ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT
82 Avenue François Mitterrand 91200 ATHIS-MONS
Tél. 01 60 48 28 00 Fax : 01 60 48 11 42
e-mail : info@appn.asso.fr
www.appn.asso.fr

MEMBERSHIP FORM

Shall be sent back to APPN before the 20th of the month for an effective date the 1st of the following month.

I – APPN MEMBERSHIP

How did you hear about us? _____

Mrs ☐ Mr. ☐ Surname: _____

Birth names: _____

Given names: _____

Date of birth: |_ _|_ _|_ _|_ _|_ _|_ _|_ __|_ _| Nationality: _____

Place of birth: city: _____ Country: _____

Postal address: _____

ZIP code: _____ City: _____ Country: _____

☎ : _____ : _____

E-mail address: _____

(☐ I hereby authorize APPN to use my email address to contact me for any matter relating to my guarantees).

Family status: married ☐ single ☐ divorced ☐ martial union ☐ widowed ☐ separated ☐

Number of children: |_ _|_ _|

Employer's Name: _____

Airport Base: _____

Contractor Agency's Name: Täytä tämä, jos olet yrittäjästatuksella tai välitysfirman kautta töissä

Function: CP ☐ FO ☐

In order to benefit from the APPN's fee discount, I hereby accept to communicate my membership union:

Yes ☐ No ☐ Name of the union: Finnish pilots' Association - FPA

(Please send the union membership proof)

☐ I request to subscribe to the APPN' association as I have been acquainted with its articles I received. I declare accepting the terms and conditions, especially the ones of Article 4 which enforcement would lead to my deregistration, and consequently, the termination of my insurance contract in case of non-payment of the premiums.

- **Monthly APPN's fee:**
  - ***3 € = members of an agreed union,***
  - ***7 € = members of an IFALPA union,***
  - ***13 € = members not being part of an IFALPA union or not being unionized.***

- **Working capital**: it is a fund dedicated to the association in order to build up a quarterly premium advance which will be debited with your first monthly premium when subscribing to the insurance contract. This working capital will be adjusted at each guarantee's modification. The working capital is paid back when leaving APPN or in case of death.

II – SUBSCRIPTION TO THE INSURED AMOUNTS

Are you or have you been insured for the same risks with another company? Ilmoita mahdolliset muut vakuutukset

LIFE INSURANCE: Yes ☐ No ☐
Amounts of the guarantee _____ since when? |_ _|_ _|_ _|_ _|_ _|_ _| __| _|
If applicable, when and why the contract has to end or ended?
Date: |_ _|_ _|_ _|_ _|_ _|_ _|_ _| __|_ _| Reason: _____

DEFINITIVE LOSS OF LICENCE: Yes ☐ No ☐
Amounts of the guarantee: _____ since when? |_ _|_ _|_ _|_ _|_ _|_ _|_ _| __|_ _|
If applicable, when and why the contract has to end or ended?
Date: |_ _|_ _|_ _|_ _|_ _|_ _|_ _| __|_ _| Reason: _____

TEMPORARY LOSS OF LICENCE: Yes ☐ No ☐
Amounts of the guarantee: _____since when? |_ _|_ _|_ _|_ _|_ _|_ _|_ _| __|_ _|
If applicable, when and why the contract has to end or ended?
Date: |_ _|_ _|_ _|_ _|_ _|_ _|_ _| __|_ _| **Reason:** _____

I wish to apply to the following guarantees:

Täytä taulukkoon haluamasi summat. Tiedot löytyvät hinnastosta.
Kirjoita 0, jos et esimerkiksi ota väliaikasen menetyksen vakuutusta.

