



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

82 Avenue François Mitterrand, 91200 Athis-Mons, France

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



APPLICATION CHECKLIST

IFP

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) FILLED AND SIGNED

MEDICAL QUESTIONS (PAGE 2) ANSWERED

APPN APPLICATION FORM PAGE 2 SIGNED

BENEFICIARY DESIGNATION ONLY IF APPLICABLE
If you have subscribed for the Life insurance only

SEPA DIRECT DEBIT ONLY IF APPLICABLE
Not required for credit card payment with Visa and Mastercard, APPN will send you a link to their merchant site

COUNSELING FORM TICKED AND SIGNED

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

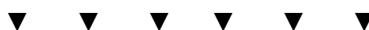
MEDICAL CLASS 1 FRONT AND BACK SIDE

LAST SALARY STATEMENT COPY

PASSPORT COPY



IF ALL CHECKS ARE COMPLETED, SEND ALL DOCUMENTS TO



appn@insurances-for-pilots.com

***Note:** If your application has been submitted before the 20th of the month, your starting date for the Loss of Licence insurance is the 1st of the following month, any application after the 20th will start one month later.*



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT
82 Avenue François Mitterrand
91200 ATHIS-MONS

MEMBERSHIP FORM

Mr. Mrs. Miss

Surname: **First Name:**

Postal Address:

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

Mobile (including area code): +

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 / Airline: **Function:** Captain First Officer Instructor

Note: Only applications of any Employer or Airline from the Middle East or Persian Gulf region! can be accepted !

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

I apply for the following guarantees and request an effective date of the 1st of 2023*
*Under the condition of an immediate approval by the insurance provider

	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		€

Payment method of my premiums using the credit card (a payment link will be sent by mail after successful application)

Payment method of my premiums using SEPA direct debit (only available for European bank account holders)

Working capital: A.P.P.N. pays the insurers on a quarterly basis in advance. That is the reason we ask all new members for a 3 month reserve to be debited from your credit card with the first premium payment. The working capital is entirely paid back and if you leave APPN after 50 years of age, it will be increased by investment products.

I understood that related to the **psycho-organic disorders** an exclusion clause has been introduced in our group insurance policy. A deductible of 50% applies to all new memberships due to psychological problems. This excess is time-limited and is applicable during a period of 6 years from the start date of the contract. This means during this period of time APPN will pay 50 % of the guaranteed capital. Moreover, during this period of 6 years when a member requests for an increase of the guaranteed capital the deductible of 50 % also applies to the differential of the guarantee.

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)

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.....

Association de Prévoyance du Personnel Navigant

82, avenue François Mitterrand 91200 ATHIS-MONS - Tél. 33 (0)1 60 48 28 00 - Fax 33 (0)1 60 48 11 42

FONDÉE EN 1957, RÉGIE PAR LA LOI DU 1^{ER} JUILLET 1901. ASSURANCES DU PNT : VIE, DÉCÈS, PERTE DE LICENCE, COMPLÉMENTAIRE MALADIE

N° SIRET : 485 164 867 00015 - CODE APE : 9499 Z

www.appn.asso.fr

 **0 800 09 03 22**

info@appn.asso.fr

RECURRENT DIRECT DEBIT MANDATE « SEPA »



By signing this Direct Debit Mandate form you authorize APPN to give instructions to your bank to debit your account, and your bank to debit your account in accordance with APPN's instructions.

You benefit from the right of being reimbursed by your bank in accordance with the terms and conditions described in the agreement signed with her. A request of reimbursement has to be presented :

- within an 8 weeks delay after the date of the debit for an approved direct debit
- As soon as possible and at the latest within a 13 months delay in case of a non-approved direct debit

Name and Address of the holder of the Bank Account	
Membership Code	.....
Name	.....
Address	...............
R.U.M. (Unique Reference of Mandate)	.....
Third Debtor's name <i>To be completed only if you pay for another person</i>	

Name and Address of the Creditor
ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT 82 avenue François Mitterrand - 91200 ATHIS-MONS
Tél. 33 (0) 1 60.48.28.00 - Fax 33 (0) 1.60.48.11.42
Created in 1957 - governed by the Act of 1 July 1901
Technical Flight Personal Insurance Contracts
Loss of Licence – Life Insurance – Medical Care
n° siret : 485 164 867 00015 - code APE : 913 E
www.appn.asso.fr - info@appn.asso.fr
N° I.C.S. (Identification Creditor Sepa) : FR44ZZZ110574

Name and Address of the Bank (in Capital letters)	
Name of the Bank	.....
Complete Address of the Bank	.....
Zip Code - Town	.....
Country	.....
IBAN	.....
B.I.C. / SWIFT	.....

Signature of the holder of the bank account to be debited	
Place of Signature	Signature :
Date	

Only applicable for European bank account holders



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

82 Avenue François Mitterrand
91200 ATHIS-MONS

SUMMARY OF COUNSELING INTERVIEW

Surname: _____ First Name: _____

As a new insurance member of the APPN scheme, you should understand the insurance plan and related Terms and Conditions, therefore a self-briefing through the website of the licensee IFP is required. Please tick the boxes and sign in the respective box below.

- APPN (Pilots Association, non-profitable, insurance provider MACIF/AXA/GENERALI)
 - Information can be found on the website
- General pay-out scheme in case of medical unfitness
 - see premium table and T&Cs
- Premium Tables (Temporary, Permanent Loss of Licence and Life insurance)
 - Information can be found on the website, application form and in the download section
- Automatic revision and on request by member as per T&Cs of APPN
 - website /download
- Premium payment via credit card – Visa or Mastercard
 - website / application form
- Working Capital (3 months refundable deposit) payable with the first premium payment
 - see application form and in the Terms and Conditions of the insurance contract, download section
- Termination of contract within 30 days with a written and signed notice directly to APPN
- Claim for payment (notification within 5 days and written notice issued by authorized Medical department/doctor related to you medical license)
- In case of medical unfitness a secondary medical check-up by an authorized and independent doctor can be requested by APPN
 - contract insurance provider, website / download
- Psycho-Organic disorders – time limited up to 6 years with 50% deduction
 - see application form and in the Terms and Conditions of the insurance contract, download section)
- Communication regarding your insurance policy with APPN by email only
- In case of a Permanent Loss of Licence claim APPN will take the right to inform the respective license authorities about the full loss of the license of the member

With my signature I confirm having received all relevant information by the website of IFP. All ticked boxes of the subjects are understood through a self-briefing on their website. I have understood the entire scheme and Terms and Conditions of the Loss of Licence insurance with APPN in France. Furthermore, I accept the forwarding of my application including the attachments of my licence(s), medical and passport information to APPN via email.

Date: _____ Signature: _____