



**ACE European Group Ltd**  
 Avenue des Nerviens, 9-31, bte 7  
 B - 1040 Brussels  
 BELGIUM  
**Fax to : 0800/ 74 395**  
**or + 32 2 516 97 82**

**SIP - INSURANCE REQUEST**

**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 :** .....

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**Name and address of the 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,**  
**Field :** .....  
**Registration number :** .....

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**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 :** .....

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**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)

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

**Premium per person and per day (incl. taxes 9.25 %, excl 3,50 EUR expenses per contract) :**  
*(minimum premium per policy: 25 EUR) (please cross the chosen scheme)*

|  |                   |
|--|-------------------|
| <b>Scheme 1 : Reimbursement of the cost of treatment as from the first euro:</b>                 | <b>EUR 1,28,-</b> |
| <b>Scheme 2 : Reimbursement of the cost of treatment after intervention of social security :</b> | <b>EUR 0,77-</b>  |

|   |                   |
|---|-------------------|
| <b>Option 1 : Extension to winter sports, diving, speleology:</b>       | <b>EUR 0,16-</b>  |
| <b>Option 2 : Cancellation cover (premium per insured per contract)</b> | <b>EUR 42,00-</b> |



**General overview of the indemnities :**

|             |  |               |
|-------------|--|---------------|
| Section 1 : | Accidental death   | 5.000,00 EUR  |
| Section 2 : | Permanent invalidity due to accident   | 75.000,00 EUR |
| Section 3 : | Hospital stay in a common room, or ward (accident/sickness) during max. 365 days | real costs    |
|             | Costs of treatment following an accident/sickness                                | real costs    |
| Section 4 : | Costs of urgent dental care  | 250,00 EUR    |
| Section 5 : | Assistance to persons  |               |
|             | Services :   |               |
|             | - repatriation or medical transport  | real costs    |
|             | - repatriation or transportation of the mortal remains                           | 7.500,00 EUR  |
|             | - 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  | 125,00 EUR    |
|             | - travel assistance (loss/theft travel documents, interpreter, travel ticket)    | real costs    |
|             | - legal assistance   | 5.000,00 EUR  |
|             | - transportation and accommodation costs for family members                      | 7.500,00 EUR  |
| Section 6 : | Luggage  | 1.500,00 EUR  |
|             | Household effects  | 5.000,00 EUR  |
| Section 7 : | Civil liability in private life  |               |
|             | - cover following to A.R. 12 January 1984.                                       |               |

Coverage commences on the date of departure as mentioned above 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 mentioned on this document are collected and kept by ACE European Group Limited., avenue des Nerviens 9-11/ 7 in 1040 Brussels within the framework of global management of client relations, the sale and the commercialisation of insurance. According to the law of 8 December 1992 concerning the protection of private life, the Policyholder/Insured has the right to consult the data concerning him/herself as well as the right to rectify any erroneous, incomplete or non-relevant data. In order to do so, the Policyholder/Insured must send a registered letter to ACE European Group Limited. For additional information concerning personal data, the Public Register may be consulted.

The Policyholder/Insured declares having read and received a copy of the general conditions (available on [www.grassavove.be](http://www.grassavove.be)) of the Student Insurance Program which is an integral part of the contract.

Policyholder/Insured's signature :

Place : .....  
 Date : Day : ..... Month : ..... Year : .....