



NOTIFICATION OF A CHANGE IN THE FAMILY STATUS

Identification of the insured	INSURED'S CATEGORY	EMPLOYEE	C.C.S.S. - C.A.R. ID number.....
		SELF-EMPLOYED	C.A.M.T.I. - C.A.R.T.I ID Number.
	SURNAME:		First Names:
	Maiden name:		Nationality:
	Date of birth:		Place:
	Address:		
	City:		Country:
Email address:			

Nature of the change	Marriage	De facto separation	Death of the spouse
	Divorce	Legal separation	
on the date of:			

IN THE EVENT OF MARRIAGE	SURNAME:		First Names:		
	Maiden name:		Nationality:		
	Date of birth:		Place:		
	Address:				
	City:		Country:		
	Email address:				
	IF THE SPOUSE WORKS OR HAS WORKED IN MONACO				
	Identification of the spouse	C.C.S.S. - C.A.R. - C.A.M.T.I. - C.A.R.T.I. ID number.....			
		does not have an occupational activity - in this case give:			
		the work cessation date:			
the country where the last activity was performed:					
as a self-employed worker worked as:.....					
from: to					
as a salaried worker worked as:					
for the employer:.....					
address: from:					
has had an employee retirement pension paid by an organisation other than the C.A.R. ;					
name of the organisation(<i>do not mention supplementary funds</i>)					
from					
has had a self-employed worker's retirement pension paid by					
from					
has had a disability pension paid by					
from					

Place a cross in the corresponding box and complete.

IMPORTANT- PLEASE ATTACH TO THIS FORM:

- **Marriage:** marriage certificate or copy of the family record book, copy of the spouse's identity card and a copy of their residency permit if they are a national of a country outside the EU.
- **Divorce or legal separation:** birth certificate with marginal note or copy of the family record book referring to the divorce or copy of the divorce or judicial separation judgement.
- **Judicial separation:** a copy of the decision from the Family Court or any competent legal authority.

Monaco, on

Signed by the insured