

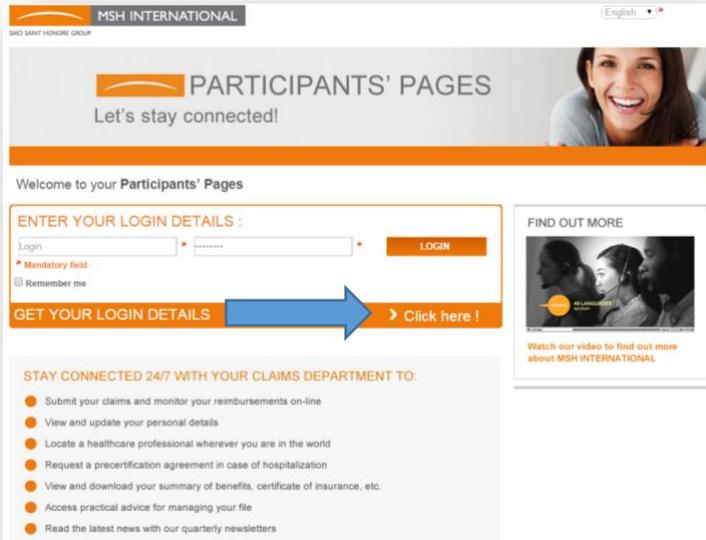
HOW TO CREATE YOUR ONLINE *MSH* ACCOUNT

1

Go to the [MSH International website](#). You can change the language setting to English by clicking the flag on the top right of the page. Then click on Participants' Pages.

2

Click to obtain your log-on details



3

Enter the following information:

4

MSH will send an email to your AUP account with your password. Go to the MSH page, and enter your log-on details and click "Login"

Welcome to your **Participants' Pages**

ENTER YOUR LOGIN DETAILS :

* *

* **Mandatory field**

Remember me

5

Then you will be able to see your contract information, download your insurance card and certificate, enter your bank details:

- YOUR ENROLLMENT**
- YOUR REIMBURSEMENTS**
 - ▶ Fill out a Claim Form
 - ▶ Precertification and Direct Payment Request
 - ▶ Your Claims
 - ▶ Your Reimbursement Notices
 - ▶ Advanced Search
- PRACTICAL GUIDE**
- YOUR HEALTHCARE**
- NEWSLETTER**
- CONTACT US**
- LEGAL NOTICES**
- LOG OFF**



Your contact details [?](#)

Insured

Last name : Mlle XXXX
 Date of birth :
 Member ID : AUP XXXXXX
 Employer : THE AMERICAN UNIVERSITY OF PARIS
 Address : STUDENT MAILBOX NO XX
 C/O THE AMERICAN UNIVERSITY OF PARIS
 102 RUE SAINT DOMINIQUE
 75007
 PARIS
 FRANCE
 Nationality : USA
 Email address : [?](#) AXXXX@AUP.EDU
 Phone No. : [?](#)
 Fax No. : [?](#)

Your bank details [?](#)

▶ If your bank account changed recently, please send your new bank account slip.

Payment method : Check Wire transfer

Please indicate the currency of the bank account to which your reimbursements should be paid : *

HOME

- YOUR ENROLLMENT**
 - ▶ Your Details
 - ▶ Your benefits
 - ▶ Insurance ID Card
 - ▶ Certificate of insurance

Print insurance ID cards

Policy No.	Branch	Start date of coverage	End date of coverage	Assistance Company
2006003223630B98SSF	THE AMERICAN UNIVERSITY OF PARIS	27-Aug-2015	31-Dec-2018	AXA ASSISTANCE

List of your dependents

Dependent	Type of dependent	Date of birth	Start date of coverage	End date of coverage	
XXXX	Insured member	XXXX	27-Aug-2015	31-Dec-2018	

▶ PDF cards can be viewed and printed with the free [Acrobat@Reader](#) application.

6

You will be able to upload your reimbursement claims:

HealthCare Claim Form

1 Contact Details → 2 Dependents → 3 Medical Expenses → 4 Attachment(s) → 5 General Summary

Please select the members who received medical services for this claim.
You can submit several treatments and/or different members on the same claim form.
It will be easier to monitor the status of your claims.

Members who received medical services

	Type of dependent	Last name	First name	Eligibility for benefits from the Social Security plan or any other plan?
<input type="checkbox"/>	Insured	XXXX	XXXX	

◀ Previous step Draft Next step ▶

7

Wait for MSH to send you a notification of reimbursement.