

MONTHLY PREMIUM PER PERSON

Formula 1 : 39 € (reimbursement after the 1st euro)
Formula 2 : 23,50 € (reimbursement after mutual insurance company intervention)
taxes included (9,25 %) per started month
(+ 3,50 € expenses per contract)

You will receive the full conditions with the insurance policy.

Coverage commences on the date of departure as mentioned on the application form once the premium and associated costs due are paid to the Company, within 30 days as of the inception date of the contract.

The Policyholder has 30 days to cancel the contract as of the date that the Company received the present insurance request; cancellation will immediately take effect once the Company has been notified. In this case, the premiums already paid will be reimbursed. The Company may also cancel the present contract within 30 days after receipt of the insurance request. Cancellation will then be effective 8 days after notification. In this case, paid premiums will also be reimbursed.

Personal information are collected and kept by ACE Insurance S.A. - N.V, rue Belliard 9-11 in 1040 Brussels within the framework of global management of client relations, the sale and the commercialisation of insurances. Personal information related to the health of the insured, the policyholder or the beneficiary will be handled by ACE Insurance S.A. - N.V within the framework of the execution of the insurance agreement.

The person concerned has the right to consult the data concerning him/herself as well as the right to rectify erroneous, incomplete or non-relevant data. The person concerned also has the right to oppose against the handling of his/her personal information for direct marketing purposes.

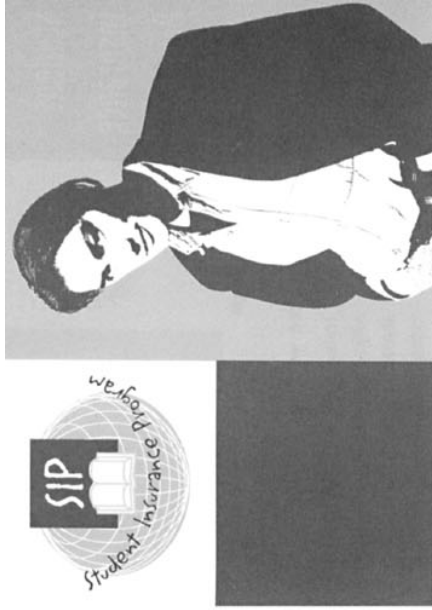
For further inquiries concerning personal information you can consult the Public Register (Waterloolaan 115, 1000 Brussels).

By signing the application form the person concerned grants automatically his/her permission for the here-above mentioned handling of his/her personal information.

General overview of the indemnities:

Accidental death	5,000 €
Permanent invalidity due to accident	62,500 €
Hospitalization (accident/sickness) real costs*	
Costs of treatment following an accident/sickness real costs	250 €
Costs of urgent dental care	
Assistance to persons	
Services :	
- repatriation or medical transport	real costs
- repatriation or transportation of the mortal remains	7,500 €
- early return in case of the death of a relative	real costs
- the dispatching of medicines abroad	real costs
- search and rescue costs	real costs
- telecommunication costs	125 €
- travel assistance (loss/theft travel documents, interpreter, travel ticket)	real costs
- legal assistance	5,000 €
- transportation and accommodation costs for family members	7,500 €
Luggage	1,500 €
Household effects	5,000 €
Civil liability in private life	
- per event	1,250,000 €
- damage to goods at the place of residence	12,500 €

* Only for a stay in a common room for maximum 365 days at Riziv rate (or equivalent abroad).



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Student Insurance Program



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Insurance without borders !

Today, there are more opportunities than ever before to travel abroad - whether to study, on exchange schemes, or for an internship placement. And now there is a specific insurance policy to match this trend: SIP, Student Insurance Program. This insurance provides worldwide cover and is designed for anyone who travels abroad: students, scientists or staff members.

What are you insured against?

The insurance is very extensive, it covers medical and urgent dental costs, extra costs such as repatriation, medical transport or transportation for family members, legal assistance, accidents, civil liability, luggage and household.

When are you insured?

The insurance begins on the day of departure and ends on the day of return, as stated on the application form. It is effective once the Insurance Company receives the premium due. For more details please consult the general conditions. You will also find information on the indemnities on the back of this folder.

Worldwide assistance

Every insured receives together with his/her policy the ACE assistance card. This card provides worldwide access to ACE, night and day.

How much does SIP cost?

The Student Insurance Program offers a choice of two insurance formulas. With Formula 1 you pay a monthly premium of 39 € and are immediately reimbursed in full, from the very first franc. Formula 2 costs 23,50 € a month and ensures that your costs are reimbursed, following intervention by the mutual insurance company. For both formulas you must pay in advance 3,50 € costs per contract and the full amount of your insurance premium for the total duration of your stay.

Information...

For further information you can contact ACE Insurance s.a.-n.v. direct on 02/516 98 35 or Gras Savoye Belgium, insurance brokers, on 09/220 56 20.

GRAS SAVOYE
n.v. Gras Savoye Belgium s.a.
Member of the Gras Savoye - Willis Corroon network.
Sportstraat 61 - 9000 Gent.
Tel. 09/220.56.20. Fax 09/220.62.20.
O.V.A.N.C.D.V. : 24283. - H.R. Gent : 80.600.

INSURANCE REQUEST (fax to 0800 74 395)

Policyholder/Insured : (please complete in capital letters)

Last name :

First name :

Date of birth : Day : Month : Year :

Sex : M F

Nationality :

Language : DUTCH FRENCH ENGLISH

Home address :

Telephone :

E-mail address :

Name and address of educational establishment in the country where you have your normal place of residence :

You are : student staff member scientific person

If you are a student, Subject :

Registration number :

Country of destination :

Name and address of the educational establishment where you participate in an exchange program/training course in the country of destination :

Place of residence :

Telephone :

E-mail address :

Date of departure : Day : Month : Year :

Date of return : Day : Month : Year :

(please include the day of arrival in the country where you have your normal place of residence)

Are you following medical treatment or have you followed medical treatment within the last 6 months? yes no

I choose : Formula 1 : reimbursement after the 1st franc (39 €)

Formula 2 : cost reimbursement after mutual insurance company intervention (23,50 €)

I am aware of the insurance policy general conditions mentioned on the other side of this folder.

Policyholder/Insured's signature :

Place :

Date : Day : Month : Year :



INSURANCE REQUEST

Policyholder/Insured : (please complete in capital letters)

- Last name :
- First name :
- Date of birth: Day : Month: Year:
- Sex (underline): M F
- Nationality :
- Language (underline): DUTCH FRENCH ENGLISH
- Home address:
- Telephone :
- E-mail address:
- Name and address of educational establishment in the country where you have your normal place of residence :
- You are (underline) : student staff member scientific person
- If you are a student :*
- Subject :
- Registration number :
- Country of destination:
- Name and address of the educational establishment where you participate in an exchange program/training course in the country of destination :

- Place of residence :
- Telephone :
- E-mail address :
- Date of departure : Day : Month : Year :
- Date of return : Day : Month : Year :
- (please include the day of arrival in the country where you have your normal place of residence)
- Are you following medical treatment or have you followed medical treatment within the last 6 months (underline)? Yes No
- I choose (underline) :
 - o Formula 1 : reimbursement after the 1st franc (39 €)
 - o Formula 2: cost reimbursement after mutual insurance company intervention (23,50 €)

I am aware of the insurance policy general conditions mentioned on the other side of this folder.

Policyholder/Insured's signature :

Place :

Date : **Day :** **Month :** **Year:**