



Member's guide

to your
insurance policy

Indigo Expat



Indigo Expat is a trade mark. Indigo Expat is an exclusive product of Moncey Assurances, insurance broker registered in France, RCS Paris 488 579 434 - ORIAS n° 07 005 355.

- Your login details
- Your insurance certificate
- Your member card
- Your zone of coverage
- Your benefits
- Assistance repatriation
- How to manage your plan

- How to submit your claims
- Reimbursement on Top Up To CFE
- Prior approvals
- Upper limits of your coverage
- Precertification agreement

- Member's Portal
- MédecinDirect
- FAQ

► CONTACTS

A dedicated team of claims administrators is available to answer all your questions.

Services are available 24/7. Outside business hours, please contact directly the assistance team who can assist you with any medical emergency: contact details are mentioned on the member card and in the Notice of Information.

◉ **GAPI**

Tél: +33 3 28 54 03 20

Email gestion: contact@gapigestion.com

Email hospitalisation : service-medical@gapigestion.com

Adresse

Zone d'Activité Actiburo
99 rue Parmentier
59650 Villeneuve d'Ascq (France)



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► YOUR PLAN

Your login details to access your online services.

Your login details will be sent to you by email at the end of the enrollment process. Once you receive these details, go to the Member's Area to personalize your password.

Your Member's Portal



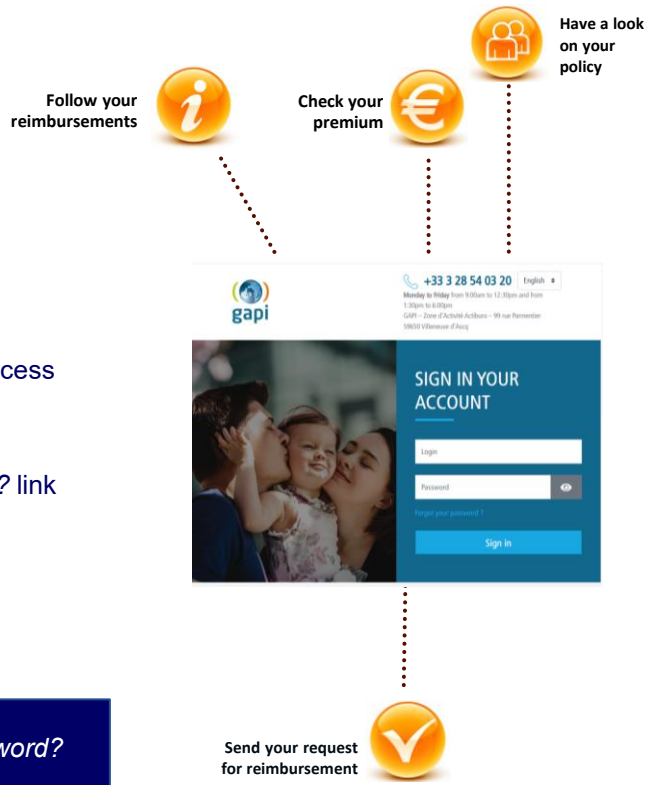
From your computer, tablet or smartphone, go to the website

www.gapigestion.com

Next, enter your username (policy number) and password to access the online services.

If you have forgotten your password, the *Forgot your password?* link will allow you to reset it.

If you have forgotten your password, the *Forgot your password?* link allow you reset it.



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▶ YOUR INSURANCE CERTIFICATE

This document certifies that you have taken out insurance, and serves as proof of coverage.

Your insurance certificate will be sent to you as soon as your first premium payment is settled, at the end of the enrollment process. Your insurance certificate is available in your Member's Area / « My contracts ».

