

EUROPEAN COMMUNITIES

Social security for migrant workers



France

Guide No. 1

1976

Guide No 1

concerning the rights and obligations
with regard to social security
of employed persons going to work in
FRANCE

In your own interest
READ THIS GUIDE CAREFULLY

1976

**This Guide gives only general guidance.
It must not be treated as a complete and authoritative statement
on the law in any particular case.**

**This publication was prepared by the Administrative Commission of the
European Communities on Social Security for Migrant Workers.
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Introduction

Under the Treaty establishing the European Economic Community workers who are nationals of one of the Member States of the European Communities have the right to pursue an employment in another Member State under the same conditions as nationals of that State. The EEC Treaty also provides for the adoption of measures permitting workers moving from one Member State to another to have taken into account periods of insurance which they have completed under the social security schemes of the various Member States in which they have been employed.

To this end the Council of the European Communities drew up Regulations Nos 1408/71 and 574/52 which came into force on 1 October 1972 for Belgium, Federal Republic of Germany, France, Italy, Luxembourg and the Netherlands, and on 1 April 1973 for Denmark, Ireland and the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).¹

This Guide is designed to inform you about the rights which you and the members of your family may exercise as regards social security and to draw your attention to your duties and the formalities to be completed to qualify for the various social security benefits.

¹ These Regulations replaced Regulations Nos 3 and 4 which had been in force from 1 January 1959 to 30 September 1972.

The Guide comprises two parts:

- Part I, which sums up the main provisions of the Community Regulations;
- Part II, which briefly outlines the social security system of the Member State of the European Communities where you are going to work, as well as the benefits available and the conditions and formalities to be fulfilled to qualify for benefits.

A similar guide exists for each Member State of the European Communities.

■ Read this Guide carefully before your departure and make sure to obtain the forms mentioned in Part II

In case of doubt please consult the insurance authorities or institutions of the country you are leaving or your new employer.

The other Guides available deal with the following cases:

- Temporary residence (stay) in a Member State of the European Communities (Guide No 2);
- Workers who are sent by their employers to another Member State for a limited period, international transport workers and other workers regularly employed in more than one Member State, e.g. commercial travellers (Guide No 3);
- Pensioners and pension claimants (Guide No 4);
- Members of a migrant worker's family who have stayed behind in a Member State other than the one in which he is working (Guide No 5).

Part I

The Community Regulations

1. To whom do the Community Regulations apply?

These Regulations apply to you if you are either:

- (a) a worker or pensioner pursuing or having pursued an activity as an employed person and if you have the nationality of a Member State of the European Communities (see section 2 below) or are a stateless person or a refugee resident in a Member State; (Officials of public bodies are considered as employed persons for the branches of social security in respect of which they are insured in a scheme covering employed persons);
- (b) a member of an employed person's or a pensioner's family fulfilling the conditions set out at (a) above;
- (c) a survivor of an employed person or a pensioner pursuing or having pursued an activity as an employed person, regardless of the worker's or pensioner's nationality, provided you are a national of a Member State or a stateless person or a refugee resident in a Member State.

With the exception of certain specific cases, the Community Regulations *do not apply* to self-employed persons or to pensioners who had been self-employed.

This list is not complete. Should you wish to know whether you are covered by the Regulations, please consult the institution with which you are insured (see Part II).

2. To which countries do the Community Regulations apply?

You are covered by the Regulations only if you are resident or staying in a Member State of the European Communities listed below:

Belgium

Denmark

Federal Republic of Germany

France

Ireland

Italy

Luxembourg

the Netherlands

the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).

3. What are the aims of the Community Regulations?

- (a) One of the principal aims is to ensure that, as regards social security you will receive the same treatment as the nationals of any of the countries mentioned at section 2 above when you go there for work.
- (b) Another important aim of the social security Regulations is to ensure that by going to work in another Member State you do not lose the advantages acquired in respect of periods during which you were subject to the social security scheme of another Member State. In order to get certain social security benefits you must, under the legislation of the Member State concerned, have been either insured, employed or resident in that Member State for a specified period known as the 'qualifying period'. The Community Regulations provide that periods completed in the various Member States where you have worked must be taken into account, if necessary, to ensure that you will have completed the qualifying period prescribed by the legislation of the Member States where you are seeking benefits.

For instance, supposing you are claiming a retirement pension and you had been insured in Member State A for five years after which you went to Member State B where, you had a job and paid contributions for the next ten years. The legislation of country A as well as that of country B require that, to qualify for a retirement pension, you must have been insured in the

country for 15 years. In that case your five years of insurance in country A will be counted so as to make you fulfil the conditions laid down by the legislation of country B. Similarly, the ten years of insurance which you completed in country B will be counted so that you can fulfil the condition required by the legislation of country A.

