



START' EXPAT
YOUR HEALTH INSURANCE
FOR TEMPORARY STAYS ABROAD



MSH INTERNATIONAL

on behalf of



WHO ARE WE ?



For more than 40 years, **MSH International** has been designing and managing international health insurance solutions for **globally mobile individuals** :

- expatriate employees
- freelancers,
- young adults living abroad (internships, studies or working holiday visas),
- active seniors, etc.

Our mission is to provide solutions for all expatriates worldwide by offering coverage of healthcare medical assistance/repatriation, third-party liability and life&disability.

As a specialist in international health insurance, MSH International strives to be **your healthcare partner abroad**.

KEY FIGURES



400 000+ insured members



40+ languages spoken
60+ nationalities



ISO 9001
certified



Available
24/7



Medical network :
over 1 million healthcare providers



4 customer care centers
Paris, Toronto, Dubai, Shanghai



2 000
companies covered



92%
customer satisfaction

YOUR PROFILE

- You are aged **between 16 and 65**.
- You are going abroad for at least 1 month and up to 12 months.
- You are going abroad for **pleasure, an internship, studies, a working holiday visa (WHV)**, or any other personal or professional reason.

You're going to live abroad for 1 to 12 months: whether for travel or for pleasure, for an internship, studies, Working Holiday Visa (WHV), it's a lot of changes. Moving, paperwork... **and healthcare coverage !**

To avoid any unpleasant surprises and benefit from worldwide protection, we offer you a Start'Expat insurance, a **comprehensive insurance** covering: :



HOSPITALISATION



MEDICAL EXPENSES



**ASSISTANCE/
REPATRIATION**



**INCOME PROTECTION
(DEATH & DISABILITY)**

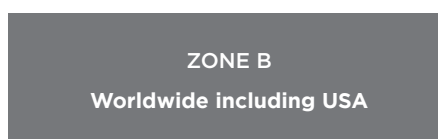


**PERSONAL THIRD-PARTY &
RENTAL CIVIL LIABILITY**



LUGGAGE INSURANCE

All you have to choose is your expatriation area:



USEFUL TIP

- You can only enroll to Start'Expat insurance on an individual basis: **if you are leaving as a couple**, you need to fill out **two individual enrollment forms**.
- **If you are leaving with kids as a family**, please contact our sales team who will offer you a solution more adapted to your situation: [**First'Expat+**](#)

YOUR BENEFITS IN DETAIL



HEALTHCARE BENEFITS

**We cover up to €250,000 of your medical and hospital expenses during your stay.
In case of unforeseen illness¹ or accident², you are reimbursed under the following conditions:**

Medical or surgical hospitalization:

- Board fees
- Medical acts
- Consultations
- Examinations, laboratory tests, drugs
- Ambulance costs related to a covered hospitalization

Semi-private room	100% of charge (up to € 100 per day)
Consultations with general practitioners and specialists (excluding dentist)	100% of charge (up to € 80 per procedure beyond 2 consultations)
Prescription drugs	100% of charge (up to € 3,000)
Laboratory test and handling fees, x-rays, medical imaging (M.R.I) and scans, tests and paramedical fees	100% of charge
Dental care in case of accident or dental emergency ³ not resulting from a previous bad state of teeth or gums	100% of charge (up to € 350)
Dentures and other prostheses (following a reported accident only)	100% of charge (up to € 200)
Optical: lenses and frames (following a reported accident only)	100% of charge (up to € 150)



DEATH & DISABILITY BENEFITS

Because an accident or unforeseen illness can result in a lot more than just medical expenses, we provide, in the event of:

Death	A lump sum benefit of € 10,000
In case of permanent total disability	A lump sum benefit up to € 50,000



LIABILITY BENEFITS

PERSONAL THIRD-PARTY LIABILITY BENEFIT

Aggregate limit on benefits	€ 4,000,000 (per event)
Deductible	€ 80 (per event)
Including bodily injury and financial loss resulting from covered bodily injury	€ 4,000,000 (per event)
Including material damage and financial loss resulting from covered material damage	€ 450,000 (per event)
Damage to equipment entrusted as part of an internship	€ 12,000 (per event)

RENTAL CIVIL LIABILITY ABROAD

Aggregate limit on benefits	€ 100,000 (per event)
Deductible	€ 80 (per event)

DEFINITIONS

1. Unforeseen illness: a sudden and unforeseeable deterioration of an insured member's health, as certified by a medical practitioner, for which surgery or treatment are required and cannot be delayed until return or repatriation to the country of residence.
2. Accident: any unintentional personal injury suffered by an insured member, resulting from a sudden action by an external cause (such as sprains, fractures, etc...).
3. Dental emergency: any infectious involvement of roots that might cause complications if not treated within 48 hours. We reimburse expenses after studying the medical or dental report provided by the insured member.

