

Confidential Declaration of Family Situation - CDFS

CERN Health Insurance Scheme
Régime d'Assurance Maladie du CERN
11/2005

YOU MUST COMPLETE THIS FORM IF YOU ARE MARRIED OR SEPARATED:

▪ **Every time** the income or insurance of your spouse changes
PLEASE SIGN AND RETURN IT TO: Benefits Service- CERN
Pension Fund CH-1211 GENEVE 23

Beneficiary of the Pension Fund

Surname and first name(s)

(BLOCK LETTERS)

Insurance number (see your insurance card)

Marital status: Married / separated

Your Spouse

Surname and first name

Country of residence:

Country of professional activity:

1 Does your spouse have an income or pension (incl. CERN pension) excluding unemployment and invalidity benefits YES NO

2 Is your spouse a staff member, fellow or student at CERN? NO YES CERN id.....

3 Does your spouse have health insurance cover other than that of the CERN Health Insurance Scheme? NO YES If YES, please indicate the name of this insurance:

4 External health insurance valid in: Switzerland France Elsewhere
Annual deductible (amount paid by insured party before insurer reimburses): Amount: Currency:

5 Indicate the **monthly gross** income or **monthly gross** retirement pension of your spouse deriving from professional activity.

Income: any salary, remuneration, honoraria or fees received due to professional activity; unemployment, maternity and invalidity allowances are not regarded as income.

Up to	2,500 CHF inclusive	<input type="checkbox"/>
More than	2,500 and up to 4,250 CHF	<input type="checkbox"/>
More than	4,250 and up to 7,500 CHF	<input type="checkbox"/>
More than	7,500 and up to 10,000 CHF	<input type="checkbox"/>
More than	10,000 CHF	<input type="checkbox"/>

Attestation of the spouse

I, the undersigned, certify that the information given above regarding me is correct and complete.

Signature of the spouse: Date: / /

Attestation of the main Member

In case of a change in situation, on what date did it occur? (dd/mm/yyyy) / /

I, the undersigned, certify that all the information given above is correct and complete.

Signature: Date: / /

Failure to return this declaration form **duly completed and signed by the Member and the Spouse** constitutes a breach of article III 6.01 of the rules of the CERN health insurance.