Details on how the retirement pension will be calculated by each of these countries are given in section 4 B below.

The Community Regulations also provide that when you go to work in another Member State periods completed in the Member State where you had worked before may be used to enable you to receive sickness, maternity and unemployment benefits in the other Member State.

- (c) In general you will be insured under the social security legislation of the Member State in which you are employed. There are certain exceptions to this rule: for instance, workers posted abroad, i.e. workers sent by their employer to another Member State for a limited period, international transport workers and other workers regularly employed in more than one country. If you fall into one of these groups please consult Guide No 3.
- (d) An additional aim of the Community Regulations is to guarantee that you and the members of your family are granted the benefits for which you are eligible in whichever Member State you or they may be.

4. To which benefits are you entitled?

The following is a list and short description of the benefits which you can claim.

A. Sickness and maternity benefits (including medical benefits)

- (a) If you reside in a Member State other than the one in which you are insured, you and the members of your family may obtain benefits in kind (medical care, dental treatment, drugs and medicines, hospital treatment, etc.) through the institution of your place of residence as if you were insured with that institution.

Cash benefits to which you or your family may be entitled under the legislation of the Member State where you are insured are as a rule paid directly by the institution with which you are insured.

The members of your family may also obtain benefits if they are living in a Member State other than that in which you reside or are insured.

- (b) Under certain conditions you and the members of your family are entitled to benefits in kind while temporarily residing in (visiting) a Member State other than the one in which you are insured. The benefits in kind that you may claim are those provided for by the legislation of the Member State you are visiting.

You may also be entitled to receive cash benefit during such a stay; this benefit will be at the rate, and for the

period, laid down by the legislation of the Member State where you are insured.

For your information about your rights and the formalities to be completed, please consult your sickness insurance institution.

B. Retirement pensions and survivors' pensions

As explained in section 3 (b) above, if you had been insured in a Member State but if that period of insurance was not long enough to entitle you to a pension under the legislation of that State, account must also be taken of insurance periods completed in other Member States.

To go back to the example quoted at 3 (b), where it was assumed that you were insured in country A for five years and in country B for ten years, while the 'qualifying period' (prescribed minimum insurance period) in both Member States was 15 years. In that case you are entitled to a pension from each of these States which is calculated as follows: country A and country B each calculate the pension to which you would have been entitled had you been insured there during the whole of your insurance history, i.e. for 15 years. Once these amounts have been determined, you will receive a fraction of those amounts in proportion to the periods during which you were actually insured in each of the two countries.

In the above example:

- Country A would pay you a pension amounting to 5/15th of the pension that you would have been entitled to if you had been insured there for 15 years;
- Country B would pay you a pension amounting to

10/15th of the pension that you would have been entitled to if you had been insured there for 15 years.

If, however, in either or both of these countries the qualifying condition is fulfilled without having to take into account insurance periods completed in the other country, each of the countries in which the conditions is thus satisfied will calculate, in accordance with its own legislation, the pension due to you for the insurance periods you have completed in the country concerned. This amount will be paid to you if it is greater than the fraction calculated above.

The sum of the pensions may not be less than any minimum pension fixed by the legislation of the country where you are resident provided that you are entitled to a pension from that country.

C. Invalidity pensions and invalidity allowances

What was said at B. above applies generally to invalidity pensions. However, if you have been insured only in countries whose legislation provides that the amount of invalidity pension is not linked to the length of insurance—Belgium, France (except for the invalidity scheme for miners), Ireland, the Netherlands and the United Kingdom—you will receive one pension only; as a rule, that will be the pension of the Member State where you were last insured.

D. Accidents at work and occupational diseases

As with sickness benefit, you may receive benefit for accidents at work in cash and kind whilst staying or residing in a Member State other than the one where the institution responsible for paying benefit for that accident is situated.

Special rules exist for the granting of pensions payable for cases where an occupational disease has been contracted as a result of employment in several Member States.

Special rules also exist for cases where there has been an aggravation of an occupational disease.

E. Unemployment benefit

By taking into account periods during which you have been insured or employed in another Member State, the Community Regulations may enable you to receive unemployment benefit in a Member State where you have only worked very briefly.

You may also continue to receive unemployment benefit on certain conditions when you are leaving the Member State where you became unemployed to look for work in another Member State (see Part II).

Special rules exist for the case where during your last employment you were resident in a Member State other than that in which you were insured.

F. Family allowances

In general family allowances will be payable in respect of your children even if they are being brought up in a Member State other than the one where you are working.