YOUR BENEFITS IN DETAIL



ASSISTANCE BENEFITS

MEDICAL ASSISTANCE, EMERGENCY REPATRIATION & AFTER REPATRIATION ASSISTANCE	
Assistance and repatriation: medical information and emergency recommendations, arrangement and coverage of the insured member, transportation to a nearby healthcare facility or repatriation to the country of origin	100% of charge
Return of an accompanying insured member	Return trip
Coverage of costs incurred in the event of an extended stay of the insured or of accompanying insured member	Hotel: € 150 per night (limited to € 1,500)
Hospital visit of a relative in the event of hospitalization for more than five days	Round-trip ticket + € 150 per night (limited to € 1,500)
Return to the place of residence after repatriation in the country of origin	Return trip
Early return in the event of hospitalization of a family member for more than ten days	1 max./year/insured
Second medical opinion	Organizational support
Home assistance following repatriation (to France only): - Child care - Housekeeping - Pet care expenses (cats/dogs) - Hospital comforts: TV rental	See General Terms & Conditions 10 hours Transportation + accommodation: € 155 € 80
ASSISTANCE IN THE EVENT OF DEATH	
Repatriation of the body to the country of origin	100% of charge
Return of an accompanying insured member	Return trip
Coffin costs or urn costs	€ 2,000
Early return in the event of death of a family member	Round-trip ticket
Identification of the body and necessary formalities by relatives	2 round-trip tickets + € 150 per night per person (limited to 2 nights)
TRAVEL ASSISTANCE	
Advance of bail bonds	€ 15,000
Advance and coverage legal fees	€ 3,000
Sea, mountain, desert search and rescue expenses	€ 15,000
Early return following an event in the place of residence	Return trip
Early return/transportation to a safe area in the event of terrorist attack or natural disaster	Return trip or round trip to a safe area
Delivery of medication that cannot be found locally or transmission of files, urgent messages	Arrangements and shipping costs
Assistance in the event of theft, loss or destruction of identity papers or of means of payment	Information on administrative procedures € 2,300 cash advance Coverage of costs incurred in the event of an extended stay: hotel costs (€ 150 per night, limited to € 1,500)
Travel incident: flight delay leading to a missed connection, for technical or weather reasons	€ 300 lump-sum benefit payment
Psychological support: - In case of accident, assault or attempted assault, death of a family member, attack or natural disaster - In case of assault of the member resulting in personal injury - In the event of the member's death: consultations for the dependents or the accompanying person	Up to 3 phone calls Consultation : € 1,500 Consultations : € 3,000 per event
Access to the on-line lock-box service of Europ Assistance « 123 classez » during your policy term	Free subscription to the website



LUGGAGE INSURANCE

Coverage for luggage belonging to you	
Theft, partial or total destruction and loss of luggage during transport	€ 2,000 (€ 25 deductible/suitcase) limited to 50% for valuable objects
Indemnity in case of delay in delivery of your luggage at the airport (exceeding 24h)	€ 300
Recovery costs for identity papers	€ 150

YOUR RATE 2020

The prices below are valid until 31/12/2020

If you are going to Canada under a WHV, you can take out the plan for 24 months.