What is mentioned on your insurance certificate



- ✓ Name, surname, date of birth,
- ✓ Address and country of expatriation,
- ✓ Policy n°

- ✓ Insurer, contract reference,
- ✓ Covered benefits,
- ✓ Zone of coverage,
- ✓ Start date and period of coverage

INDIGO EXPAT

CERTIFICAT DE RENOUELEMENT

Date d'effet du renouvellement : 01/06/2026

Le renouvellement s'effectue après 12 mois de couverture, sous réserve du paiement des cotisations souscrites (cf notice d'information)

Assuré principal : BOUDAF Meïla

Pays d'origine :	FRANCE	Numéro d'adhérent :	7575100002
Adresse de l'assuré :	1	Date d'adhésion :	01/06/2024
	1	Souscripteur :	Adhérent
	1	Pays d'expatriation :	Canada
	1	Voie courrier conseil :	INDIGO ASSURANCES
			CANADA

Composition de la famille :

Nom et prénom des assurés	Sexe	Date de naissance	Agent de fait
BOUDAF Meïla	M	26/06/1995	Adh-Époux

Récapitulatif des garanties souscrites :

Garantie	A compter de	Référence du contrat
PREMIER SOINS	01/06/2026	MG2ENB10003151AN
Type de garantie: Complément de la Sec.Sociale Française		
Niveau de garantie: Ordisoc 100 sans maternité		
Franchise: Non		
Formule: Famille - zone B		
ASSISTANCE RAPATRIEMENT		
Inclusion de base: Oui	01/06/2026	MG2ENB10003151AN
Garantie complémentaire: Non		
RESPONSABILITE CIVILE VIE PREVEE	01/06/2026	AU367391
DECES / PTIA: Oui	01/06/2026	AU367391

Le présent contrat est conclu par l'INDIGO EXPAT, Société par actions simplifiée au capital social de 1 000 000 Euros, immatriculée au RCS de Paris sous le numéro 812 002 862 et habilitée en tant qu'intermédiaire d'assurance auprès de l'ORIAS sous le numéro 14002016, dont le siège social est situé à l'adresse suivante: 17, rue de Valenciennes, 75116 Paris cedex 12, France.

Le présent contrat est conclu par l'INDIGO EXPAT, Société par actions simplifiée au capital de 1 000 000 EUROES Cotisée Régie par le Code des assurances, immatriculée au RCS de Paris sous le numéro 812 002 862 et ayant son siège à 17 rue de Valenciennes, 75116 Paris, Société approuvée au respect de son statut par l'ORIAS sous le numéro 14002016.

Cotisations :

Montant annuel	Fréquence de règlement	Mode de paiement
1 474,23 Euros	Annuelle	Virement bancaire

INDIGO EXPAT - Assurance de personnes & Titularité d'Indigo Expatriation en assurance - INDIGO EXPAT - assurance

Your insurance certificate is sent to you by email by GAPI at the end of the enrollment process.

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► YOUR MEMBER CARD



Your Member Card is available on a pdf document. You receive it by email and you can print it at your own convenience. It contains the main information that you or a hospital may need.

The information that appears on your Member Card



- ✓ Contract reference,
- ✓ Assistance or repatriation contact number,
- ✓ Emergency inpatient contact number.



Thanks to contact numbers for inpatient and assistance, a healthcare professional (hospital, in particular) who find your Member Card in the wallet of an insured (road accident victim, for example, and unconscious) can contact the assistance team and obtain support.

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▶ YOUR ZONE OF COVERAGE

When you subscribed, you select a zone of coverage based on your country of expatriation and your needs (zone 1, 2, 3, 4 or 5). You are covered under your policy for all countries within the subscribed zone.

Your zone of coverage



Your zone of coverage is mentioned on your insurance certificate.

In case of emergency (medical evacuation), countries outside the subscribed zone of coverage are not covered.

Note that you are covered for trips up to 6 weeks maximum outside the selected zone of coverage, but only for expenses resulting from an accident or an unforeseen illness.



CERTIFICAT DE RENOUELEMENT

Date d'effet du renouvellement : 01/06/2026

Le renouvellement s'effectue après 12 mois de couverture, sous réserve du paiement des cotisations souscrites (cf notice d'information)

Assuré principal :		BOUDIAF Malik	
Pays d'origine :	BOUDIAF Malik	Numéro d'adhésion :	7575100002
Adresse de l'assuré :		Date d'adhésion :	01/06/2024
		Souscripteur :	Adhèrent
		Pays d'expatriation :	Canada
		Votre courtier conseil :	MONKEY ASSURANCES
	CANADA		