Part II

Social security in France

1. General introduction

1. Principle

If you are working in France you are, in the same way as every French worker, entitled to French social security benefits.

The members of your family who are also living in France are entitled to the same benefits as members of a French worker's family.

2. Organization

The French general social security scheme for persons employed in industry and trade comprises the following branches:

- (a) sickness, maternity and invalidity insurance;
- (b) death insurance;
- (c) insurance for invalidity, old age and survivors (pensions);
- (d) insurance for accidents at work and occupational diseases;
- (e) family benefits;
- (f) French legislation also provides for unemployment benefits.

There are also other schemes, in particular for persons employed in agriculture, mining, etc. In these schemes the benefits, the conditions to acquire them and the formalities to be completed are in some cases different. If you are

working in one of these industries, apply to the 'caisse' (fund) concerned for information.

3. *How to join the social security scheme*

As soon as you take up employment in France your employer must complete the necessary action to ensure that you are covered by the social security scheme.

The social security authority will issue you with a registration card. You should keep it carefully because every time you apply for benefits you have to quote the number on the card.

4. *Contributions*

You have to pay a social security contribution of a percentage of your earnings. Your employer deducts this contribution from your earnings and pays it to the authority which collects the contributions.

5. *What to do if you do not agree with a decision taken by an institution?*

If you do not agree with a decision taken by your fund you may appeal in the following order to the following institutions :

- to the commission for free appeals (*Commission de recours gracieux*) of your caisse (fund) within two months of being notified of the decision with which you disagree;
- if the caisse does not inform you of its decision within a month, your appeal has been dismissed, and if you wish to continue the case you should bring it before the commission of first instance (*Commission de pre-*

mière instance) within two months. If you do not appeal within that period the decision is affirmed;

- to the court of appeal (*Cour d'appel*) of the area where the Commission de première instance against whose decision you are appealing is located within two months of being notified of the commission's decision;
- to the high court of appeal (*Cour de Cassation*) within two months of being notified of the decision against which you are appealing.

2. Sickness, maternity and invalidity insurance

A. Sickness insurance

Sickness insurance consists of:

- health benefits;
- a daily cash allowance during incapacity for work.

1. *Who are insured?*

- (a) All employed and unemployed persons and pensioners, and their dependants are entitled to medical treatment.
- (b) All employed and unemployed persons are entitled to daily allowances.

2. *What are the conditions to qualify for health benefits and daily allowances?*

- (a) For health benefits:

You should have worked:

- for 200 hours during the calendar quarter or during the last three months before receiving benefits;
- or for 120 hours during the calendar month or during the month before receiving benefits.

- (b) For the daily allowances:

You should have worked:

- for 200 hours during the calendar quarter or during the

three-month period before ceasing work if incapacity for work lasts for less than 6 months;

- for 800 hours during the four calendar quarters or during the twelve months—of which 200 hours must have been worked during the initial three-month period—before you cease working if you do so for more than 6 months.

You should also have been registered for at least 12 months on the first day of the month during which you cease working. Certain periods during which you did not work are treated as periods worked (e.g. paid leave, unemployment through no fault of your own, sick leave, etc.).

Periods during which you worked (or paid contributions) in another Member State are, if necessary, taken into account. For this purpose Form E 104, which is issued to you on application by the sickness insurance institution of the country you are leaving even before you set out for France, should be handed in to your French sickness fund.

You should where appropriate undergo all medical checks.

3. Refund of health benefits

You are entitled to the refund of the costs of the following health benefits if you or members of your family are receiving treatment:

- general and specialist medical services
- dental treatment, including dentures
- pharmaceutical products and appliances, and laboratory analyses and tests
- hospital treatment and treatment in spa centres, including transport there

- surgery
- vocational rehabilitation (not for members of the family).

4. Medical and dental treatment

You may directly go to a doctor or other practitioner of your choice.

If you go for treatment to a doctor or other practitioner who has not agreed to charge the official fees, you will have to pay the excess fees yourself.

Your insurance authority has a list of practitioners who provide treatment at the official rate.

You have to pay the fees. You will be given a sickness document (*feuille de soins*) which you should present to your fund. You are advised to do this as soon as possible because after two years you can no longer obtain a refund.

For certain special services, such as the provision of prostheses, you must first get approval from your insurance fund.

5. Pharmaceutical products

In order to obtain refunds on these products you should transfer the label from the package to the sickness document given to you by your doctor.

6. Hospital treatment

You may enter any hospital of your choice, but if it is a recognized private hospital not bound by the official rates, you have to pay an advance on all fees.

Your insurance fund can provide you with more detailed information.

