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Membership to the Mutuelle mandatory for any employee h	olding a work	contract of less than 1	2 months.	
Mr. or Mrs. (name) and (Surname working as an external lecturer// to/	for ICN BUS	SINESS SCHOOL, for certify being affiliated	the period of / to a health insurance in my	 country of
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(*) Please send us this certific	ate completed	l and signed.		
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CREACTIVE BUSINESS SCHOOL PARIS · NANCY · BERLIN		INSURANCE CERTII Subscriptio	` '	
Mr. or Mrs. (name) and (Surname working as an external lecturer / to / MALAKOFF MEDERIC (Health In The Human Ressources Service regarding my affiliation to this he	for ICN BUS / surance Plan o will indicate mo	SINESS SCHOOL, for , certify wishing to be established by ICN BUS e the amount that I shou	the period of / e affiliated to the health in INESS SCHOOL).	 nsurance of
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(*) Please send us, this certific	ate completed	l and signed.		
Find attached: Malakoff Médéri	c R5's health	guarantees		
		Contact ICN BS	5: yasmine.yazid@icn-arte	m.com

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