Composition de la famille :			
Nom et prénom des assurés	Sexe	Date de naissance	Statut
BOUDIAF Malik	M	26/06/1995	Adhèrent

Récapitulatif des garanties souscrites :			
Garanties		A compter du	Référence du contrat
INDÉPENDANCE			
IS DE SANTÉ		01/06/2026	MGENR12001515AN
Type de garantie :	Cotisation de la Soc.Sécurité Française		
Niveau de garantie :	Optique 100 sans mutuelle		
Franchise :	Non		
Formule :	Famille - zone B		
ASSISTANCE RAPATRIEMENT			
Inclusion de base :	Oui	01/06/2026	MGENR12001515AN
Garantie complémentaire :	Non		
RESPONSABILITÉ CIVILE VIE PRIVÉE			
DECS / PTA :	Oui (famille en zone B)	01/06/2026	AL967391
	Oui	01/06/2026	AL967391

Le présent contrat est assuré par l'UNION FINANCIÈRE MONETIA, la société par actions d'assurance au capital social de 1.000.000 euros, immatriculée au RCS de Paris sous le numéro 511 541 541 RCS PARIS et soumise au droit de l'Union Financière Monetia (U.F.M.) dont le siège social est situé à 1 rue de Valenciennes, 75013 Paris cedex 13, France.

Le présent contrat est assuré par MONKEY ASSURANCES, Société assurée au capital de 10.000.000 (Dix millions) d'euros, immatriculée au RCS de Paris sous le numéro 511 541 541 et ayant son siège social à 1 rue de Valenciennes, 75013 Paris cedex 13, France.

Cotisations :		
Montant annuel	Périodicité du règlement	Mode de paiement
1.474,28 Euro	Annuelle	Virement bancaire

Full details regarding zone of coverage, countries, etc are provided in the Notice of Information medical/assistance. This Notice of Information was sent to you upon enrollment.

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► YOUR BENEFITS

You can find your terms and conditions, as well as Table of Benfits, in your Notices of Information.

Benefits of the plan you subscribed to is detailed in the Notices of Information medical/assistance et PL&AI. These documents are provided to you upon enrollment. These documents are available in your Member's Area / « My contracts ».

Notices of Information



Notices of Information detail your benefits and general terms and conditions.

If you have any question or concern about your health or assistance benefits, please contact GAPI. For PL&AI benefits, please contact your broker.

Please note: waiting periods are specified, as well as any applicable procedures. These include, in particular, prior approval for scheduled hospitalisations or certain expensive procedures and treatments.

Prior approval is not required in case of emergency for hospitalisation. However, you must contact GAPI within the specified timeframes so that direct settlement can be arranged.



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► ASSISTANCE REPATRIATION

In case of emergency contact local emergency services before taking any action.

Local ambulance transportation is covered under the healthcare coverage. However, please contact your Assistance before incurring any expenses related to a medical evacuation or repatriation.

Assistance and repatriation



The Doctors of your Assistance will make sure you receive appropriate care and will organize your medical transportation if needed.

These benefits are included in your coverage. The following services are also provided (cf Notice of Information):

- ✓ Presence with the hospitalized insured,
- ✓ Companion during repatriation or medical transport.

◉ **Vyv International Assistance (France)**

Phone n°:

📞 From France : 05 86 85 00 59

📞 From any other country: +33 5 86 85 00 59

Email:

📧 Assistance: ops@vyv-ia.com

📧 Precertification: authorization@vyv-ia.com

In case of emergency, provide Vyv International Assistance with:

- Your name and surname,
- The phone number you can be reached,
- The contracty reference MGENIB1100689SAN (for the 1st Euro plan) or MGENIB1200151SAN (for the plan on Top-Up FE)
- The name, location and phone number of the medical facility where you are located, as well as the name of the Doctor who treated you.



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► HOW TO MANAGE YOUR PLAN

You and your dependents are covered on the effective date of your plan.

This plan is automatically renewed on each anniversary date. You are covered until you decide to change or terminate your plan, subject to payment of premiums.

To terminate your plan



Membership may be terminated at any time after a minimum of 12 months of membership in the following cases:

- In accordance with the law 2019-733 du 14 juillet 2019, with at least a one month notice,
- Moving to an excluded country of expatriation,
- Returning to your country of nationality.