7. Supporting documents you have to provide to obtain a refund for health benefits

You should present to your insurance fund:

- the prescription and the sickness document given to you by your doctor ;
- the annual certification (*attestation annuelle*) issued by the undertaking where you work;
- where appropriate, the certification of unemployment issued by the local department of the *Agence nationale pour l'emploi* (ALE—national employment service).

8. Daily allowance

As a rule, the daily allowance is equal to half your average daily earnings during the month before you apply for the allowance.

The daily allowance may be increased if you have dependants or reduced if you go into hospital.

Allowances are not payable for the first three days during which you are off work.

In the case of certain protracted illnesses you may receive daily allowances for up to three years.

9. What supporting documents do you have to produce to obtain the daily allowance?

When you cease work you should inform your employer and your insurance authority within 48 hours by presenting a note of cessation of work (*avis d'arrêt de travail*) issued by your doctor.

If the period during which you are incapable of work is

prolonged, an '*Avis de prolongation d'arrêt de travail*' (which is also issued by your doctor, should be presented to your insurance fund within the same period of 48 hours.

A statement from your employer certifying that you have ceased work and setting out your earnings before you ceased work should be presented to your insurance fund so that your daily allowance can be calculated.

B. Maternity insurance

Like sickness insurance, maternity insurance consists of:

- health benefits;
- a daily cash allowance during incapacity for work caused by maternity.

1. Who are insured?

- (a) All women who are working, unemployed or receiving a pension, including the dependent wives or daughters of insured persons, are entitled to medical treatment.
- (b) All employed and unemployed women are entitled to daily allowances.

2. What are the conditions to qualify for health benefits and daily allowances?

You (or the person who enables you to receive these benefits) should have been registered for at least 10 months before the expected date of confinement.

You should produce evidence that

- you have worked at least 200 hours during the calendar quarter or during the three months before the beginning of pregnancy,
- you have worked at least 120 hours during the calendar month or during the month before the beginning of pregnancy.

Periods during which you worked (or paid contributions) in another Member State are, if necessary, taken into account. In that case you should submit Form E 104, which is issued to you on application by the sickness insurance institution of the country you are leaving even before you set out for France, to your French sickness fund.

Certain periods during which you did not work (e.g. paid leave, unemployment through no fault of your own, sick leave, etc.) are treated as periods worked.

You should where appropriate undergo all medical checks.

3. Health benefits:

You are entitled to:

- prenatal and postnatal examinations;
- a maternity belt;
- a preparatory course on painless birth;
- the cost of confinement;
- regular medical examinations of the child.

All of this treatment is free of charge.

4. Daily allowances

Your daily allowances are calculated on the basis of a basic wage or salary. In most cases they are based on your gross earnings during the last month before you ceased work.

The daily allowance amounts to 90% of your average daily earnings over that period.

The daily allowance is paid as follows over a period of 14 weeks:

- for 6 weeks before the birth and
- for 8 weeks after the birth.

For all formalities and documents required apply to your sickness insurance fund and your family allowances fund.

C. Invalidity insurance

The purpose of invalidity insurance is to grant you a pension to compensate for your reduced capacity for work and thus for your reduced earnings.

It also entitles you to a refund of the cost of treatment which you or your dependants may require.

The pension is always awarded on a temporary basis.

1. Who are insured?

Only insured persons may be awarded an invalidity pension.

2. Conditions you have to fulfil to qualify for invalidity insurance

- (a) Your capacity for work or your earnings must have been reduced by two-thirds.
- (b) You must be aged under 60.
- (c) You must have been registered for at least 12 months on the first day of the month during which
 - you contracted the illness which was followed by invalidity or
 - your doctor confirms that invalidity is due to premature senility.
- (d) You should provide evidence that you have worked at least 800 hours during the four calendar quarters or during the twelve months before

- you contracted the illness which was followed by invalidity, or
- your doctor confirmed that invalidity was due to premature senility,

200 hours should have been worked during the first three-month period;

- or that during an equivalent period you have been in a situation which can be treated as employment (illness, unemployment, etc.).

Periods during which you worked, or paid contributions in another Member State are, if necessary, taken into account. In such a case you should submit *Form E 104* to your insurance authority.

You should where appropriate undergo all medical checks.

- (e) Your state of health should have been medically confirmed.

3. *The invalidity pension*

The amount of the pension depends on your remaining capacity for work.

If you can take up gainful employment your pension will, subject to a maximum, amount to 30% of your previous earnings.

If you are unable to pursue any trade, profession or vocation your pension will, subject to a maximum, amount to 50% of your previous earnings.

If you need someone to look after you, your pension will be increased.

