



QUARTERLY STATEMENT TO RECEIVE DISABILITY PENSION

To be sent to the Caisse de Compensation on the 1st day of the last month in the calendar quarter, i.e. 1st March, 1st June, 1st September and 1st

Registration number for the C.C.S.S.: .....

I the undersigned, (Surname and First Name): .....

Residing at (address): .....

Hereby declare that during the quarter referred to below:

- I have not been engaged in any occupational activity,
I have been engaged in an occupational activity
attach copies of your last three payslips to this form.
I have received unemployment benefit (attach documents)
I was hospitalised from ... to ...
attach a patient medical report.
I have not directly received any retirement pension,
I have directly received one or several retirement pension(s) paid by the schemes or bodies referred to below.

SPECIFY THE MONTHLY AMOUNTS AND ATTACH SUPPORTING DOCUMENTS :

- C.A.R. / month
C.A.R.S.A.T. / month
C.A.R.T.I. / month
S.N.C.F. / month
C.A.M. / month
I.N.P.S. / month
C.H.P.G. / month
Suppl. Pension / month
S.M.E.G. / month
Other / month
For civil servants / month

and hereby request the payment of my disability pension for the:

- 1st quarter 20
2nd quarter 20
3rd quarter 20
4th quarter 20

(this request can only apply to a single quarter)

Drawn up in ....., on .....

Signed by the insured

ATTENTION

On returning to salaried employment, your pension may be suspended, in whole or in part, depending on the salary amounts received. If you are engaged in a non-salaried occupational activity, the disability pension is withdrawn for the quarter following the start of such activity. Contact our department for further details on this subject

INCOME GUARANTEE

Disabled people aged under 65 during the quarter may benefit from a pension supplement if the total amount of their income is less than 2/3 of the national minimum wage. If this situation applies to you, please specify:

- The total amount of your monthly income .....

- The amount of income under the categories below:

Reversionary pension: .....

Daily benefits (illness, workplace accident, occupational disease) :

Annuity and enhanced annuity (workplace accident, occupational disease) :

Disability pension other than that paid by the C.C.S.S.: .....

Allowance to disabled adults: .....

Housing allowance: .....

Income from self-employed activity: .....

Other income (state type) .....

- I hereby request a review of my entitlements to the payment of the income guarantee provided under my disability pension
or
I do not wish to benefit from this supplement

Drawn up in ....., on ..... Signed by the insured

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.