Termination of membership takes effect one (1) month after receipt of the notification (the 1st or the 15th of the following month).



A cancellation request form is available for you to formalize your request. Ask your broker for it or [click here](#) to download the form.

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► YOUR REIMBURSEMENTS



A dedicated teams of specialized claims administrators is available to answer all your questions.

Services are available 24/7. Outside of business hours, you will be automatically redirected to the assistance platform ready to assist you with any emergency hospitalisation.

How to submit your claims

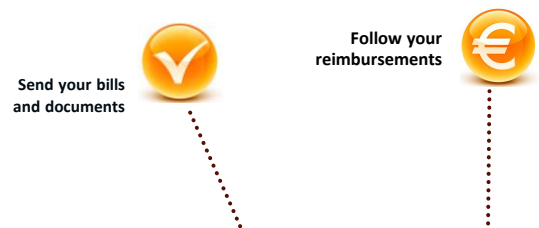


Log in to your Member's Portal at www.gapigestion.com and go to the « Your reimbursements » section.

For any claim / reimbursement where the amount is:

✓ up to €1,000 (or equivalent amount), proof of payment may be required. You can directly upload your scanned supporting documents (medical expenses / prescription drugs fees, medical prescriptions and/or reports, invoices for physicians and other healthcare professionals, proof of payment, etc.)

✓ exceeding €1,000 € (or equivalent amount), a stamped receipted invoice and other supporting documents may be required; You have to submit your requests for reimbursement online and send them with the original supporting documents by mail to GAPI.



In accordance with general rules on civil standard of proof, the insured member must provide supporting documents for each claim. For this purpose, GAPI has the right to request any proof of payment to reimburse any amount due.

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► YOUR REIMBURSEMENTS ON TOP UP TO CFE

To submit your claims, you can:

- log in to your Member's Portal at www.gapigestion.com and go to the « Your reimbursements »,
- Use the App and go to the « New request for reimbursement » section. You can download all required documents or even take a picture of them.



Procedure for your request of reimbursement on Top Up to CFE



If you are covered by the CFE (Caisse des français de l'Étranger), you have to complete the CFE forms with practitioners and submit all documents necessary for processing your claim (original paid invoices, prescriptions, etc) by submitting them:

- via CFE&Moi app or the website www.cfe.fr
- by mail: Caisse des Français à l'Étranger, A l'attention du service de gestion GAPI, Centre d'activité St Nicolas, 160 rue des Meuniers - CS 70238 Rubelles, 77052 Melun Cedex –France

The CFE automatically forwards the data to GAPI so that you can receive your full reimbursement (part from the CFE + part from the top up plan).

We strongly recommend you to activate notifications in your CFE member area to be informed of any important information such as unpaid invoices, request for additional information, refusals, etc. If the CFE refuses your reimbursement, you can submit copy of this refusal along with your reimbursement request (i.e., including all required medical documents) via your GAPI member area for possible coverage from the 1st Euro.

In accordance with general rules on civil standard of proof, the insured member must provide supporting documents for each claim. For this purpose, GAPI has the right to request any proof of payment to reimburse any amount due.

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► PRIOR APPROVAL

The request for prior approval enables you to find out if your treatment is covered and how much you will be reimbursed. If you do not request prior approval, reimbursements under your plan may be reduced or even rejected. Only treatments covered by your plan may be subject to a prior approval request.

Treatments and procedures requiring prior approval



A prior approval is required in case of:

- ✓ Hospitalisation,
- ✓ Prescribed sessions for physical therapy, speech therapy, orthoptics and occupational therapy,
- ✓ Maternity (if option purchased),
- ✓ Pregnancy and childbirth complications (if option purchased).

How to obtain prior approval?

You can contact GAPI to submit your request.

Submit your request at least 10 days before starting treatment.



If you do not request prior approval, reimbursements under your plan may be reduced or even rejected. Have a look on your Table of Benefits and Notice of Information.