The pension may be reduced if you need hospital treatment; it may be revised, suspended or stopped for medical reasons,

or suspended or reduced if you take up a professional or trade activity from which you derive earnings.

When you reach the age of 60, this pension is converted into an old-age pension due to incapacity for work (*pension de substitution*).

If you have been insured in two or more Member States, the amount of your pension is determined in accordance with the rules laid down in Part I, section 4 C, of this Guide.

If you were at any time insured in Denmark, Germany, Italy or Luxembourg you are also entitled to the invalidity pensions of those countries. In such cases the amount of your pension is calculated as set out in Part I, section 4B, of this Guide.

If you had at any time been insured in Belgium, Ireland, the Netherlands or the United Kingdom you will normally receive only the French pension.

4. Health benefits

If you are receiving an invalidity pension you and members of your family are entitled to health benefits under the sickness insurance and maternity insurance schemes.

In your own case the refund amounts to 100% of the official fees.

D. Provision of benefits in another Member State

1. Dependent members of your family who reside in a Member State other than France

are entitled to health benefits provided by the sickness fund of the Member State in which they reside as if you were insured there.

You should apply to your fund for Form E 109 in duplicate and send it to the members of your family. They are told on page 3 of the form to which institution they should submit it.

See Guide No 5 for further information.

2. If you are going temporarily to your country of origin or to another Member State

If you are staying in another Member State, for example if you are going there on holiday or to visit your family, you should apply to your sickness fund for Form E 111 before you leave. This form entitles you to benefits in kind in the country where you are staying. If you or a member of your family accompanying you needs treatment, you should submit the form to the sickness insurance institution of the country where you are staying, following the instructions on the back of the form.

You do not need this form to obtain medical treatment during a stay in the United Kingdom.

To obtain the daily allowance you should inform your employer in France and declare your illness to the sickness insurance institution of the place where you are staying.

■ For further details on your rights while staying in a Member State see Guide No 2

3. If you fall ill in France and you wish to return to the country you came from or go to live in another Member State

You can retain the right to daily allowances and benefits in kind only if your sickness fund allows you to leave France. You should therefore first ask your fund, which will give you Form E 112, for permission. The form should be submitted to the sickness insurance institution of the place you are going to in accordance with the instructions on the back of the form.

4. If you are leaving France for good

You are entitled to daily allowances under certain conditions, which your sickness fund will explain.

5. If you are unemployed and are seeking work in another Member State

In order to be entitled to sickness insurance benefits (in cash and kind for yourself and in kind for members of your family accompanying you) in the country where you are seeking work you should, before your departure, apply to your sickness fund for Form E 119.

If you or a member of your family require(s) treatment you should submit the form, together with Form E 303, to the sickness insurance institution of the country where you are

looking for work. You will find the name of the institution on page 3 of E 119.

In order to obtain the daily allowance if you yourself fall ill, you should give the name and address of your sickness fund in France to the sickness fund of the country you are in.

As long as you are incapable of working you should undergo the medical checks carried out by the sickness insurance institution of the place where you are staying.

If you are entitled to daily allowances, they are sent to you by your French sickness fund.

3. Death insurance

Death insurance provides for a lump sum payment (death grant) to the dependants of an insured person on his death.

1. Who are entitled to this death grant?

The death grant is paid in the following order of priority to:

- the spouse unless divorced or separated
- the descendants
- the ascendants
- another person

on condition that on the day the insured person died they were completely dependent on him/her.

The death grant should be claimed within a month of the death of the insured person.

If none of the abovementioned persons applies before this time limit the death grant is paid in the following order of priority to:

- the spouse unless divorced or separated
- the descendants
- the ascendants

even if they were not dependent on the insured person at the time he/she died.

2. What are the conditions for receiving the death grant?

In order to receive the death grant you should produce evidence that the insured person had been employed or had been treated as such:

- for at least 200 hours during the calendar quarter or during the three months before he died;
- or for at least 120 hours during the calendar month or during the month before he died.

Periods of work (or contribution periods) completed in another Member State are, if necessary, taken into account. You should submit Form E 104 to your sickness fund.

Certain periods during which he had not worked are treated as periods worked (e.g. paid leave, unemployment through no fault of his own, sick leave, etc.).

3. What documents are required?

A claim form for a death grant which can be obtained from your sickness fund.

This form should be accompanied by:

- a death certificate;
- a certified statement of the wage or salary last earned by the insured person;
- a '*fiche familiale d'état civil*' (family certificate of the Registry of births, deaths and marriages) and a certified statement of nationality;
- evidence that at the time of death you were totally dependent on the insured person.

4. Amount of the death grant

The death grant amounts to 90 times the basic daily wage or salary, determined in the same way as the daily allowance.

