

**INSURANCE CERTIFICATE (\*)**  
**No Subscription**

Membership to the Mutuelle MALAKOFF MEDERIC contracted by ICN BUSINESS SCHOOL is not mandatory for any employee holding a work contract of less than 12 months.

Mr. or Mrs. (name) and (Surname) .....,  
working as an external lecturer for **ICN BUSINESS SCHOOL**, for the period of ... /... ..  
.../..... to ... /...../....., certify being affiliated to a health insurance in my country of  
origin and do not wish to join the Mutual MALAKOFF MEDERIC (Health Insurance Plan established by **ICN  
BUSINESS SCHOOL**).

Signed in: (city) .....,

Date .....,  
Signature with « Read and  
Approved » mentioned

*(\*) Please send us this certificate completed and signed.*



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**INSURANCE CERTIFICATE (\*)**  
**Subscription**

Mr. or Mrs. (name) and (Surname) .....,  
working as an external lecturer for **ICN BUSINESS SCHOOL**, for the period of ... /... ..  
.../..... to ... /...../....., certify wishing to be affiliated to the health insurance of  
MALAKOFF MEDERIC (Health Insurance Plan established by **ICN BUSINESS SCHOOL**).  
The Human Ressources Service will indicate me the amount that I should pay and also give me the formalities  
regarding my affiliation to this health insurance.

Signed in: (city) .....,

Date .....,  
Signature with « Read and  
Approved » mentioned

*(\*) Please send us, this certificate completed and signed.*

**Find attached: Malakoff Médéric R5's health guarantees**

Contact ICN BS: [yasmine.yazid@icn-artem.com](mailto:yasmine.yazid@icn-artem.com)