



NOTIFICATION OF A CHANGE IN THE FAMILY SITUATION

Identification of the insured
INSURED'S CATEGORY: EMPLOYEE (C.C.S.S. - C.A.R. ID Number) or 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 or judicial separation
on the date of: .....

IN THE EVENT OF MARRIAGE
Identification of the spouse
SURNAME, First Names, Maiden name, Nationality, Date of birth, Place, Address, City, Country, Email address
IF THE SPOUSE WORKS OR HAS WORKED IN MONACO
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...
[ ] as a self-employed worker worked as...
[ ] as a salaried worker worked as...
[ ] has had an employee retirement pension...
[ ] has had a self-employed worker's retirement pension...
[ ] has had a disability pension...

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...
- Divorce or legal separation: birth certificate with marginal note...
- Judicial separation: a copy of the decision from the Family Court...

Monaco, on .....
Signed by the insured