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▶ UPPER LIMITS OF YOUR COVERAGE

When you enrolled in the plan, you opted for a package:

- ✓ Indigo Expat WeCare (1er € – 80, 90 or 100), with or without maternity option
- ✓ Indigo Expat OnePack (Top-Up CFE – 80, 90 or 100), with or without maternity option

Limits



Each level of coverage has its own annual aggregate limit, i.e. a maximum amount for reimbursement of your healthcare per member and per insurance year.

Certain benefits have special limits which are expressed as a value, a number of days or a number of services or sessions per member and per insurance year.

Your upper limit of coverage is shown on the Notice of Information that you received when you enrolled in the plan.

Medical plans

Maximums are required for all benefits indicated with a 1 or 2 in the following tables and may be required for other benefits. Please refer to note 2 within the "Notes" section for more information.

	Indigo Expat OnePack 80	Indigo Expat OnePack 90	Indigo Expat OnePack 100
Hospitalization benefits			
Maximum	1,500,000 €/year/member	1,500,000 €/year/member	1,500,000 €/year/member
Hospital accommodation – Private room *	Full refund	Full refund	Full refund
Hospital accommodation – Semi-private room *	Full refund	Full refund	Full refund
Intensive care **	Maximum €300 per day	Maximum €300 per day	Maximum €300 per day
Operation drugs and materials	Full refund	Full refund	Full refund
Operation room ***	Full refund	Full refund	Full refund
Surgical fees including anaesthesia and theatre charges	Full refund	Full refund	Full refund
Physician and therapist fees **	Full refund	Full refund	Full refund
Surgical appliances and materials**	Full refund	Full refund	Full refund
Diagnostic tests	Full refund	Full refund	Full refund
Organ transplant*	Full refund	Full refund	Full refund
Pharmacy and psychotherapy**	Full refund	Full refund	Full refund
Accommodation costs for one parent staying in hospital with an insured child under 18*	Full refund	Full refund	Full refund
Emergency in-patient dental treatment	€20 per day, max.30 days	Full refund	Full refund
Other benefits – please refer to note 2 for more information on Treatment Guarantee			
Daycare treatment*	Full refund	€60 per day, max.30 days	Full refund
Out-patient surgery*	Full refund	Full refund	Full refund
Waiting at home or in a convalescent home*	Full refund	Full refund	Full refund
Substitution treatment**	Maximum €2,500	Full refund	Full refund
Local assistance	Full refund	Maximum €2,500	Full refund
Emergency treatment outside area of cover for up to a maximum period of six weeks	Full refund, max. 42 days	Full refund, max. 42 days	Full refund, max. 42 days
Emergency treatment (see note 2)	Full refund	Full refund	Full refund
Emergency out-patient treatment	€200 per session	Full refund	Full refund
Emergency out-patient treatment	€150, max. 25 nights	€200 per session	Full refund
Emergency out-patient treatment	Maximum €750	€150, max. 25 nights	€200 per session
Emergency out-patient treatment		Maximum €750	€150, max. 25 nights
Emergency out-patient treatment			Maximum €750

All limits indicated in the Table of Benefits correspond to the total sum jointly reimbursed by the CFE and GAPI. If some benefits indicated in the Table of Benefits are not covered by CFE, the plan will intervene as a 1st euro plan.

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► PRECERTIFICATION AGREEMENT

The request for precertification agreement prior to your treatment enables you to benefit from the direct billing system within the limit of your coverage: you don't have to pay upfront. GAPI settles your bills directly with the healthcare professional or the medical facility without you having to make a cash advance. Feel free to contact GAPI in case of **Maternity | hospitalisation | expensive cares**

Planned hospitalizations and outpatient surgery



Complete your request for online through your Member's Area, under « Yours reimbursements / Claim From » at least 10 days before admission. Do not forget to attach your supporting documents (treatment plan, medical report, estimate of costs, etc.). You can also send your request by email to service-medical@gapigestion.com. GAPI will make the necessary arrangements with the hospital and confirm your precertification agreement within 72 hours.

Maternity – if the option has been subscribed

Before the end of the third month of pregnancy, contact GAPI to declare your pregnancy and inform us of your expected delivery date.

Once your pregnancy declaration has been processed, our medical team will contact you to help you find the best facilities and provide support throughout your pregnancy.



