 91200 Athis-Mons, France

e-Mail: appn@insurances-for-pilots.com

APPLICATION CHECKLIST

I AM EMPLOYED AS PILOT WITHIN THE MIDDLE EAST YES OR NO



IF YES CONTINUE *Note: If NO, please contact APPN Headquarter for further information www.appn.asso.fr*



I AM STILL BELOW THE AGE OF 45 YEARS YES OR NO



IF YES CONTINUE *Note: If NO, you are not entitled to subscribe for the Loss of Licence insurance due to the age limit. (see Terms & Conditions of the insurance provider)*



APPN APPLICATION FORM (PAGE 1 - 4) FILLED AND SIGNED

MEDICAL QUESTIONS (PAGE 5 - 6) ANSWERED

BENEFICIARY DESIGNATION (PAGE 7)..... ONLY IF APPLICABLE
If you have subscribed for the Life insurance only

YOUR ATTACHEMENTS TO YOUR APPLICATION

ATPL LICENCE FRONT AND BACK SIDE

LAST CHECK DETAILS *Verification of your last instrument / type-rating check including date(s)* COPY

MEDICAL CLASS 1..... FRONT AND BACK SIDE

LAST SALARY STATEMENT COPY

PASSPORT COPY



IF ALL CHECKS ARE COMPLETED, SEND ALL DOCUMENTS TO



appn@insurances-for-pilots.com



APPN ADMINISTRATIVE RULES

MEMBERSHIP

The age limit to join APPN is:

- 45 years old for active pilots
- 45 years old for jobseeking pilots
- 35 years old for trainees

Jobseeker and trainee statuses shall not be held for more than 3 years.

Depending on the age at the time of the membership, we apply on the premiums:

Discount	<ul style="list-style-type: none">• - 10 % for any membership before the age of 25• - 5 % for any membership from the age of 25 and before the age of 30 On the 1 st of the month following the 30th birthday, the discount removed.
Surcharge	<ul style="list-style-type: none">• + 10 % for every membership from the age of 40 and before the age of 45• + 20% for any membership the month following the 45th birthday at latest No membership will be granted after the age of 45

APPN's FEE

- + 3 € for members of an agreed union
- + 7 € for members of an IFALPA union
- + 13 € for members not being part of an IFALPA union or not being unionized

The APPN's fee is added to all the premiums of each chosen guarantee.

A proof of the union membership is required at the time of the subscription and a new one has to be sent every year to benefit from the APPN's fee discount.

MAXIMUM AMOUNT OF THE GUARANTEES

LIFE INSURANCE	Life insurance is limited to 330 000 € when subscribing.
DLOL⁽¹⁾	With regards to the detailed memorandum, the Definitive Loss of Licence guarantee is limited to: <ul style="list-style-type: none">• 5 times the yearly gross salary within the limit of 340 000 € when subscribing or change of status trainee to active pilot, for the first 3 years of membership.• 5 times the yearly gross salary within the limit of 700 000 € reached when requesting modifications or with the automatic revisions increase, after 3 years of membership. Specific case: the member whom the yearly gross salary is 5 times lower than 200 000 €, will be able to ask for 200 000 € as maximum amount guarantee when subscribing or change of status from trainee to active pilot if he wished to.
TLOL⁽²⁾	The monthly amount shall not be higher than your yearly gross salary minus 25 % divided by 12.

(1) Definitive Loss of Licence (2) Temporary Loss of Licence

PAYMENT METHOD

Eurozone: Mandatory direct debit

Non Eurozone: Please refer to the document "bank charges on international transfers"



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

82 Avenue François Mitterrand 91200 ATHIS-MONS

Tél. 01 60 48 28 00 Fax : 01 60 48 11 42

e-mail : info@appn.asso.fr

www.appn.asso.fr

MEMBERSHIP FORM

Shall be sent back to APPN before the 20th of the month for an effective date the 1st of the following month.

