



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

"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 - 201909131719