- For any additional information apply to your sickness insurance fund.

4. Old age insurance

1. What benefits are provided?

The old age insurance branch of the general insurance scheme can provide two kinds of benefits:

- a contributory benefit earned by actual insurance;
- non-contributory benefits: this is an assistance allowance which is subject to a means test.

(a) The old age pension

is calculated and awarded on the basis of

- average annual basic earnings during the ten years during which you earned most;
- the length of time during which you were insured, on the basis of a maximum of 150 quarters;
- the age, from 60 onwards, at which you apply for a pension.

The full pension is acquired after you have been insured or treated as such for a maximum of 150 quarters (37 1/2 years).

What is the amount of the pension?

That depends on when it is awarded:

- at the age of 60 it is equal to 25% of your average earnings;

- over the age of 60 it is increased by 5% for each year;
- at the age of 65, it amounts to 50% of your average earnings.

(b) The proportional pension

This pension can be awarded after you have been insured for three months.

The minimum full pension is awarded after you have been insured for 60 quarters (15 years).

For less than 15 years' insurance you receive 1/60th of the minimum pension for each quarter you have been insured.

If you have been insured for less than 150 but more than 60 quarters you receive 1/150th of the pension for each quarter you have been insured.

(c) Pension increases

- Increase for children: your pension is increased by 10% if you have had at least three children.
- Increase for a dependent spouse: if the spouse reaches the age of 65 (60 if incapable of work) and if he/she does not receive any social security benefits.
- Increase for constant attendance: the old-age pension is increased by a flat-rate amount which is revised twice a year.

(d) Survivors' pensions

- Pension for a disabled spouse is a survivor's pension awarded to a spouse who is an invalid when an insured person who was receiving an old-age or invalidity pension dies.

The surviving spouse should be incapable of working, should not have remarried and should be aged under 60.

When the surviving spouse reaches the age of 60, the invalidity pension is converted into an old-age pension, the amount of which is the same.

As a rule, this pension amounts to half the pension of the deceased spouse but may not be less than the allowance for elderly employed persons (see section e below).

— Reversionary pension (*pension de réversion*)

Under the law of 3 January 1975 you may, from the age of 55, obtain a reversionary pension if you had married your spouse at least two years before his/her death.

Your income should be less than the annual amount of the 'salaire minimum interprofessionnel de croissance' (SMIC—guaranteed minimum wage of growth) at the time you submit your application, or, failing this, at the time your spouse dies.

The reversionary pension is allowed to overlap with old-age benefits up to:

- either half the total, or
- not exceeding the total of the basic allowance plus the total '*Fonds national de solidarité*' (see section e below) allowance.

(e) Non-contributory old-age benefits

These are of several kinds:

- allowance for elderly employed persons (*allocation aux vieux travailleurs salariés*—AVTS)

- allowance for mothers (*allocation aux mères de famille*)
- life annuity (*secours viager*)
- supplementary allowance provided by the *Fonds National de Solidarité* (National Solidarity Fund).

These three allowances are awarded subject to the following common conditions:

- Age: 65 years (60 if incapable of work). The life annuity may, however, be awarded from the age of 55 onwards.
- Residence: On French territory at the time of application.
- Wage-earner: Only periods during which you worked as an employed person or were treated as such in the European department of France or in the French overseas departments (Guadeloupe, Guyane, Martinique and Réunion) can be taken into account to acquire the right to the AVTS.

The supplementary allowance provided by the national solidarity fund (*Fonds national de solidarité*) is intended to supplement the various old-age benefits if your means are insufficient. The amount of this allowance is fixed on 1 April of each year, and it is paid by the body which provides the old-age benefit. Amounts paid to the pensioner may be recovered from his heirs if his assets exceed a certain amount.

2. Where to apply for benefits

(a) If you reside in France

Applications for an old-age pension or a pension for elderly employed person (AVTS), an allowance for mothers, a

survivors' pension, a reversionary pension or a life annuity should be made to:

- in Paris and the Paris area: *Caisse nationale d'assurance-vieillesse des travailleurs salariés* (national old-age insurance fund for employed persons);
- in the rest of the country: *Services 'vieillesse'* (old-age sections) of the *Caisses régionales d'assurance-maladie* (regional sickness insurance funds);
- in Strasbourg: *Caisse régionale d'assurance-vieillesse de Strasbourg* (Strasbourg regional old-age insurance fund).

You should receive an acknowledgement of your application.

(b) If you reside in another Member State

If you reside in another Member State you may submit your application to the pension insurance institution of the country where you are residing.

3. Secondary rights

If you are receiving an old-age pension or allowance you are entitled to sickness insurance benefits (benefits in kind) for yourself and for members of your family.