Zone A : Worldwide excluding USA

PRICE PER PERSON AND PER STAY	1 month	2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months
16-30 years old	€ 70	€ 116	€ 151	€ 198	€ 249	€ 289	€ 339	€ 389	€ 433	€ 466	€ 497	€ 529
31-40 years old	€ 130	€ 256	€ 379	€ 502	€ 625	€ 748	€ 868	€ 989	€ 1110	€ 1240	€ 1367	€ 1495
41-50 years old	€ 171	€ 339	€ 503	€ 665	€ 854	€ 992	€ 1153	€ 1316	€ 1476	€ 1646	€ 1813	€ 1890
51-60 years old	€ 257	€ 512	€ 763	€ 1010	€ 1258	€ 1507	€ 1753	€ 2002	€ 1148	€ 2506	€ 2764	€ 3021
61-65 years old	€ 335	€ 667	€ 995	€ 1317	€ 1642	€ 1968	€ 2291	€ 2614	€ 2936	€ 3275	€ 3612	€ 3950

ZONE B : Worldwide including the USA

PRICE PER PERSON AND PER STAY	1 month	2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months
16-30 years old	€ 108	€ 174	€ 219	€ 289	€ 362	€ 431	€ 505	€ 578	€ 641	€ 692	€ 744	€ 792
31-40 years old	€ 175	€ 349	€ 519	€ 686	€ 858	€ 1028	€ 1197	€ 1366	€ 1532	€ 1715	€ 1894	€ 2075
41-50 years old	€ 247	€ 491	€ 732	€ 969	€ 1208	€ 1449	€ 1686	€ 1925	€ 2162	€ 2411	€ 2660	€ 2075
51-60 years old	€ 429	€ 794	€ 1187	€ 1575	€ 1963	€ 2354	€ 2743	€ 3131	€ 3519	€ 3827	€ 4335	€ 4742
61-65 years old	€ 522	€ 1041	€ 1555	€ 2064	€ 2575	€ 3088	€ 3598	€ 4107	€ 4618	€ 5154	€ 5689	€ 6226

PAYMENT OF YOUR PREMIUMS

Please attach the following to your enrollment file:

- A check payable to ASFE,
- or the credit card debit authorization form completed and signed for the amount corresponding to your premium for the chosen duration of stay.

Send your request for coverage together
with all required documents to:

ASFE, Service Adhésions
23 allées de l'Europe
92 587 Clichy CEDEX
FRANCE

OUR SERVICES TO ASSIST YOU DAY AFTER DAY



Contact us 24/7

Direct payment in case of hospitalization
Second medical opinions from our consulting doctors and nurses

Manage your account online

The MSH app and secured website allow you to:

Submit your claims by taking a picture of your supporting documents

Check your reimbursement

Geolocate healthcare professionals belonging to our medical network

Obtain a certificate of insurance or your insurance ID card

Benefit from our medical network

Find an MSH-approved hospital
Health fact sheet for your country and advice on prevention



OUR ANSWERS TO YOUR QUESTIONS

WHO CAN APPLY?

All persons over the age of 16 and under the age of 66 who wish to benefit from health insurance during their stay abroad, regardless of their status (traveller, student, WHV, assignment, trainee, etc.).

IS IT POSSIBLE TO ENROLL FROM ABROAD?

Yes, you can directly enroll via our website www.msh-intl.com from any country in the world, excluding the USA (please contact us in that case).

IT IS NECESSARY TO MAKE CASH ADVANCES?

In the event of hospitalization or medical expenses over € 400, we pay the hospital or healthcare facility on a direct basis, avoiding you to pay upfront for your medical costs.

For outpatient care (consultations, prescription drugs, etc...), you need to pay for your medical costs first and then to send us your bills and supporting documents in order to receive reimbursement within 72 hours after receipt of your claim file.

IS MY COVERAGE EFFECTIVE IMMEDIATELY?

No waiting period is applicable and your policy may be effective as early as the next day following your online enrollment or upon receipt of your request sent by mail, or at a later date of your choice, selected upon your enrollment (but no later than two months as your medical questionnaire is only valid for two months).

IS START'EXPAT PLAN A COMPREHENSIVE OR COMPLEMENTARY COVERAGE?

The START'EXPAT plan provides comprehensive coverage and reimburses 100% of charges incurred from the 1st euro in the event of hospitalization or unforeseen medical expenses ([see "Your benefits in detail"](#)), without deductibles.

WHAT WOULD YOU RECOMMEND BEFORE GOING OVERSEAS?

We recommend you have a medical check-up (in particular, vaccination booster shots and a comprehensive dental exam). We also advise you to take with you a first-aid kit including basic pharmaceutical products of everyday life, as well as your prescriptions if needed. It is also important that you communicate your insurance policy number and our contact details to a friend and/or your family, as well as your address and telephone number on site.

