

MEMBERSHIP APPLICATION NO.	
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INDIVIDUAL MEMBERSHIP APPLICATION FORM

LOSS OF SALARY INSURANCE NON-PROFESSIONAL ILLNESS AND ACCIDENTS

jointly proposed by the "Groupement de Prévoyance et d'assurance des Fonctionnaires Internationaux" (GPAFI) and MGEN Vie under the group insurance policy no.MGENIB1100433NNP.

1. APPLICANT (PERSON TO BE INSURED)

Last name: _____ First name: _____

Date of birth: ____/____/____ Organization: _____

Home address: _____

Private phone number: _____ Email: _____

Bank details in case of reimbursement:

Your bank account number (IBAN): _____

Name and full address of the bank: _____

Bank Swift Code: _____

3. REQUESTED EFFECTIVE START DATE OF INSURANCE COVERAGE

The insurance coverage should start on: ____/____/____

(The effective start date of the coverage may be different from the requested one because it depends, in particular, on the acceptance of the coverage by the Medical Adviser of MGEN Vie. It will be expressly notified by sending the Membership Certificate).

4. INSURANCE COVERAGE (TO BE COMPLETED BY GPAFI)

Initial annual salary: CHF _____

(The annual salary is calculated as follows: Gross salary – staff assessment + post adjustment (P staff members). It is updated every year).

5. BENEFITS AND PREMIUMS (TO BE COMPLETED BY GPAFI)

Deductible	Coverage	Insured salary rate	Annual premium / Pro rata temporis 1st year
Staff members employed in an organization for 3 years or more:			
<input type="checkbox"/> 270 days	50 %	0,95 %	CHF _____ / _____
Staff members employed in an organization for less than 3 years:			
<input type="checkbox"/> 90 days	50 %	1,95 %	CHF _____ / _____

6. CONFIRMED EFFECTIVE DATE OF THE INSURANCE COVERAGE (TO BE COMPLETED BY GPAFI)

The confirmed effective date of the insurance coverage is the following: ____/____/____

7. PERSONAL DATA PROTECTION

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (known as the "General Data Protection Regulation"), you have the right to access, rectify and delete your personal data. Where consent is required for processing, you have the right to withdraw it. Under certain regulatory conditions, you have the right to request the limitation of processing or to object to it. Any request to exercise these rights may be addressed to the Data Protection Officer of the VYV Group, Tour Montparnasse - 33, avenue du Maine - BP 245 - 75755 Paris Cedex 15 - dpo@groupe-vyv.fr.

Health data, the processing of which is necessary for the performance of obligations specific to MGEN Vie and exercise of the rights of the insured persons themselves, may be processed in connection with the conclusion, administration, and execution of the said contract. This data is intended exclusively for GPAFI and the medical advisor of MGEN Vie. The exercise of these rights is carried out by email, to the attention of the medical advisor: gpafi@vyv-ib.com.

8. ACCEPTANCE OF APPLICANT

By your signature below, you certify that you have received the extract from the general conditions of insurance and declare:

- giving your consent to the processing of your personal data, in particular those relating to your health, which are necessary for the administration and execution of your insurance contract.
- having received and read the information leaflet of the insurance contract.
- that you are a member of GPAFI or that you have applied for membership.
- having received the pre-contractual information, the Insurance Product Information Document (IPID) and the duty to advise from GPAFI prior to enrolment.
- having provided all requested information in a complete, sincere, accurate and truthful manner.
- recognize that regardless of the ordinary causes of nullity, the insurance coverage provided to the Applicant by MGEN Vie is void concealment or intentional misrepresentation by the Applicant both at the time of enrolment and during the life of the contract, when said concealment or misrepresentation changes the subject of the risk or decreases it in the opinion of MGEN Vie, even though the risk if omitted or distorted by the Applicant, has no impact on the materialization of the risk.
- recognize that in the occurrence of a claim or any request for intervention, the conscious and voluntary production of incorrect or fraudulent documents will result in the loss of coverage without refund of premiums already paid.
- commit to report any changes of my personal and professional situation within fifteen (15) days from the moment I become aware of the change

9. DOCUMENTS TO BE SUBMITTED

For your application to be considered, please ensure that you have answered all the questions asked and signed the membership application. The latter must then be sent to GPAFI with the following documents:

- your last payslip,
- the sick leave declaration (certified and uncertified),
- the health questionnaire duly completed.

By email: gpafi@un.org
or
By post : GPAFI, Palais des Nations, 1211 Geneva 10, Switzerland

Done in Geneva, on ____/____/____	Signature of the Applicant preceded by the words "read and approved":	GPAFI official stamp:
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