



## APPLICATION FOR SPOUSE / PARTNER MEDICAL BENEFITS (to be completed by the insured)

### IDENTIFICATION OF THE INSURED

Surname and first name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Family situation <sup>(1)</sup>:  
 married on \_\_\_\_\_ Monegasque legal civil partnership (CVC) on \_\_\_\_\_  
 divorced on \_\_\_\_\_  
 separated on \_\_\_\_\_ Other legal civil partnership (incl. PACS) on \_\_\_\_\_

Do you have any professional activity outside? yes    no

If so, please specify the type of activity and the country in which it takes place<sup>(2)</sup> \_\_\_\_\_

ID Number(s):  
 C.C.S.S. or C.A.M.T.I. : \_\_\_\_\_

S.S.F. ID Number:  
 \_\_\_\_\_

### IDENTIFICATION OF SPOUSE / PARTNER

Surname and first name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_

Last organisation responsible for medical benefits <sup>(3)</sup>  
 \_\_\_\_\_

ID Number(s):  
 C.C.S.S. : \_\_\_\_\_  
 C.A.M.T.I. : \_\_\_\_\_  
 S.P.M.E. : \_\_\_\_\_  
 S.S.F. ID Number:  
 \_\_\_\_\_

### SPOUSE / PARTNER'S ACTIVITY

Does your spouse / partner have a salaried professional activity? <sup>(4)</sup> yes    /    no

Does your spouse / partner have a self-employed or liberal profession activity? <sup>(5)</sup> yes    /    no

If so, please specify the type of activity <sup>(2)</sup> and the country in which it takes place \_\_\_\_\_

Otherwise, please indicate last activity: \_\_\_\_\_

Date of cessation of these activity: \_\_\_\_\_ Reason for cessation: \_\_\_\_\_

### COMPENSATION OF SPOUSE / PARTNER

Does your spouse / partner receive compensation/pension/benefits for<sup>(6)</sup>:

				Organisation	From:
- Unemployment	yes	/	no	_____	_____
- Disability	yes	/	no	_____	_____
- Workplace accident	yes	/	no	_____	_____
- Retirement	yes	/	no	_____	_____
- Other (please specify)	yes	/	no	_____	_____

I hereby certify that the information given above is accurate and agree to inform you immediately of any change that takes place subsequent to this application. I understand that any false information or non-declaration of changes in situation may entail a request for reimbursement of care unduly paid.

Monaco, on \_\_\_\_\_

Signed by the insured



## ADDITIONAL FORM TO BE FILLED IN BY THE SPOUSE NAMED IN THE APPLICATION

I the undersigned, \_\_\_\_\_

residing at \_\_\_\_\_

bearing Identity card / residence permit (copy attached) no. \_\_\_\_\_

delivered at \_\_\_\_\_ valid until \_\_\_\_\_

hereby certify:

that I am not engaged in any occupational, commercial, craft or liberal activity,

I have no retirement pension,

I receive no unemployment benefits from Pôle Emploi or any other mechanism,

I receive no disability pension,

I receive no compensation for work-related accident.

I agree to inform the Caisses Sociales de Monaco immediately:

- of any resumption in occupational, commercial, craft or liberal activity,

- of payment of a retirement pension or any other compensation in France, Monaco or any other country for benefits in kind from health insurance.

Drawn up in \_\_\_\_\_ on \_\_\_\_\_

Signed (preceded by the words "read and approved")

### IMPORTANT

Any affiliation agreement for your spouse will be delivered for a maximum period of one year after which a new request must be submitted by the insured right holder.

All false information or non-declaration of changes in situation may entail a request for reimbursement of care unduly paid.

### INCOMPLETE REQUESTS WILL BE RETURNED

#### DOCUMENTS TO ATTACH:

- (1) copy of the marriage certificate, separation document or divorce decree  
Monegasque legal civil partnership (CVC) or termination of CVC declaration issued by the Greffe Général de Monaco  
PACS or termination of PACS: birth certificate with marginal entries  
proof of foreign civil contract
- (2) proof of activity
- (3) up-to-date certificate of entitlement
- (4) copy of pay slips
- (5) copy of the K-bis, RCI, etc.
- (6) proof of attribution or payment

NB: All documents in a foreign language must be translated into French.