

N° 16002*01

APPLICATION TO ADD MINOR CHILDREN TO ONE OR **BOTH PARENTS' INSURANCE ACCOUNTS**

HEALTH AND MATERNITY INSURANCE

Please submit to your health insurance fund

PART 1

(Articles L. 160-2, L. 161-15-3, and R. 161-8 of the French Social Security Code, decree of May 4, 2007, regarding the addition of minor children to their parents' insurance accounts – France's Official Journal dated May 19, 2007)

If you are a member of another country's social security system, e.g. as a worker on a posting to France from another country or as a pensioner, do not fill out this form. To set up coverage for yourself and your family members, you will need to request one of the following documents from the foreign system to which you belong and submit it to the local health insurance fund ("caisse d'assurance maladie") that covers the area where you reside in France:

- either an S1 form, "Registering for health care cover in the State of residence," for each member of your family if you are a citizen of another EU/EEA country or Switzerland,
- or a certificate of coverage listing each member of your family, if this can be issued to you pursuant to a social security agreement which your home country has signed to France

PLEASE READ THE GUIDE CAREFULLY BEFORE YOU FILL OUT THE FORM BELOW

PARENT(S) APPLYING TO AD	D MINOR CHILDREN TO TH	IEIR INSUKANCE ACCOUNT	
Last name: (Last name (at birth), followed by last name used (optional and if ap	Last name (Last name (at	Last name (at birth), followed by last name used (optional and if applicable))	
First name:	First name	:	
(followed by any middle names) French Social Security number:	(followed by an Erench Sc	by middle names): ocial Security number:	
Address:			
► Family relationship :	•••••	ionship :	
Name and address of the health insurance fur pays your benefits:		address of the health insurance fund that benefits:	
1 7 7			
MINOR CHILDREN YOU ARE	APPLYING TO ADD TO YOU	R INSURANCE ACCOUNT	
	dren who have previously been added		
(=		<u> </u>	
Last name	First and middle name(s)	Date of birth	
		-	
► I/ we hereby request that the child(ren) liste (check the box next to your choice)	d above be added to the insurance	e account:	
- of the parent whose information appear	ars above		
- of both parents whose information app			
Please designate one parent to receive all corres			
(correspondence not including reimbursement statements; to			
LAST NAME :	FIRST AND MIDDLE NAMI	E(S) :	
Signed at (location):	On (date) :		
Signature of the parent(s) applying to add children to their insurance account			

French law N° 78-17 of January 6, 1978 (amended) on data processing, data files, and individual liberties applies to the information gathered through this form. It entitles you to access and rectify the information in your file by contacting your health insurance organization.

Supplying false or fraudulent information with the aim of obtaining undue benefits either for oneself or for a third party (articles 313-1 to 313-3, 433-19, and 441-1 et seq of the French Penal Code) is punishable by a fine and/or imprisonment.



APPLICATION TO ADD MINOR CHILDREN TO ONE OR BOTH PARENTS' INSURANCE ACCOUNTS

HEALTH AND MATERNITY INSURANCE

Please keep for your records

PART 2

(Articles L. 160-2, L. 161-15-3, and R. 161-8 of the French Social Security Code, decree of May 4, 2007, regarding the addition of minor children to their parents' insurance accounts - France's Official Journal dated May 19, 2007)

If you are a member of another country's social security system, e.g. as a worker on a posting to France from another country or as a pensioner, do not fill out this form. To set up coverage for yourself and your family members, you will need to request one of the following documents from the foreign system to which you belong and submit it to the local health insurance fund ("caisse d'assurance maladie") that covers the area where you reside in France:

- either an S1 form, "Registering for health care cover in the State of residence," for each member of your family if you are a citizen of another EU/EEA country or Switzerland,
- or a certificate of coverage, listing each member of your family, if you are a citizen of a country that has signed a social security agreement with France under which this can be issued.

