



CERTIFICATE OF EMPLOYMENT (to be completed by the insured)

The undersigned insured person (*name and first name*): ID number:

Declares on their honor that on the date of treatment:

I have conducted my occupational activity with the employer(s):

.....
.....

I have interrupted my work on
for the following reason
(*dismissal, redundancy, illness, maternity, unpaid leave, etc.*)

In both cases, give the number of hours worked during the month preceding the date of treatment

I receive compensation, allowance or pension for:

(Please tick the box(es) that correspond to your situation)

Unemployment

Disability

Retirement

Workplace
accident

Other situation

I hereby certify that the information provided on this statement is true and accurate.

Drawn up in on

Signed by the insured person