

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Optional life and Invalidity plan

jointly proposed by the **Association Internationale des Interprètes de Conférence (AIIC)**, Henner and
VYV International Benefits on behalf of **MGEN**

1. APPLICANT

Last name: _____ First name: _____

Date of birth: ____/____/____

Home address: _____

Private phone number: _____ Email: _____

2. REQUESTED EFFECTIVE START DATE OF INSURANCE COVERAGE

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

3. 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 of VYV International Benefits, 3 Square Max Hymans, 75748 Paris Cedex 15 – dpo@vyv-ib.com.

Health data, the processing of which is necessary for the performance of obligations specific to MGEN 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 Henner, VYV International Benefits and MGEN.

4. 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 notice of the insurance contract.
- that you are an accredited as a Conference Interpreting Agent (ACI) at the EU Institutions.
- that you must have worked at least one day during the rolling year preceding the date of enrolment in this coverage.
- having received the pre-contractual information, the Insurance Product Information Document (IPID) and the duty to advise from Henner prior to enrolment.
- having provided all requested information in a complete, sincere, accurate and truthful manner.
- having read and acknowledged the rates listed in Annex 1 of this application form.
- recognize that regardless of the ordinary causes of nullity, the insurance coverage provided by MGEN 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, even though the risk if omitted or distorted by the Applicant, has no impact on the materialization of the risk.

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 Henner to the following address: aci@henner.com

ANNEX 1 – PREMIUMS

⇒ **Applicable premium to Conference Interpreting Agents (ACIs) under the age of 65:**

Average no. days worked over the last 3 years	Annual premium
<50	€1,340
50-89	€2,321
90-119	€2,530
120-149	€2,340
150-179	€2,277
180-209	€2,193
210+	€1,778

⇒ **Applicable premium to Conference Interpreting Agents (ACIs) over the age of 65:**

Average no. days worked over the last 3 years	Annual premium
<50	€3,314
50-89	€3,623
90-119	€3,161
120-149	€2,809
150-179	€2,182
180-209	€1,853
210+	€1,718

Done in _____, on ____/____/____	Signature of the Applicant <u>preceded by the words “read and approved”</u> :
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