These benefits are provided by the local sickness insurance fund of your place of residence on presentation of your pension voucher or of proof of payment.

4. Calculation of your pension if you had been insured in two or more Member States

In such cases your pension is determined in accordance

with the rules laid down in Part I, section 4 B of this Guide.

5. Pension Increases

Since 1 January 1974 old-age pensions have been reviewed on 1 January and 1 July of each year.

5. Family benefits

1. Benefits provided under French legislation:

- family allowances,
- prenatal allowances,
- postnatal allowances,
- maternity leave,
- single-wage allowance,
- child-minding allowance,
- housing allowance,
- removal grant,
- beginning of the school year allowance,
- special schooling allowance,
- orphan's allowance.

2. Conditions for the award of benefits

You are entitled to French family benefits:

- if you are pursuing a professional or trade activity in France or if you can prove that you are not in a position to pursue such an activity, e.g. because of incapacity for work or because of unemployment. (If you are an employed person, you fulfil this condition if you work at least 18 days or 120 hours per month.

Where necessary, periods during which you were employed in another Member State or periods treated as such are taken into account on presentation of Form E 405, which is issued to you by the institution with which you were formerly insured. If you do not have this form, the *Caisse d'allocations familiales* (family allowances fund) will apply for one for you.)

- if you and your family reside in France.
- if at least one child is fully dependent on and maintained by you.

3. Who are entitled to benefit?

(a) Age conditions

Family benefits are awarded to all children (except the eldest) on condition that between the ages of 6 and 16 they regularly attend school.

In the following cases benefits are provided beyond the age of 16:

- Up to the age of 16 1/2 for children who are still dependent on their parents and who do not yet pursue a professional or trade activity.
- Up to the age of 17 for children who are looking for their first job and who are registered as looking for work.
- Up to the age of 18 for children who are apprentices.
- Up to the age of 20 for children who are continuing their studies, who are suffering from a handicap or a chronic illness, or girls who are helping to run the household and to bring up at least two children aged under 14.

Increased allowances are payable for children aged over 10 and over 15.

(b) Residence conditions

The children must reside in France.

For further information on the conditions laid down for each of the benefits apply to the family allowances fund (*Caisse d'allocations familiales*).

4. What to do to claim benefit

- (a) If your family resides in France, you should submit your application to the family allowances fund of the place where your family is residing.

For the forms required for each of the benefits listed above, see the guide for beneficiaries published by the family allowances fund or the brochure '*Votre caisse et vous*' published by the *Mutualité Sociale Agricole* (social mutual benefit fund for farmers).

- (b) If your family resides in another Member State, you are entitled to the family allowances provided under the legislation of the country where your family is residing.

The institution of the place where your family is residing provides the family allowances.

You should submit your application to your family allowances fund on Form E 406.

You should also apply for Form E 407 from your family allowances fund and send it to your family so that they can submit it to the institution of the place where they are residing. If your family resides in Ireland or in the United Kingdom, Form E 407 is not required.

5. Prenatal allowances

These allowances are payable to all pregnant women regardless of whether or not they are pursuing a professional or trade activity, on condition that

- within the first three months of pregnancy, they inform the local sickness insurance body that they are pregnant,
- they undergo three medical examinations during pregnancy,
- they submit certificates that they have undergone the examinations to the family allowances fund within the time limits laid down.

The Caisse then issues a special booklet for expectant mothers (*Carnet de maternité*) which contains all the information on the steps to be taken during pregnancy.

The allowances are paid in three stages: 2/9 of the allowances are paid during the third month, 4/9 are paid during the sixth month, and the remaining 1/3 is paid during the eighth month.

6. Postnatal allowances (formerly 'maternity allowances')

These allowances are awarded on condition that the mother resides in France and undergoes the preventive medical examinations at the times laid down.

They are paid in three instalments: eight days, nine months and 24 months after the baby is born.

6. Unemployment insurance

1. What you should do if you become unemployed

If you are working in France and you become unemployed, you should immediately register as looking for work at the local office of the national employment service (*Agence nationale pour l'emploi—ALE*) or, if there is no office nearby, at the unemployment exchange (*Bureau de main d'œuvre*) or the local town hall in order to obtain unemployment benefits under the French scheme and to retain the right to social security benefits and family allowances.

If you fulfil the conditions laid down you may receive two kinds of allowances: the public assistance allowance (*allocation d'aide publique*) and the unemployment allowance (*allocation d'assurance chômage*).

When you register for work, ask for information on how to receive these allowances. They may overlap or be awarded independently of each other as the conditions for awarding them differ.