	Capitals	Monthly premium
LIFE INSURANCE (GENERALI contract n° 23624 & AXA contract n° 5092)		
DEFINITIVE LOSS OF LICENCE (Macif contract)		
TEMPORARY LOSS OF LICENCE (E _____) (Macif contract)		
Discount from the premium: - 25 years: 10% / -30 years: 5% **Surcharge** on the premium: from 40 years onwards: +10%		

I request the effective date to be the 1st of _____ (Under condition of immediate acceptance of the insurance request)

III – MY MONTHLY PREMIUM

	MONTHLY PREMIUM
Insurance guarantees premiums (II)	
APPN's fee (I)	
Provisional monthly premium (III)	

Tässä lasketaan lopullinen vakuutusmaksu.
FPA jäsenyyden kautta alennettu APPN jäsenmaksu on 7€/kk

I will pay my monthly premium by direct debit.

The working capital will be built up when subscribing, representing three times the monthly premium.

Tämä on pantti, joka maksetaan erikseen ja se palautetaan vakuutuksen aikanaan loppuessa.

The breakdown of my first debit will then be my monthly premium and the working capital.

Please send the copies of these mandatory documents:
- Union membership proof, if applicable,
- Passport or identity card,
- Complete licence with certificates and ratings,
- Medical certificate Class I,
- The latest payslip,
- Direct debit mandate form and bank details

Withdrawal period: As soon as I am aware of the effective date of the contract receiving the insurance certificate, I have 30 days to change my mind and inform APPN, acting on behalf of the insurers, 82 avenue François MITTERRAND - 91200 ATHIS-MONS, sending a registered letter redacted as follows:

I undersigned, surname, given names, postal address declares withdrawing the subscription of the contract_____ established the 1st of _____. Date and signature of the member.

Tämä on ohje, miten voit perua vakuutuksen 30 päivän kuluessa hyväksymisestä.

I acknowledge receipt and read the following documents:

- A copy of the detailed memorandum(s) of my contracts
- A copy of my insurance request.

I authorize APPN and the insurers to process my medical data in order to evaluate the risks and the rise of claim of the guarantees Yes ☐ No ☐

Any false deliberate declaration from me or any reluctance likely to limit the risk regarding myself shall lead to the nullity of my insurance contract (article L.113-8 du Code des assurances). Any omission or non-deliberate inaccurate declaration shall entail new conditions of insurance, when 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 completed and exact (article L113-9 du Code des assurances).

Place: _____

Date |_ _|_ _|_ _|_ _|_ _|_ _|_ __|_ _|

Signature preceded by the mention: "Read and approved"

Personal data protection - the data are received by APPN, in charge of the process and the management of your membership request.
The data will also be processed by APPN, as delegate manager, in the name and on behalf of the insurers, listed here below, in charge for the contracting, the management and the enforcement of the insurance contracts. The data will also be processed to counter money laundering and terrorism financing. The data will also be processed to counter the fraud, which may lead to registration on a list of people presenting a risk.

Health data: we shall ask for your consent since the management of the health data is considered sensitive by the laws. The health data are mandatory to process your membership request to our insurances. They are needed to evaluate the risks or the claiming of the guarantees. You may not give your consent or withdraw it at any time which will cease the process of your membership or the insurance claim.

You have the right to access, to rectify, to erase, to limit, to oppose, if applicable of portability, and define the rules regarding the retention, erasure and communication of your personal data after your death. If applicable; you may withdraw the consent to the process of your data which will cease. We inform you that any customer may ask to be put on a cold calling opposition list on www.bloctel.gouv.fr. Website.
You may use your rights and make any information request regarding your personal data to APPN, 82 avenue François Mitterrand, 91200 ATHIS-MONS or via email: info@appn.asso.fr.
You also have the right to complain to the French national Commission data protection CNIL (www.cnil.fr).

All the details for the processing of your personal data protection by the insurers:

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, an undertaking governed by the French Insurance Code. Registered office 1 Rue Jacques Vandier – 79037 Niort cedex 9 (France). Identified under the single number 781 452 511; listed in the Register of Commerce and Companies in Niort. Company subject to the supervision of the French supervisory authority "Autorité de Contrôle Prudentiel" – 4 Place de Budapest, CS 92459, F-75436 PARIS. (Loss of licence contract): www.macif.fr/assurance/particuliers/donnees-personnelles