

Application for membership in the French health care system

(Articles L. 160-1, L. 160-2, L. 160-5, L. 161-1, R. 111-3, and D. 160-2 of the French Social Security code and decree of May 10, 2017, which sets forth the list of acceptable residency permits)

- To be eligible for coverage of your health care expenses in the event of an illness or pregnancy and childbirth, you must be working in France (*) or, if you are not working, you must be a legal ongoing resident of France.
- To ensure that you are entitled to health care coverage as soon as you come to France, if you are not already a member of a French social security scheme, you will need to fill out this form and return it to the health insurance fund that covers your place of residence, along with the required documents listed on the back. If you are a family member (spouse, common-law or civil union (“PACS”) partner, etc.) of a French-insured individual working or residing in France in a legal and ongoing manner whom you are moving to France to accompany or join, you will also need to fill out this form.
- 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 submit an S1 form “Registering for health care cover in the State of residence,” or an equivalent document for non-EEA countries, to your local health insurance fund.

(*) Metropolitan France, French Guiana, Guadeloupe, Martinique, Reunion, Saint Barthelemy, and Saint Martin.

A Applicant’s personal information

▶ **YOUR FULL NAME**
*(Last name at birth, followed by the last name you use (optional and if applicable); then your first and middle names as they appear on your birth certificate)
(If you are an artist-author and use a pseudonym, enter it after your last name).*

▶ **Your social security number (if you have one)**

▶ **Your benefits claimant number (“N° d’allocataire” for family benefits, if you have one).** **Family benefits fund name “Caf de.....”**

▶ **Your date of birth** **Town and country of birth**

▶ **Your nationality** French EU/EEA/Switzerland ((1)–see list on back) **other**

▶ **Your address**

Postal code **Town**

▶ **Your telephone number** **Your email address**

▶ **If you do not have a personal address, enter the name and address of the organization you are using as your home address
(This can be a “Centre Communal d’Action Sociale” or an approved membership organization)**

Postal code **Town**

B Applicant’s employment circumstances

▶ **Employed** *specify type of employment :*

▶ **Not employed**

▶ **Other** *specify :* } **date of arrival in France**

C Signed statement to be completed by the applicant

- I hereby agree to immediately notify the health insurance institution to which I am submitting this application of any change to the information in box A and of any transfer of my main residence to another country.
- I hereby attest to the accuracy of all the information I have provided in this application.

Signed at

On

Applicant’s signature

IMPORTANT: if you have dependent minor children, please refer to the guide.

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.

The health insurance institution can conduct verifications at any time by requiring you to submit documentary evidence of your circumstances (articles L. 114-10-3 and L. 161-1-4 of the French social security code).

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.

You are required to submit the following:

<p><i>As proof of identity if you are a French citizen or a citizen of another EU/EEA(1) member State or Switzerland</i></p>	<p>▶ <i>A photocopy of your ID card or passport</i></p>
<p><i>As proof of your identity and the legal nature of your residency in France if you are citizen of a state outside the EU/EEA (1) and Switzerland</i></p>	<p>▶ <i>A photocopy of your currently valid residency permit or residency document, such as a multi-year or temporary residency permit ("carte de séjour pluriannuelle"/ "carte de séjour temporaire"), residency card ("carte de résident"), a residency permit ("carte de séjour") marked "compétences et talents," a certificate of residency for Algerian citizens ("certificat de résidence de ressortissant algérien,"), a long-stay visa valid as a residency permit along with the pages of your passport showing your identifying information, a certificate of application for asylum, or a temporary residency authorization ("autorisation provisoire de séjour").</i></p>
<p><i>To obtain your social security number if you do not know it, and if you were born abroad or in Wallis and Futuna</i></p>	<p>▶ <i>A long-form copy of your birth certificate, or a short-form copy of your birth certificate showing your parents' information, or an equivalent document issued by a consulate. (This document must be authenticated, specifically by a legible stamp.)</i></p> <p><i>Your health insurance fund will let you know if you need to have it translated</i></p>
<p><i>If you are employed</i></p>	<p>▶ <i>A photocopy of any documentation of your employment, such as your employment contract or a pay slip</i></p>
<p><i>To prove the ongoing nature of your residency in France if you are not employed:</i></p> <ul style="list-style-type: none"> • 1) <i>if one of the following circumstances applies:</i> <ul style="list-style-type: none"> - <i>you are drawing one of the following benefits: family benefits ("allocations familiales"), housing aid, AAH, RSA, minimum old-age pension ASPA, ASI, or family and social re-engagement aid ("aide à la réinsertion familiale et sociale") which helps former migrant workers rebuild ties with their home country...</i> - <i>you are registered as a student at an educational facility or as a trainee through a cultural, technical, and scientific agreement,</i> - <i>you are returning to France after participating in an international volunteer program abroad,</i> - <i>you are a family member of a French-insured individual working or residing in France in a legal and ongoing manner whom you are moving to France to accompany or join,</i> - <i>you have refugee, subsidiary protection, or asylum seeker status,</i> - <i>you are a young minor or under age 21 and receiving services through a facility or program belonging to the French child and youth protective services "Aide sociale à l'enfance" or "Protection judiciaire de la jeunesse."</i> • 2) <i>if none of the above circumstances applies:</i> 	<p>▶ <i>Any documentation of this circumstance</i></p> <p>▶ <i>Any document that proves that you have been residing in France for more than three months.</i></p> <ul style="list-style-type: none"> - <i>Examples: a lease or rental agreement, consecutive rent receipts, consecutive utility, water, or landline telephone bills, hotel bills for the past three months, certificates of school enrolment, etc.</i> - <i>If you are being lodged by a private citizen: a signed statement written by that person, specifying the date on which you began lodging with them, along with consecutive rent receipts or utility bills issued in their name for the past three months.</i> - <i>If you are lodging at a "centre d'hébergement et de réinsertion sociale," a lodging certificate for the past three months issued by the center where you are staying.</i> - <i>If you do not have a personal address and have chosen the premises of an approved organization as your address, a certificate of chosen address issued by that organization which covers more than three months.</i>
<p><i>If you have dependent minor children</i></p>	<p>▶ <i>A completed S3705 form ("Application to add minor children to one or both parents' insurance accounts"). This form is available for download on www.ameli.fr or in paper format from your health insurance fund.</i></p>
<p><i>For the payment of your benefits</i></p>	<p>▶ <i>Your official banking information slip showing your IBAN number ("relevé d'identité bancaire").</i></p>

⁽¹⁾ **List of EU/EEA countries:**

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Republic of Slovakia, Romania, Slovenia, Spain, Sweden, United Kingdom.