I – APPN MEMBERSHIP

How did you hear about us? _____

Mrs Mr. Surname: _____

Birth names: _____

Given names: _____

Date of birth: |_|_|_|_|_|_|_|_|_|_| Nationality: _____

Place of birth: city: _____ Country : _____

Postal address: _____

ZIP code: _____ City: _____ Country: _____

☎ : _____ 📱 : _____

E-mail address: _____

(I hereby authorize APPN to use my email address to contact me for any matter relating to my guarantees).

Family status: married single divorced martial union widowed separated

Number of children: |_|_|_|

Employer's Name: _____

Airport Base: _____

Contractor Agency's Name: _____

Function: CP FO

In order to benefit from the APPN's fee discount, I hereby accept to communicate my membership union:

Yes No Name of the union: _____

(Please send the union membership proof)

III – MY MONTHLY PREMIUM

	MONTHLY PREMIUM
Insurance guarantees premiums (II)	
APPN's fee (I)	
Provisional monthly premium (III)	

I will pay my contributions using:

- direct debit : monthly
- bank transfer : quarterly six-monthly yearly
- credit card : quarterly six-monthly yearly

The working capital will be built up when subscribing, representing three times the monthly premium.

The breakdown of my first debit will then be my monthly premium and the working capital.

Please send the copies of these mandatory documents:

- Union membership proof, if applicable,
- Passport or identity,
- Complete licence with certificates and ratings,
- Medical certificate Class I,
- The latest payslip,

Withdrawal period: As soon as I am aware of the effective date the contract receiving the insurance certificate, I have 30 days to change my mind and inform APPN, acting on behalf of the insurers, 82 avenue François MITTERRAND - 91200 ATHIS-MONS, sending a registered letter redacted as follows:

,I undersigned, surname, given names, postal address declare withdrawing the subscription of the contract _____ established the 1st of _____. Date and signature of the member.

I acknowledge receipt and read the following documents:

- A copy of the detailed memorandum of my contract(s)
- A copy of my insurance request.

I authorize APPN and the insurers to process my medical data in order to evaluate the risks and the claim of the guarantees

Yes No

Any false deliberate declaration from me or any reluctance likely to limit the risk regarding myself shall lead to the nullity of my insurance contract (article L.113-8 du Code des assurances). Any omission or non-deliberate inaccurate declaration shall entail new conditions of insurance, when 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 completed and exact (article L113-9 du Code des assurances).

Place: _____

Date | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Signature preceded by the mention: "Read and approved"
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Personal data protection - the data are received by APPN, in charge of the process and the management of your membership request.

The data will also be processed by APPN, as delegate manager, on behalf of the insurers, listed here below, in charge for the contracting, the management and the enforcement of the insurance contracts. The data will also be processed to counter money laundering and terrorism financing. The data will also be processed to counter the fraud, which may lead to registration on a list of people presenting a risk.

Health data: we shall ask for your consent since the management of the health data is considered sensitive by the laws. The health data are mandatory to process your membership request to our insurances. They are needed to evaluate the risks or the claiming of the guarantees. You may not give your consent or withdraw it at any time which will cease the process of your membership or the insurance claim.

You have the right to access, to rectify, to erase, to limit, to oppose, if applicable of portability, and define the rules regarding the retention, erasure and communication of your personal data after your death. If applicable; you may withdraw the consent to the process of your data which will cease. We inform you that any customer may ask to be put on a cold calling opposition list on www.bloctel.gouv.fr. Website.

You may use your rights and make any information request regarding your personal data to APPN, 82 avenue François Mitterrand, 91200 ATHIS-MONS or via email: info@appn.asso.fr.

You also have the right to complain to the French National Commission data protection CNIL (www.cnil.fr).