WILL I RECEIVE DOCUMENTS AFTER MY ENROLLMENT IS COMPLETED?

Of course, upon acceptance of your duly documented request for coverage, we will send you a "Welcome Package" by email including: a certificate of coverage mentioning your ID number and your password allowing you to access your Participants' Pages on our website, a certificate in English upon request, your insurance ID card which will permit you to benefit from hospital precertification, the terms and conditions of your policy and the guide to insured members detailing all the general procedures applicable to your plan.

START' EXPAT ENROLLMENT FORM



To take out an insurance online, please go to our website www.msh-intl.com, under the «Short-term insurance abroad» section.

You can also enroll by sending us this completed form at the postal address indicated on the last page. Please write in capital letters to make the processing of your request easier.

We remain at your disposal at +33 (0)1 44 20 48 77 for any question you may have.

1 APPLICANT DETAILS

Only people aged between 16 and 65 can subscribe to the plan.

Title: Ms Mr.

First name(s):

Last name:

Date of birth: / / (DD/MM/YYYY) Sex: Male Female

Nationality:

Occupation (for working people; please specify if you are a student):

Country of expatriation (several countries may be indicated):

Telephone No.:

Email:

Mailing address in your main country of residence:

Coverage period: 1 month 2 months 3 months 4 months 5 months 6 months
 7 months 8 months 9 months 10 months 11 months 12 months

Effective date of coverage requested (subject to the acceptance of your application): / /

Payment: By check By credit card debit authorization

2 YOUR BENEFICIARY CLAUSE IN THE EVENT OF DEATH (DEATH BENEFIT)

I hereby designate as my beneficiary my living spouse unless legally separated or divorced, otherwise my living children in equal shares among them, otherwise my father and mother in equal shares among them or the survivor of them, otherwise my other heirs in equal shares among them.

I hereby designate as my beneficiary(-ies):

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18
(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":

3 MEDICAL QUESTIONNAIRE

Please write in capital letters.

Title: Ms Mr.

First name(s):

Last name:

Date of birth: / / (DD/MM/YYYY) Sex: Male Female

Nationality:

Height (cm):

Weight (kg):

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW:

Please provide all details deemed useful (dates, medical grounds, carry-over effects, therapy, duration, etc...) on an additional page that you will date, sign and send along with your application in a sealed envelope for medical confidentiality reasons, for the attention of the Consulting Physician.

Over the past 10 years, have you been hospitalized or undergone surgery (other than removal of the appendage, amygdala, adenoids and wisdom teeth)? YES NO

Have you been, or are you currently under medical supervision (therapy, medical care, prescribed medication...)? YES NO

Have you ever suffered from an illness condition or accident that required medical supervision for more than 30 consecutive days? YES NO

Are you scheduled to undergo a medical procedure or surgery and/or a medical examination and/or a medical treatment of any kind (psychology, psychiatry, physiotherapy, radiotherapy, speech therapy, chemotherapy, dental treatment, drug treatment, etc...) in the next 12 months? YES NO

Have any of your medical or viral test yielded abnormal results? YES NO

I hereby testify that the foregoing declarations are accurate, complete and fair. I have been informed and I accept that any intentional withholding of significant information or proven false declaration that might mislead the Association's insurers may lead to the cancellation of the insurance cover and to the reduction of benefits in accordance with the provisions of Articles L. 113-8 and L 113-9 of the French Insurance Code (Code des Assurances).

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":

4 SIGNATURE AGREEMENT OF THE ENROLLMENT FORM

I HEREBY REQUEST coverage with ASFE (Association of Services for Expatriates), an association governed by the French law of 1901 on associations, which registered office is located Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17, France, and also request to be covered under the insurance agreements underwritten by ASFE with the following insurance companies:

- AXA FRANCE VIE, for Healthcare coverage
- EUROP ASSISTANCE, for the Medical Assistance & Repatriation coverage, Death & Disability coverage, Third-Party Liability coverage and Rental Civil Liability coverage

I HEREBY ACKNOWLEDGE THE FOLLOWING:

