



## Paternity leave

### Request for payment of daily benefits

**To be completed and returned to the C.C.S.S. after the date of resumption of work,  
and within three months of the leave end date at the latest.**

#### To be completed by the employer

The undersigned employer: ..... Employer N° .....

certifies that Mr. .... Registration N° .....

benefited from paid contractual leave from ..... / ..... / ..... au ..... / ..... / .....

stopped work for paternity leave on ..... / ..... / .....

returned to work on ..... / ..... / .....  has not returned to work

The salaries (one-off bonuses included) and employment corresponding to the periods prior to the work interruption amount to:

	Month	Salary	Hours
• in the previous month	.....	.....	.....
• during the month the employee stopped work	.....	.....	.....

Drawn up in Monaco, on .....

If the employer  
has requested the direct payment of  
the daily allowances amount

Recipient N°

Signature and stamp of the employer

#### TO BE COMPLETED BY THE INSURED

Date of birth of the child: ..... / ..... / ..... Registration no. of the mother  
(if affiliated to the C.C.S.S. or the C.A.M.T.I.) .....

Number of dependent child(ren) in the household .....

Other benefit payment(s) during the paternity leave period: (1) € .....

Specify the nature of the amounts received: .....

*(illness, unemployment, disability, workplace accident, occupational disease, etc.)*

Drawn up in Monaco, on .....

Signed by the insured, certifying that all the  
information provided is true and accurate

(1) indicate the total amount and attach the benefits statement for unemployment, workplace accident or occupational disease.

**Attach a birth certificate or a photocopy of the family record book to this request unless you have already provided this documentation to the Family Benefits Department.**