



DATA TRANSFER REQUEST FOR THE MONTHLY STATEMENT OF DAILY ALLOWANCES PAID BY THE CAISSE DE COMPENSATION DES SERVICES SOCIAUX (C.C.S.S.) TO EMPLOYEES

I the undersigned,
acting in my capacity as
and representing the employer, affiliated to the C.C.S.S. under Registration
n°,

request that the monthly statement of daily allowances for illness paid by the Caisse de Compensation des Services Sociaux (Social Services Compensation Fund) to employees in my company, based on the salaries paid by this company, is sent to us by email at the following address:

..... @

Furthermore, I certify that my company is subscribed to a group provident scheme that continues to pay salaries to its employees who have interrupted their employment due to illness.

I agree to inform the Environment Department of the Medical Benefits of the C.C.S.S. immediately if the aforementioned scheme is terminated.

Drawn up in Monaco, on/...../..... Signature and stamp of the employer

I (we) the undersigned,
acting as (an) employee representative(s) for the employer named above,
certify that the employees have been informed of this data transfer and do not object to it.

Drawn up in Monaco, on/...../..... Signature of the employee representative(s)