All the details for the processing of your personal data protection by the insurers:

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, an undertaking governed by the French Insurance Code. Registered office 1 Rue Jacques Vandier – 79037 Niort cedex 9 (France). Identified under the single number 781 452 511; listed in the Register of Commerce and Companies in Niort. Company subject to the supervision of the French supervisory authority “Autorité de Contrôle Prudentiel” – 4 Place de Budapest, CS 92459, F-75436 PARIS. (Loss of licence contract): www.macif.fr/assurance/particuliers/donnees-personnelles



Document shall be sent in a sealed envelope to :

APPN, For the attention of the medical consultant, 82 Avenue François Mitterrand - 91200 ATHIS-MONS

Medical Questionnaire

Surname: _____
Given names: _____
Place of birth: city: _____

Birth name: _____
Date of birth: |_|_|_|_|_|_|_|_|_|_|
Country: _____

Dear Madam, Dear Sir,

TO BE READ CAREFULLY

Why is this questionnaire essential?

We wish to cover most people and the smallest number of subscriptions to be denied. However, the contract needs to be appropriate to your state of health. Once established, your contract shall not be questioned: the evolution of your state of health will not lead to an increase of premiums or to the termination of your contract by us.

Do you have to declare everything?

In case of doubt, it is better to notify us of any illness or accident. An incomplete declaration would compromise your guarantees in case of a guarantee claim. Health data collected via this questionnaire will not be digitalized. It will be processed by APPN Medical Service.

**It is mandatory to complete each box with YES or NO
In full letters (do not cross off or black out)**

For every « YES » answer please provide the detailed information as requested

1- Have you been victim of an accident during the last 5 years?

When did it happen ? _____

Type of injuries ? _____

2-Do you keep aftereffects of this accident ?

Which ones ? _____

3- Are you or have you been affected during the past 10 years, by serious or permanent illnesses?

Which one ? _____

When did it happen ? _____

4- Do you have any infirmity, such as, for example, a visual or hearing impairment?

Which one ? _____

For how long ? _____

5- Are you undergoing any medication?

For what pathology ? _____

Name of the medication _____

For how long ? _____

Planned duration ? _____

6- Will you be hospitalized ?

When ? _____

Why ? _____

7- Have you been temporarily unfit to fly due to health issues?

Nature of the physical wounds, diseases, affections or physical deficiencies leading to this temporary unfitness to fly: _____

When ? _____


Duration ? _____

For what pathology ? _____

• I certify that the answers above are, to my knowledge, accurate.

• I acknowledge that any false declaration or any reluctance likely to limit the risk concerning me shall lead to the nullity of my contract in accordance with Article L113-9 of the French Insurance Code.

• I authorize APPN to process my health data for internal management purposes.

Date: _ _ _ _ _ _ _ _ _ _
Place: _____
Signature of the insured member 

Make sure to enclose copies of any additional documents: prescriptions, post-operative reports, report of anato-pathological examinations (histology), hospitalization reports, biological examinations, report of specific further examinations. **These documents may be requested on demand, to the doctors treating your pathologies (law of March 4th 2002).**

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Head quarters: 1 rue Jacques Vandier – 79037 Niort cedex 9.
AXA FRANCE COLLECTIVE - 26 Rue Louis-Le -Grand - 75002 PARIS (Contrat n° 5092)
GENERALI VIE - 76 Rue Saint-Lazare - 75009 PARIS (Contrat n° 23624)



BENEFICIARY DESIGNATION in case of death

With an effective date of :

I, the undersigned,

Date of birth :

Relating to the beneficiaries of my life insurance contracted with APPN and the following insurance companies :

- AXA France Collectives n° 5092
- GENERALI France n° 23 624 and endorsement n° 2
- MACIF

⁽¹⁾ Opt for the standard clause and designate as beneficiary (ies)

as primary beneficiary, my spouse, judicially not separated
 for lack of, the partner to whom I am bound by a "Civil Solidarity Pact" (PACS);
 for lack of, with benefits equally split among them, my children, living or represented, and the children of my spouse if they were his/her dependents;
 for lack of, with benefits equally split among them, my father and my mother, for lack of one of them, the other one in totality
 for lack of, my heir-at-law

We'd like to inform you the Beneficiary designation form has to be filled in without any deletions or additions, this to avoid any dispute. If the standard clause does not suit you, please designate below one or several beneficiaries from your own, on condition no other previous particular designation had not been approved by the concerned beneficiaries.

