



**FAMILY BENEFITS APPLICATION**  
(TO BE COMPLETED BY THE HEAD OF THE HOUSEHOLD)

Identification of the insured	C.S.M. Registration No: .....
	Surname: ..... First names: .....
	Maiden name: .....
	Date of birth: ..... Nationality: .....
	Address: ..... ..... City: ..... Country: .....

The undersigned certifies that they are responsible for the child

identification of the child	Surname: ..... First names: .....
	Date of birth: ..... Sexe: .....

And hereby declares to be the ..... of this child (*state the degree of relationship*)  
or  
to have taken this child in on: .....

If the child does not live under the same roof as the head of the household:  
- who does the child live with?..... (*give the surname, first name and family relationship*)  
- at which address? .....

The undersigned hereby applies to receive family benefits.  
and certifies that the information given on this application is accurate.

Monaco ..... on ..... Signed by the employee