

MUT M, MUT L, MUT XL TOP-UP INSURANCE APPLICATION FORM

Year 2020/2021

SMENO - CS 90027 - 59040 LILLE Cedex - Mutuelle des Etudiants du Nord-Ouest n°781123450 governed by the Mutual Code, GIE Liberté Member
 The Mut L and Mut XL are said to be responsible in accordance with Article R871-1 and R871-2 of the French Social Security Code as amended by Decree No. 2019-21 of 11/01/2019. P/C: 60% for Mut L and 65% for Mut XL and management fees: 19%.

Section reserved for SMENO Contract completed: _____

Coverage: _____ Amount: _____ Payment Method: _____ ID#: _____

Place of sale: AG _____ CS _____ Archive link: _____

Please complete all fields (unless otherwise noted). SMENO will not be able to process your request if incomplete. Please write in capital letters.

A. YOUR DETAILS

Mr. Ms. Family Name: _____ First Name: _____

I certify that I am a student under the age of 28.
 I promise to provide proof of my student status within 30 days fol. the effective date of the SMENO insurance (copy of student ID card / enrolment certificate for a higher education institution)

Nationality: _____ Place of birth: _____ Date of birth: _____

Affiliated health fund: _____ French social security n°: _____ Please attach a copy of your French social security certificate.

Address: N° _____ Street: _____ Postal code: _____

Appt n°: _____ Residence hall: _____

City: _____ School / University: _____

Phone: _____ Mobile: _____ Course of study: _____

E-mail: _____ @ _____ You will complete your studies by: 20 _____ I don't know

Children: YES NO If you want coverage for your minor children, please attach a copy of their birth certificate. The premium for minor children depends on the status of the parents, and is defined by article 1 of the Mutual Rules.

I authorise SMENO and SMENO Insurance to send me offers by email, SMS, telephone and postal YES NO

B. VOTRE GARANTIE COMPLEMENTAIRE SANTE

Extra coverage is available in addition to the Mut L and XL coverage. They are not available separately.

Selected coverage	* *equal to the first 2 monthly premiums			Extra hospital coverage		Extra optical / dental coverage		2 extras coverages	
	MUT M	MUT L	MUT XL	MUT L + 1 extra	MUT XL + 1 extra	MUT L + 1 extra	MUT XL + 1 extra	MUT L + 2 extra	MUT XL + 2 extra
Monthly premium	_____	_____	_____	_____	_____	_____	_____	_____	_____
Deposit*	_____	_____	_____	_____	_____	_____	_____	_____	_____
Annual amount	_____	_____	_____	_____	_____	_____	_____	_____	_____

If you are a student, don't forget to provide proof from your higher education institution. Please note, if you are over 28 years old this year, your premium will be recalculated and is likely to increase.

C. YOUR PAYMENT METHOD

One-time payment in full with no additional fees. You pay your membership fee when you enrol.
 Total your monthly premiums for all coverage plus extras: _____ €

Monthly payments with no additional fees. You pay the first 2 monthly premiums: _____ €, For a direct debit to your bank account on the 5th of each month, please complete the direct debit mandate below. Attach your bank details (IBAN format) to your application.

I opt for: Bank card Check payable to SMENO Cash (in agencies and university booths)

You can choose to pay by credit card in our agencies, at smeno.com or at 09.72.67.60.00 (non-taxed call). The same conditions apply.

Only complete for payment by credit card (service desks, university booths, or postal mail)

Credit/bank card number: _____ Expiry Date: _____

Card holder: _____ CVV: _____ (3-digit number on the back of your bank/credit card)

D. SIGNATURE

I have read the Statutes, the Mutual and Internal Rules and Regulations available in the SMENO agencies and at smeno.com I confirm that I have received the IPID

In: _____ Policy holder signature required: (Preceded by the words "read and approved")

Date: _____ Signature for SMENO: (Preceded by the words "read and approved")

If signing up remotely: In accordance with the French Consumer Law, you may cancel this enrolment within a 14-day period starting from the contract acceptance date: By certified letter with acknowledgement of receipt addressed to SMENO Centre de Gestion - CS 90027 - 59040 LILLE Cedex, provided that coverage has not begun.

Default: I understand that I owe SMENO all annual premiums. In the event the policy holder's bank refuses a payment at the payment due date, the above-mentioned policy holder allows SMENO to suspend payment of all benefits that may be due in compliance with Article 4 of the Mutual Rules.

Tacit Renewal: in compliance with article 5 of the Mutual Rules, the policy is automatically renewed on the contract's anniversary date.

SMENO, Société Mutuelle du Nord et du Nord Ouest, a mutual fund of the North and Northwest, is governed by the Mutual Code, pursuant to the provisions of Book II of said Code, and registered with the French national registry of mutuals under number 781123450. In application of Articles 38, 39, 40 and 43 of the French law on data processing and protection of personal data as amended in 2004, you have a right of access, rectification, opposition and deletion of the data concerning you. Exercise these rights in writing to the postal address below: SMENO, Référent Informatique et Libertés - CS 90027 - 59040 LILLE CEDEX. The processing of your information has been declared to CNIL for the management of our customer/prospect files. Recipients of any information which concerns you are SMENO and SMENO Insurance departments, French social security institutions, and banking organisations for payment information.

EUROPEAN SEPA DIRECT DEBIT MANDATE

Creditor: SMENO - CS 90027 - 59040 Lille Cedex - France SEPA Creditor Identifier (CI): FR91ZZZ006617

Holder of account to be debited (All fields must be completed)

Family Name: _____ First Name: _____

Postal address: _____

Postal code: _____ City: _____ Country: _____

Policy holder's family and first name: _____

Bank details of the account to be debited

Type of payment: Recurring (Payment in monthly instalments)

SMENO, Société Mutuelle du Nord et du Nord Ouest is governed by the Mutual Code and subject to Book II

Unique mandate reference to be completed by SMENO

By signing this mandate form, you authorize SMENO to send instructions to your bank to debit your account. You also authorize your bank to debit your account in accordance with SMENO's instructions. You have the right to repayment by your bank under the conditions in the convention signed with them. A claim must be submitted:

- ▶ Within 8 weeks after the bank debit date for an authorised debit,
- ▶ Without delay and at the latest within 13 months in the event of unauthorised debit.

Your rights concerning this mandate are explained in a document which you can obtain from your bank

Signature: _____

Location: _____

Date: _____

To be returned with your bank details in IBAN format.

Original for SMENO - Copy for policy holder

ISSUE :