



A PRACTICAL GUIDE TO ON-LINE ENROLMENT EUROPEAN VOLUNTARY SERVICE

For National Agencies and Sending or Hosting Organizations

To more easily organize your Young Volunteers' overseas departure, European Benefits Administrators has set up an on-line enrolment system dedicated to the European Voluntary Service.

You will find below all details regarding the different steps prior to the enrolment :

1 ACCESS TO OUR ON-LINE ENROLMENT SYSTEM

- Visit the website www.europeanbenefits.com
- Click on the links "European Commission", "European Voluntary Service", and "Enrolment"

The enrolment system is available in French, English and German.

2 LOG IN OR CREATE A NEW ACCOUNT

- **If it's the first time you visit our on-line enrolment system:** You need to click on the link "create a new account" and insert the following data: Username, password (twice), e-mail address (twice). Then just click on "create". You will receive a confirmation e-mail with your chosen username and password.
- **If you have already visited our on-line enrolment system:** You only need to log in with your username and password.

3 PROJECT PASSWORD

- Please click on the link "start a new enrolment"
- Enter the password starting with "PRJ" given to you by your National Agency and confirm.

4 FILL IN THE ENROLMENT FORM

- Please fill in the Sections A to D, detailed on the last page of this guide. You may save the form at any time, whether it is complete or not, but you will not be able to send it until it is complete.
- When you have completed the requested information in the different sections, you can click on the link "Save the form". **You must carefully check the draft form to make sure that the information is correct.**
- Click on the "send" button. Our Enrolment Department will be notified about this new enrolment. **An automatic e-mail of confirmation will be sent to the Sending Organization, the Hosting Organization and the National Agency.**
- Last step: Please print off the enrolment form or PDF file, fill in (by hand) section E which is the beneficiary designation for lump sum death benefit, and have the form signed by the Young Volunteer and the Sending Organization signatory.
For legal reasons, we require the form to be faxed to EUROPEAN BENEFITS ADMINISTRATORS at the following number: + 33 1 44 20 48 79.

The Young Volunteer is now enrolled!

Upon receipt of the completed form by fax, our Enrolment Department at EUROPEAN BENEFITS ADMINISTRATORS will send the following documents to the attention of the Young Volunteer at his personal address in the country of origin:

- ✓ Welcome letter,
- ✓ Insurance card,
- ✓ Certificate of insurance,
- ✓ Claim form.

5 HELP & SUPPORT

For any difficulty regarding the **on-line enrolment of Young Volunteers**, please click on the button “**Help & Support**” and proceed as follows:

- Select the type of request: Click on “**Administrative**” (for insurance purposes connected to the on-line enrolment) or “**Technical**” (for all issues concerning the software),
- Indicate the topic,
- Write your message.

“**Help & Support**” is used for questions related to on-line enrolment and not to claim reimbursements (in this latter case, an e-mail should be sent to our Claims administration, e-mail indiveurope@s2hgroup.com).

A reply will be given to you as promptly as possible either by our Technical or our Administrative Department. Should you need further assistance with the same problem, please use the same Help & Support ticket - do not make a new one.

6 SOME RECOMMENDATIONS

- We recommend that the registration of the enrolments for the Young Volunteers **be made well in advance before the departure**. The Young Volunteers should have at their disposal when leaving their country of origin the following documents: Welcome letter, insurance card, certificate of insurance and claim form (which are sent by EBA to the Young Volunteers upon receipt of the request for enrolment).
- Please **carefully check the address of the Young Volunteer** to make sure that the documents will be forwarded to the right address.
- **Please carefully fill in sections A to D of the form**. If you have any doubt, you can save the form as a **draft** by clicking on the link “**Save the form**” and check whether the information is correct. **As soon as you click on the “send” button, it is no longer possible to amend the form.**
- What happens if you have clicked on the “**send**” button and you can no longer amend the form? In this case, **you should contact our Enrolment Department** and ask for the necessary amendment at the following e-mail address indiveurope@s2hgroup.com or phone tel.+ 33 (0)1 44 20 82 10. We wish to draw your attention to the fact that the modifications will not appear on the EBA website due to technical reasons but will be duly taken into consideration and inserted in the EBA internal data base.
- In Section D04A and D04B, please indicate the **activity dates** of the Young Volunteer (i.e. date of beginning and end of mission). The Young Volunteers benefit from an automatic two-month extension of coverage ; however, please do not add this free coverage in Sections D04A and D04B, since it is automatically added by EBA.
- **Double enrolment:** What happens if you try to enrol a Young Volunteer already enrolled on our website (for instance, if this Young Volunteer made a previous mission within the Young Volunteer program)? In that case, you will not be able to send your form and you should contact our Enrolment Department, e-mail address indiveurope@s2hgroup.com or phone tel.+ 33 (0)1 44 20 82 10, and they will help you make the second enrolment if allowed by the policy of EACEA.
- Please **do not give the Project (NAP) password** enabling the access to our enrolment system to the Young Volunteers. These passwords are strictly confidential and should only be used by the National Agencies and Sending or Hosting Organizations.
The Young Volunteers have their own dedicated **Participant’s Page** on the European Benefits Administrators’s website www.europeanbenefits.com (with their own login and password mentioned on the welcome letter), allowing them to view their personal details, print a personalized insurance ID card, fill out and print a healthcare claim form on-line, request a direct payment agreement, check their on-line claims and reimbursement notices for the last 24 months.

7 DESCRIPTION OF SECTIONS A to D (See point 4- Fill in the enrolment form)

➤ SECTION A : SENDING ORGANIZATION

- Name of the Sending Organization
- Address (number – street, city, postal code, country)
- Phone number
- Fax number
- Name of the Sending Organization contact
- Sending Organization contact person e-mail address
- Name of Sending Organization signatory
- Title of Sending Organization signatory

➤ SECTION B : NATIONAL AGENCY

- National Agency name and country
- National Agency's e-mail address

➤ SECTION C : YOUNG VOLUNTEER

- Young Volunteer's family name
- Young Volunteer's first name
- Gender
- Date of birth
- Place of birth (city & country)
- Nationality
- Passport number
- Home address (flat number, floor), house number and street
- City
- Postal code
- Country
- Phone number for the parents of the Young Volunteer
- E-mail address for the parents of the Young Volunteer
- Is the Young Volunteer eligible for benefits from any Social Security or government plan or does he have any other medical scheme in force today ?
- If yes, please describe,
- Social security number, if applicable, and country,
- Languages spoken
- Family and first name of the contact in the sending country in the event of emergency
- Phone number of the contact in the sending country in the event of emergency.

➤ SECTION D : INSURANCE – PROJECT

- Start date
- End date
- Which kind of cover does the Young Volunteer need? (if you are not sure, select "total cover" for the whole mobility period): Complementary cover / Total cover / Complementary Cover first, then total cover
- Cover from / until
- End date of the complementary cover
- Name of the Hosting Organization
- Number, street
- City
- Postal code
- Country
- Phone number of the Hosting Organization
- E-mail address of the Hosting Organization
- Name of contact person in the Hosting Organization.

