

**ADOPTION LEAVE**

Request for payment of daily benefits

To be completed and returned to the C.C.S.S. after the date you return to work, and within three months of the leave end date at the latest.

To be completed by the employer

The undersigned employer: Employer N°
certifies that Registration N°

- stopped work for adoption leave on / /
- returned to work on / / has not returned to work

The salaries (one-off bonuses included) and employment corresponding to the periods prior to the work interruption amount to:

If the employer has requested the direct payment of the daily benefits amount

Recipient N°

| | Month | Salary | Hours |
|--|-------|--------|-------|
| • in the previous month | | | |
| • during the month the employee stopped work | | | |

Drawn up in Monaco, on

Signature and stamp of the employer

To be completed by the insured and other adoptive parent

Arrival date of the child in the household: / / Registration number of the other parent, (if affiliated to the C.C.S.S. or the C.A.M.T.I.)

Number of dependent children in the household (prior to the adoption)

Is the adoption leave period being shared between the parents? Yes⁽¹⁾ No

If yes, *Start date of the leave taken by the other parent* / / *End date of the leave taken by the other parent* / /

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Signed by the insured and the other adoptive parent certifying that the information given above is true and accurate

(1) In this case, the parents can receive benefit payments separately or simultaneously, provided that the total number of days does not exceed 8 weeks for the adoption of one child or 10 weeks if the household already has at least two dependent children, or in the case of multiple adoptions.

If you wish to share the adoption leave period and the other parent is covered by the French scheme, please contact the Medical Benefits Department for more information about this particular arrangement.