PLEASE READ THE GUIDE CAREFULLY BEFORE YOU FILL OUT THE FORM BELOW

PARENT(S) APPLYING TO AD	D MINOR CHILDREN	TO THEIR INSURANCE ACCOUNT	
Last name: (Last name (at birth), followed by last name used (optional and if applicable))		ast name: ust name (at birth), followed by last name used (optional and if applicable))	
First name : (followed by any middle names) French Social Security number:		rst name : lowed by any middle names) ench Social Security number:	
Address:		Address:	
Family relationship :		► Family relationship :	
Name and address of the health insurance fund that pays your benefits:		Name and address of the health insurance fund that pays your benefits:	
MINOR CHILDREN YOU AF	RE APPLYING TO ADI	O TO YOUR INSURANCE ACCOUNT	
(Do not list children who have previously been added to your account)			
Last name	First and middle nam	Date of birth	
 I/ we hereby request that the child(ren) listed above be added to the insurance account: (check the box next to your choice)) - of the parent whose information appears above - of both parents whose information appears above 			
Please designate one parent to receive all correspondence from the French health insurance system regarding the child(ren): (correspondence not including reimbursement statements; these will be sent to the insured to whom the reimbursements were issued.)			
LAST NAME : FIRST AND MIDDLE NAME(S) :			
Signed at On (date):			
Signature of the parent(s) applying to add children to their insurance account			

French law N° 78-17 of January 6, 1978 (amended) on data processing, data files, and individual liberties applies to the information gathered through this form. It entitles you to access and rectify the information in your file by contacting your health insurance organization.

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Supplying false or fraudulent information with the aim of obtaining undue benefits either for oneself or for a third party (articles 313-1 to 313-3, 433-19, and 441-1 et seq of the French Penal Code) is punishable by a fine and/or imprisonment.

In addition, any provision of incomplete or inaccurate information or failure to report a change in circumstances with the aim of obtaining undue benefits either for oneself or for a third party can result in a monetary sanction pursuant to article L 114-17-1 of the French Social Security Code.



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HEALTH AND MATERNITY INSURANCE

GUIDE

(Articles L. 160-2, L. 161-15-3, and R. 161-8 of the French Social Security Code, decree of May 4, 2007, regarding the addition of minor children to their parents' insurance accounts – France's Official Journal dated May 19, 2007)

To receive coverage for a dependent child's health care expenses, parents must apply to add that child to their insurance account as a beneficiary.

With this form, a child can be added to one or both parents' insurance accounts as soon as that child joins the household, either at birth or at any other time, even if the parents are separated or divorced.

To add a child to their insurance accounts, parents need to fill out, date, and sign the form, submit Part 1 to their health insurance fund, and keep Part 2 for their records.

Each of the parents can also apply to add a child to their insurance account by submitting separate forms.

This form can also be used to transfer a child over to a different insurance account; however, unless this is due to a change in circumstances, a child can only be transferred after a one-year waiting period.

Dependent minor children who qualify to appear on your insurance account:

You can use this form to add:

- Your legitimate or adopted minor children, and those born out of wedlock,
- Minor children you are fostering (e.g. a grandchild, etc.) or wards of the State for whom you are a guardian.

Your child will no longer qualify to appear on your insurance account if one of the following circumstances applies:

- Your child begins employment. This includes an apprenticeship,
- Your child turns 18 and becomes a member of the French health care system in their own right on September 1st of the year they turn 18,
- Your child is at least 16 years old and enrolled in an institute of higher education, an institute of technology, a "grande école," or a secondary-school preparatory program for one of these schools.

Under all of these circumstances, a child who becomes a member of the French health care system in their own right is automatically covered for their personal health care expenses.

IMPORTANT: in addition, your child can apply for their own health insurance account at age 16, whatever their circumstances. Once your child has their own account, they will no longer appear as a beneficiary on your account and will be covered for their own health insurance expenses through France's health and maternity insurance system.

Required supporting documents:

If you know your child's French social security number, whether they were born in France or abroad, please attach one of the following documents to your application:

• A copy of your updated "livret de famille" (family record book) or of the child's short-form birth certificate, or, if applicable, a copy of the document which certifies that you are the child's guardian or foster parent.

For children who were born abroad or in New Caledonia, French Polynesia, or Wallis and Futuna, and do not have a French Social Security number, two documents are required for their registration:

• A civil status document: a long-form copy of their birth certificate or a short-form birth certificate showing the parents' information or an equivalent document issued by a consulate, authenticated by a legible stamp

And

• Proof of the child's identity (ID card or passport) or the child's medical examination certificate issued by the French immigration and integration office ("Office français de l'immigration et de l'intégration"/ OFII) through France's family reunification program.

(If you will be submitting foreign-language documents, please contact your health insurance fund.)

IMPORTANT

Before you apply to add a child to your account, contact your supplementary insurance funds to check what coverage your child will be entitled to.

To learn more, please contact your health insurance fund or call 3646 (0.06 €/ min + cost of the call)