



MADAM, 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 Caisses Sociales de Monaco once the medical examinations have been completed.

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 right-holder and sent before the 3rd month of pregnancy to the Family Allowances Fund to which it belongs.

Complete information available on all services provided by the CCSS (Common Social Security Centre) and CAMTI (Health Insurance for self-employed persons) on our website : www.caisses-sociales.mc

An Internet kiosk is available in our entrance hall.

You can also contact us directly:

ENVIRONMENT DEPARTMENT OF THE MEDICAL BENEFITS

Tel.: (+377) 93.15.44.18 from 9.00 am to 12.00 pm and from 2.00 pm to 4.00 pm

Email: prest-medicales@caisses-sociales.mc

FAMILY BENEFITS DEPARTMENT

Tel.: (+377) 93.15.43.77 from 9.30 am to 12.00 pm and from 2.00 pm to 4.00 pm

Email: prest-familiales@caisses-sociales.mc

We remain at your disposal for any further information you may need, and wish you the best.



MEDICAL BENEFITS PRENATAL EXAMINATION FORM

THIS 1st EXAMINATION MUST BE PERFORMED BEFORE THE END OF THE 3RD MONTH OF PREGNANCY

This form must be completed and signed by the insured, under their responsibility, and sent to the Caisse Sociale de Monaco as soon as possible after the examinations have been performed.

INFORMATION ABOUT THE MOTHER-TO-BE

Registration number: Surname, first name: Maiden name: Date of birth: Address: Post code: City: Telephone: email:

Situation of the expectant woman (check boxes that apply):

- EMPLOYEE WITHOUT OCCUPATIONAL ACTIVITY SELF-EMPLOYED WORKER UNEMPLOYED (compensated) OTHERS (specify):

Please specify:

- The number of hours worked, by the insured right-holder, during the month prior to sending this pregnancy declaration: Number of children to which the mother-to-be has already given birth or dependent children in the household:: Drawn up in, on Signed by the right-holder

RESERVE AUX PRATICIENS (FOR PRACTITIONERS USE ONLY - In French)

Le médecin signataire atteste :

- que Madame a suivi ce jour la consultation médicale générale et obstétricale et que les examens nécessaires ont été prescrits. - que l'ouvreur de droit aux prestations médicales :

- a présenté sa carte d'immatriculation portant mention de la catégorie Verte Rose Bulle n'a pas présenté sa carte d'immatriculation, malgré la demande qui lui en a été faite

Table with 5 columns: Date des actes, Actes, Honoraires payés par l'assuré(e) ou "HNP", Signature, Cachet - Nom - Adresse. Rows include EXAMEN MEDICAL GENERAL ET OBSTETRICAL, EXAMEN RADIOLOGIQUE, and EXAMEN DE LABORATOIRE.

In accordance with Law no. 1165, as amended, you have the right to access and amend the personal information relating to you. For more information on the processes implemented, you can consult the "Data Protection" section on the www.caisses-sociales.mc website. GA - 201908120311



FAMILY BENEFITS PRENATAL EXAMINATION FORM

THIS 1ST EXAMINATION MUST BE PERFORMED BEFORE THE END OF THE 3RD MONTH OF PREGNANCY

This form must be completed and signed by the future parents, under their responsibility, and sent before the end of the 3rd month of pregnancy to the Family Allowances Fund by the right-holder which it belongs after the medical examination has been performed.

INFORMATION ABOUT THE MOTHER-TO-BE

Surname Forenames

Address

Family situation: married [] single [] widow(er) [] separated or divorced [] CVC / PACS [] co-habiting []

Nationality

Registration number and affiliated fund

Name and address of the employer (if the mother-to-be is an employee):

INFORMATION ABOUT THE FUTURE FATHER

Surname Forenames

Address

Family situation: married [] single [] widow(er) [] separated or divorced [] CVC / PACS [] co-habiting []

Nationality

Registration number and affiliated fund

Name and address of the employer (if the future father is an employee):

Future parents certify that the information provided above is true.

Monaco, on

Monaco, on

Signature of the mother

Signature of the father

RESERVE AU MEDECIN AYANT CONSTATE LA GROSSESSE

(SECTION RESERVED FOR THE DOCTOR REPORTING THE PREGNANCY - In French)

Table with 4 columns: EXAMEN MEDICAL GENERAL ET OBSTETRICAL, Date des actes, Signature, Cachet - Nom - Adresse. Includes a row for Date présumée du début de la grossesse.

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