Medical emergencies: go directly to the hospital or contact the emergency services. Show your insurance card (available in the mobile app) at the admissions desk and ask them to call GAPI as soon as possible, but no later than 72 hours after your admission. GAPI will immediately issue a precertification agreement and follow your case.

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▶ YOUR ONLINE SERVICES

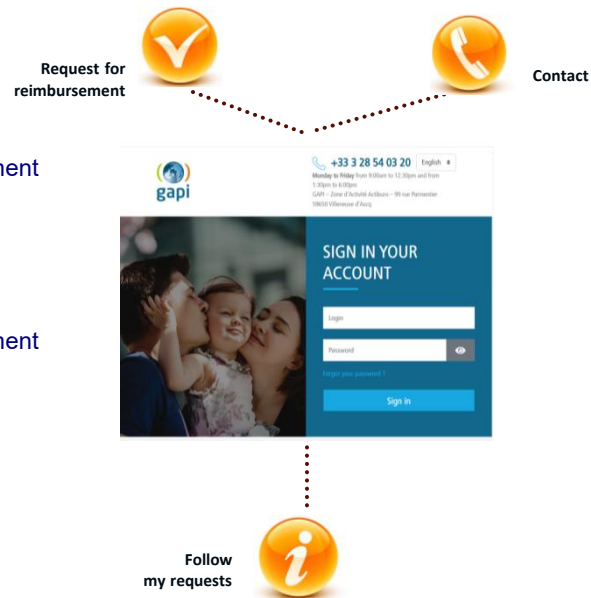
Find all information and services on your Member's portal.

Go to www.gapigestion.com and click on login. When you first access your Member's Portal, follow the procedure and read the « Your login details » section of this guide.

All services available in your Member's Portal



- ✓ Submit a claim for reimbursement and request a precertification agreement
- ✓ Manage your personal information: address, email, bank details
- ✓ Get information on your benefits: notice of informations
- ✓ Submit a claim for reimbursement and request a precertification agreement
- ✓ Download your member card and insurance certificate
- ✓ Check the progress of your claims in real time
- ✓ Find a practionner or a medical facility in the GAPI medical network
- ✓ Contact us should you have any questions



If you face any difficulty online or have any question, feel free to contact GAPI. A claims administrator will be happy to assist and to provide you with answers and explanations.

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▶ MEDECIN DIRECT

Any health question? Consult a GP or a specialist by email, phone or video, 24/7.

Médecin Direct consultations are covered by your insurance.

MédecinDirect



As part of your coverage, you have access to a telemedicine service.

The Doctors you consult through this platform are reimbursed in the same way as in-person consultations.

These healthcare professionals are authorized to issue prescriptions that are accepted internationally.

Access this service

To log in, go to www.medecindirect.fr or use the free MédecinDirect app (available on iOS and Android).

Fill out the registration form to create your account, providing your phone number, and then set your password.

And follow the instructions!



Good to know: the MédecinDirect platform is secure to guarantee medical confidentiality.

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The Frequently Asked Questions section answers the most common questions.

How do I pay my premiums?

Several options are available:

- by credit card through your Member's Area on [www. gapigestion.com](http://www.gapigestion.com) or on the app
- by bank transfer (the bank details are mentioned on the invoice)
- by bank transfer at the standard domestic rate through Convera from your Member's Area on [www. gapigestion.com](http://www.gapigestion.com) provided your country is eligible for this service (a list of countries and a explanatory document detailing the procedure are available upon request).
- by direct debit from your SEPA account (remember to complete, date and sign the [SEPA mandate](#) and send us the mandate along with the bank account details for the debit).

Which account and currency will I be reimbursed in?

You can be reimbursed for your medical expenses into an account located in France or in any other country, in the convertible currency of your choice (bank fees of your bank remain at your charge).

Who to contact in case of a complaint?

If you wish to file a complaint on a clearly defined issue (a request for service, benefit, information, clarification, or advice is not considered a complaint) please contact your Broker or your usual claims administrator.

If a disagreement persists, you can contact our complaints department. Complaints must be submitted in writing. Your message must be send electronically to the following email: backoffice@moncey-assurances.com

