CAISSES SOCIALES DE MONACO

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

## IDENTIFICATION OF THE INSURED

Surname and first name: _____

Maiden Name: _____

Address: _____

_____

ID Number(s):

C.C.S.S. or C.A.M.T.I. : _____

S.S.F. ID Number: _____

Family situation [1]: married on _____ divorced on _____ separated on _____

Monegasque legal civil partnership (CVC) on _____

Other legal civil partnership (incl. PACS) on _____

Do you have any professional activity outsid? ☐ yes ☐ no

If so, please specify the type of activity and the country in which it takes place[2] _____

## IDENTIFICATION OF SPOUSE / PARTNER

Surname and first name: _____

Maiden Name: _____

Date of birth: _____

Address : _____

_____

Last organisation responsible for medical benefits [3]

_____

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? [4] ☐ yes / ☐ no

Does your spouse / partner have a self-employed or liberal profession activity? [5] ☐ yes / ☐ no

If so, please specify the type of activity [2] 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[6]:

| | | 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

*"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 – 201908120670

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Accueil : Bureaux n°10 et n°11
Tél.: (+377) 93 15 44 18 – Fax : (+377) 93 50 60 34 - ✉ prest-medicales@caisses-sociales.mc

# 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 France Travail 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.





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