- I understand the advice given by MSH INTERNATIONAL and agree to follow it. MSH INTERNATIONAL is a French brokerage company (registered with the ORIAS under No. 07 002 75) which designs and manages ASFE's entire range of insurance plans on its behalf, including the START'EXPAT plan.
- I have read and agree to the provisions of the general terms & conditions of START'EXPAT that constitute an information guide, from which I have kept a copy, I agree to the specific terms and conditions of this application file. I acknowledge that I have read about my opting-out right.
- I have been informed that my telephone conversations with the administration teams of MSH INTERNATIONAL may be recorded for internal management purposes and with a view to improving services. I may access these records by writing to MSH INTERNATIONAL - Gestion ASFE - 23 allées de l'Europe, 92587 Clichy Cedex France and attaching a document of identification to my request. Each record is kept for a 90-day period.
- I hereby acknowledge that enrollment to ASFE does not exempt me from any premium payable under any mandatory scheme to which I may be eligible.
- I have been informed that no payment will be made, whether directly or indirectly, to countries subject to sanctions, as provided, for example, by the United Nations, the Office of Foreign Assets Control (OFAC) of the US Department of the Treasury or the European Union.
- I acknowledge that I have received all the information related to the processing of personal data protection and that I have expressly agreed that, if I live outside the European Union and in order to benefit from an international healthcare coverage, my data may be transferred to healthcare providers located in third countries outside the European Union guaranteeing a level of protection different from the one provided by the GDPR.
- I understand that if I subscribe by email sending my signed and scanned enrollment file, I will have to keep the original enrollment file during all the duration of my membership at MSH INTERNATIONAL. I acknowledge that the original enrollment form can be asked for at any time. If I cannot provide it when asked, a lapse of coverage will apply.

I EXPRESSLY AGREE THAT, to benefit from the healthcare benefits of my plan, my data may be transferred to third countries outside the European Union guaranteeing an appropriate level of protection or subject to the use of adapted safeguards such as the signature of standard data protection clauses adopted by the European Commission, or based on the derogations provided for in Article 49 of Regulation 2016/679, known as General Data Protection Regulation..

I HEREBY AUTHORIZE MSH INTERNATIONAL to receive on my behalf reimbursement statements for hospitalization expenses paid for me by direct payment agreement.

I HEREBY TESTIFY that the foregoing declarations are accurate complete and faire. I have been informed and I accept that any intentional withholding of significant information or proven false declaration that might mislead MSH INTERNATIONAL may result in the cancellation of the insurance cover and to the reduction of benefits in accordance with the provisions of Articles L. 113-8 and L. 113-9 of the French Insurance Code (Code des Assurances).

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":

5 CREDIT CARD AUTHORIZATION FORM

I hereby authorize MSH INTERNATIONAL / ASFE to debit my credit card for the amount of my insurance, premium, i.e:

Cardholder's details:

Type of credit card: Visa Mastercard Amex

Card number:

Expiration date: / /
(DD/MM/YYYY)

Card Validation Code:

(last three digits on the back of your card, excluding Amex)

In (city/country, excluding USA):

Date (DD/MM/YYYY): / /

Insured member's signature or the legal guardian of child under 18

(in this case, please indicate your relationship along with your surname and name)
Preceded by "Read and approved":

6 PERSONAL DATA PROTECTION

MSH International, with its head office located in Season, 39 rue Mstislav Rostropovitch 75815 Paris cedex 17, France, conducts personal data processing actions required for your formal identification to access a secure area, for the issue of an insurance offering or policy, its management and monitoring and for compliance with regulatory requirements in the field of anti-money laundering and terrorist financing. In this respect, all of the data collected is mandatory. The recipients of your personal data are: the risk carrier (insurer), the different entities making up MSH International and the service providers involved in the administration of the insurance policy across the world. In this context, your data may be transferred to third countries outside the European Union guaranteeing an appropriate level of protection or subject to the use of adapted safeguards such as the signature of standard data protection clauses adopted by the European Commission, or based on the derogations provided for in Article 49 of Regulation 2016/679, known as General Data Protection Regulation. Your personal data will be stored for the length of time required by the administration service, as provided for by the applicable laws. At all times you benefit from a right of access, rectification, or erasure, or restriction or opposition and portability of your personal data as well as the right to organize instructions upon your death. To exercise your rights, please contact the Data Protection Officer by mail at the abovementioned address or by email at dpo@s2hgroup.com. You benefit from the right to file a complaint with a supervisory authority in charge of personal data protection. You can access our full Policy on the Protection of Personal Data on our website, www.msh-intl.com, under the "Legal notices" section.

