



## YOU'RE EXPECTING A CHILD

### You must report your pregnancy to the social services

The two prenatal examination forms below must be completed by the doctor who has recorded your pregnancy and determined the conception date.

The first is for the reimbursement of this medical consultation and any examinations which may have been prescribed.

**IMPORTANT:** In order to make things easier for you, receipt of this form constitutes a request for a maternity record book. Please contact the C.C.S.S. once the medical examinations have been completed.

The table below specifies, depending on your situation, any supporting documents that you should enclose with the prenatal examination form, who should sign the document and the benefits you may receive subject to satisfying the conditions

	<b>Don't forget:</b>	<b>The form must be completed and signed by:</b>	<b>Your case will be reviewed for entitlements:</b>
You have an occupational activity	specify the number of hours worked in the month prior to sending the pregnancy declaration	you	to benefits in kind (care) and cash benefits (maternity leave)
You receive unemployment benefit resulting from an activity in the Principality	attach a copy of the last proof of payment of your unemployment benefits		
You receive a disability pension			
You benefit from the social security of your salaried spouse who works for an employer affiliated to the C.C.S.S.	specify the number of hours worked in the month prior to sending the pregnancy declaration	your spouse	to benefits in kind (care)
You benefit from the social security of your retired or disabled spouse			

The second prenatal examination form may give you access to prenatal allowances.

In addition to the section reserved for the doctor, it should be completed and signed by the head of the family and sent before the 3rd month of pregnancy to the Family Allowances Fund to which it belongs.

<p><b>The Environment Department of the Medical Benefits</b> is available Monday to Friday <u>By telephone</u> on (+377) 93.15.44.18 9.00 am to 12.00 pm and 2.00 pm to 4.00 pm <u>At the reception desks</u> 11, Rue Louis Notari, Ground floor, 8.30 am to 12.00 pm and 1.30 pm to 5.00 pm or 8, Avenue St Laurent in Monte-Carlo 8.30 am to 12.00 pm <u>Email:</u> prest-medicales@caisses-sociales.mc</p>	<p><b>The Family Benefits Department</b> is available Monday to Friday <u>By telephone</u> on (+377) 93.15.43.77 9.30 am to 12.00 pm and 2.00 pm to 4.00 pm <u>At the reception desk</u> 11, Rue Louis Notari, ground floor, 8.30 am to 12.00 pm and 1.30 pm to 5.00 pm <u>Email:</u> prest-familiales@caisses-sociales.mc</p>
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**MEDICAL BENEFITS PRENATAL EXAMINATION FORM**THIS 1<sup>ST</sup> EXAMINATION MUST BE PERFORMED BEFORE THE END OF THE 3RD MONTH OF PREGNANCYThis form must be completed and signed by the insured, under their responsibility, and sent **to the C.C.S.S. as soon as possible** after the examinations have been performed**INFORMATION ABOUT THE INSURED**

Registration number (copy on the registration card): \_\_\_\_\_

Surname, first name ..... Maiden name ..... Date of birth.....

Address ..... Post code.....

You are: An employee   
 Specify the number of hours worked during the month prior to sending this pregnancy declaration.....  
 Unemployed  from [ ][ ] [ ][ ] [ ][ ][ ][ ] Retired  Disabled   
 Retired  Disabled.....

The insured is the mother-to-be  > the information below concerns the father-to-beThe mother-to-be is the spouse of the insured  or his daughter  > the information below concerns the mother-to-be

Give their registration number: \_\_\_\_\_ and their Social Security Fund: CCSS  CAMTI   
 CPAM  Other.....

Surname, first name ..... Maiden name ..... Date of birth.....

Address .....

Occupational activity: Employee   
 Specify the number of hours worked during the month prior to sending this pregnancy declaration .....  
 Self-employed worker  Unemployed  Pensioned

Number of children to which the mother-to-be has already given birth or dependent children in the household: 2 @

**The insured certifies that the information provided above is true and accurate****Signed by the insured**

Monaco, on [ ][ ] [ ][ ] [ ][ ][ ][ ]

**FOR PRACTITIONERS USE ONLY**

The signing doctor certifies:

- that Mrs/Ms .....  
 has today had the general and obstetrical medical consultation and that the necessary examinations have been prescribed.  
 - that the person entitled to the medical benefits:

has presented their registration card with the category..... specify (Green - Pink - Buff)  
 has not presented their registration card despite being asked to do so.

Date of procedures	Procedures	Fees paid by the insured or "fees not paid"	Signed	Stamp - Name - Address
<b>GENERAL AND OBSTETRICAL MEDICAL EXAMINATION</b>				
		€		
	Estimated conception date	Number of child(ren) to be born		
<b>RADIOLOGICAL EXAMINATION</b>				
		€		
<b>LABORATORY TEST</b>				
		€		



# FAMILY BENEFITS PRENATAL EXAMINATION FORM

THIS 1<sup>ST</sup> EXAMINATION MUST BE PERFORMED BEFORE THE END OF THE 3<sup>RD</sup> MONTH OF PREGNANCY

This form must be completed and signed by the head of the family, under their responsibility, and sent **before the end of the 3<sup>rd</sup> month of pregnancy to the Family Allowances Fund** to which it belongs after the medical examination has been performed.

## INFORMATION ABOUT THE HEAD OF THE FAMILY

The head of the family is generally:

- The child's father;
- The mother in the case of a single parent household.

Surname ..... Forenames.....

Address .....

Family situation:      married                      single                      Widow(er)                      separated or divorced                      co-habiting

                                                                                      

Nationality .....

Registration number and affiliated fund .....

Name, address and profession of the employer (if the head of the family is an employee):

## INFORMATION ABOUT THE MOTHER-TO-BE

Surname ..... Forenames .....

Maiden name .....

Address .....

Do you have social insurance?:                      Registration no

**The head of the family certifies that the information provided above is true and accurate**

**Signed by the head of the family**

Monaco, on

## SECTION RESERVED FOR THE DOCTOR REPORTING THE PREGNANCY

<b>GENERAL AND OBSTETRICAL MEDICAL EXAMINATION</b>	Date of procedures	Signed	Stamp - Name - Address
	Estimated conception date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## FOR FUND USE ONLY

Declaration made on: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fund Stamp
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