⁽¹⁾ **Do not opt for the standard clause** and designate as beneficiary (ies)

as primary beneficiary

.....

.....

for lack of

.....

.....

for lack of

.....

.....

for lack of

.....

.....

for lack of, my heir-at-law.

A copy of this document will be, automatically, sent with your insurance certificate. If you do not wish to receive this copy, please specify it below:

.....

I authorize A.P.P.N. to communicate this information to the concerned insurers.

(1) Tick the corresponding box

Date and location

Signature.....



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82 avenue François Mitterrand - 91200 Athis-Mons

tél : 01 60 48 28 00 - fax : 01 60 48 11 42 - N° vert : 0 800 09 03 22 - Email : info@appn.asso.fr

Tariffs on

SEPTEMBER 1st 2019

No subscription allowed from 45 years of age - Maximum cover for a new membership : Life Insurance : 330.000 € ; Loss Of Licence : 340.000 €

LIFE INSURANCE		LOSS OF LICENCE							TEMPORARY LOSS OF LICENCE		
CAPITAL	MONTHLY PREMIUM (1)	CAPITAL	MONTHLY PREMIUM					E12	MONTHLY PREMIUM		
			before 45 years	from 45 years	from 56 years	from 57 years	from 58 years		from 59 years	before 45 years	from 45 years to 60 years
30 000	8	80 000	13	27	23	20	17	14	1 000	15	22
57 000	14	100 000	17	33	29	25	21	17	1 500	22	33
84 000	21	120 000	20	40	35	30	25	21	2 000	30	44
111 000	28	140 000	23	46	41	35	30	24	2 500	37	55
138 000	35	160 000	26	53	47	40	34	28	3 000	45	66
165 000	41	180 000	30	60	53	45	38	31	3 500	52	77
195 000	49	200 000	33	66	58	50	42	35	4 000	60	88
222 000	56	220 000	36	73	64	56	47	38	4 500	67	100
249 000	62	240 000	40	80	70	61	51	41	5 000	75	111
276 000	69	260 000	43	86	76	66	55	45	5 500	82	122
303 000	76	280 000	46	93	82	71	59	48	6 000	90	133
330 000	83	300 000	50	100	88	76	64	52	6 500	97	144
357 000	89	320 000	53	106	93	81	68	55	7 000	105	155
387 000	97	340 000	56	113	99	86	72	59	7 500	112	166
414 000	104	360 000	59	120	105	91	76	62	8 000	120	177
441 000	110	380 000	63	126	111	96	81	66	8 500	127	188
459 000	115	400 000	66	133	117	101	85	69	9 000	135	199
477 000	119	420 000	69	139	123	106	89	73	9 500	142	210
495 000	124	440 000	73	146	129	111	93	76	10 000	150	221
513 000	128	460 000	76	153	134	116	98	79	10 500	157	232
531 000	133	480 000	79	159	140	121	102	83	11 000	165	243
549 000	137	500 000	83	166	146	126	106	86	11 500	172	254
570 000	143	520 000	86	173	152	131	110	90	12 000	180	265
579 000	145	540 000	89	179	158	136	115	93			
588 000	147	560 000	92	186	164	141	119	97			
597 000	149	580 000	96	193	169	146	123	100			
606 000	152	600 000	99	199	175	151	127	104			
615 000	154	620 000	102	206	181	156	132	107			
624 000	156	640 000	106	212	187	161	136	110			
633 000	158	660 000	109	219	193	167	140	114			
642 000	161	680 000	112	226	199	172	144	117			
651 000	163	700 000	116	232	205	177	149	121			
660 000	165										
690 000	173										

2016 Refund : one monthly premium and 1/2
2017 Refund : one monthly premium and 3/4

There is a 28 days waiting period after which the monthly allowance is :
 50 % of its amount from the 29th day to the 121st day,
 100 % of its amount from the 122nd day to the 730th day,
 75 % of its amount from the 731st day to the 1095th day.
 The maximum duration of payments is for three years.

All the amounts (capital and premium) are expressed in euro (€).

(1) Death premiums are calculated until 65 years.