7 INFORMATION NOTE

Please be advised of the following important information.

Our analysis and sales offers have been made on the basis of the information, needs and requirements that you communicated and expressed during our meetings and correspondence. Please note that the quality and accuracy of the information communicated by the policyholder in terms of financial information and underwriting objectives directly influence the quality and consistency of our offer. It is very important that you carefully read the general terms & conditions of your insurance policy, in particular the paragraphs dealing with the exclusions, policy term, waiting periods, definitions of the coverage and applicable measures in case of misrepresentation or non-disclosure. Should you be dissatisfied in any way, your usual contact person is available to assist you. You can also contact the Service réclamation (Complaints Department) at 23 allées de l'Europe 92 587 Clichy Cedex, France or the Complaints Department of your nearest regional head office (all contact details are available under "Contact"). In this case, we undertake to provide you with a reply no later than two months after receiving the necessary information related to your complaint, or, failing that, to keep you informed about the progress of the investigation into your complaint. If you still disagree with the reply or solution provided, you can write to the Insurance Mediator as a last resort: La Médiation de l'Assurance, TSA 50110 - 75441 Paris Cedex 09, France. The information collected may be subject to automated processing used for the purposes of administering and fulfilling the contracts offered by our company. As provided by the French law of January 6, 1978 on Data Protection (loi informatique et libertés), amended in 2004, you have the right to access, rectify and delete any personal information that we have on file pertaining to you. You may exercise this right by writing to: ASFE - MSH INTERNATIONAL - Direction juridique - Immeuble Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17, together with a copy of a signed document of identification. Please do not hesitate to contact us should you have any questions or concerns.

8 COMPLETION OF YOUR ENROLLMENT FORM

To complete your enrollment, you need to send us:

- The enrollment form completed and signed
- The medical questionnaire completed and signed, along with the additional medical details (on an additional page that you will date and sign) if you answered yes to any questions in the medical questionnaire
- A copy of your identity card or passport
- A bank account slip for your reimbursements from ASFE
- The payment of your premium (see below)

Please attach the following to your enrollment file:

- A check payable to ASFE
- ou
- The credit card authorization form completed and signed for the amount corresponding to your premium for the chosen duration of stay

You will receive a Welcome Package when you join the plan in which you will find your member's guide, including:

- A practical guide to help you through your healthcare procedures and to provide you with clear and useful answers to the questions you are likely to have,
- Your general terms and conditions.

ONLINE ENROLLMENT:

www.msh-intl.com, under the «Short-term insurance abroad» section

ENROLLMENT BY MAIL:

MSH International / ASFE - Service Adhésions
23 allées de l'Europe - 92587 Clichy Cedex - France

We would inform you that any incomplete request will not be processed


 MSH INTERNATIONAL

on behalf of



GRUPE SIACI SAINT HONORE

MSH INTERNATIONAL, a French insurance brokerage company, a société par actions simplifiée with a capital of €2,500,000. Registered office: Season - 39 rue Mstislav Rostropovitch - 75815 Paris cedex 17. Registered with the Paris Trade and Companies Register under no. 352 807 549, registered with the ORIAS under no. 07 002 751, Intra-community VAT no. FR 78 352 807 549



ASFE, the Association of Services For Expatriates, was created in 1992 and is governed by the French law of 1901 on associations. Its purpose is to provide expatriates all over the world with solutions in the fields of healthcare coverage, life & disability, medical assistance/repatriation and third-party liability

MSH International, the designer and administrator of the ASFE plans, is a world leader in international benefits with over 400,000 internationally-mobile insured members worldwide. MSH International guarantees you the services of a dedicated team which is always on hand to support and advise you day by day

YOUR CONTACTS

For further information or to apply for coverage, you can reach us using the contact details below:

- Telephone: +33 (0)1 44 20 48 77
- Email: contact@asfe-expat.com
- Website: www.msh-intl.com
- Facebook: MSH International