2. What conditions do you have to fulfil to be entitled to unemployment allowances?

To receive these allowances you should fulfil the following conditions:

- you must have become unemployed through no fault of your own;

- you must have registered for work and you must undergo the checks laid down;
- you should be aged under 65 and be fit for work;
- you should produce evidence of having pursued a professional or trade activity for various periods depending on the benefit applied for; where necessary periods of work completed in another Member State are taken into account if you submit Form E 301 issued by the unemployment insurance institution of the country where you last worked;
- your means should not exceed a certain amount after the fourth consecutive month during which you receive benefits.

3. Amount of benefits and length of period during which they are provided

(a) Public assistance allowance

The public assistance allowance is a lump sum which is fixed for all employed persons and which depends on their age and on the length of time they have been unemployed.

If an unemployed person dies while entitled to receive benefits, his widow receives a lump sum equal to 120 times the daily allowance her husband used to receive.

(b) ASSEDIC (association for employment in industry and trade) unemployment insurance allowances

The amount of these allowances depends on your earnings. The period during which you receive these allowances depends on your age.

In addition to these allowances, a means-tested supplement

may be awarded if you are aged over 60 and if you fulfil certain conditions.

Your ASSEDIC fund will provide you with any further information you may require.

4. Partial unemployment

You may be awarded an allowance if the work of the firm employing you is reduced or suspended because of a shortage of outlets, supply difficulties, an accident or bad weather.

If you are employed in the building trade or in public works you can receive specific benefits if you become unemployed because bad weather stops work on the building site. These allowances are paid by your employer.

5. If you have come from another Member State to look for work in France

If you are receiving unemployment benefit in another Member State and you have been given permission to come to France to seek work, you should register for work with the ALE within 7 days of entering France if you wish to continue to receive those allowances. You should submit Form E 303.

6. Provision of benefits if you are unemployed and you are going to another Member State to look for work

If you are receiving unemployment allowances in France you retain that right if you are going to another or to several Member State(s) to look for work, on condition that when you leave you have been registered for work for at least four weeks in France.

Before you leave you should obtain Form E 303 from the ALE (national employment service).

As soon as you arrive in the country in which you intend to seek work you should register with the employment service there. Point 3 of Form E 303 tells you the latest date by which you should register if you wish to receive unemployment allowances from the time you ceased to be registered as looking for work in France.

While you are looking for work in another Member State you should undergo the same checks as the unemployed persons of that country. You should inform the institution to which you submitted Form E 303 of any change in your situation which may affect your right to unemployment allowances.

The unemployment allowances are paid by the institution of the country where you are looking for work.

You retain the right to French unemployment allowances for at most three months as long as you do not exceed the period during which benefits are provided under French legislation. If you do not return to France within three months you lose any right to benefits you may still have in France.

7. Accidents at work and occupational diseases

If you are working as an employed person, French Social Security guarantees that you will receive benefits for:

- accidents at work which occurred while you were working or as a result of your work;
- accidents while travelling to and from work;
- illnesses, contracted while working, which are included in the list of occupational diseases.

1. What you should do in the case of an accident

You should immediately tell your employer or ensure that he is told of your accident and give him the name(s) and address(es) of persons who witnessed the accident.

2. What benefits are you entitled to?

(a) Health benefits

On presentation of the form which has to be completed by your employer following an accident (*feuille d'accident de travail*), you may receive the following free of charge:

- medical treatment;
- medicines;
- hospitalization;
- appliances.

In certain circumstances you may follow a vocational adaptation and retraining course.

(b) Daily allowances

You are entitled to daily allowances if

- the accident or the occupational disease results in your ceasing work on medical grounds;
- you have actually ceased working.

These daily allowances are equal to

- half your daily earnings for the initial 28 days;
- two-thirds of those earnings from the 29th day onwards.

In the case of a relapse, the *feuille d'accident* is issued by the sickness fund, not by your employer.

(c) Permanent incapacity pension

If as a result of your accident you are partially or totally incapable of working, you are entitled to a pension.

The level of the pension depends on

- your earnings during the twelve months before you ceased work;
- the degree of your permanent incapacity.

If incapacity for work exceeds 66% and you or members of your family fall ill, you will be granted a 100% refund of the tariff laid down by law.

(d) Pension in the case of death

Pensions are paid by the fund to the spouse, the children and under certain conditions the parents of the deceased.

These pensions are equal to a fraction of the annual earnings of the dead insured person:

- 30% (50% in certain cases) for the spouse;
- 15% for a child, 30% for two children;
- 10% for each additional child.

The total pension awarded may not exceed 85% of the deceased worker's annual earnings.

(e) Occupational diseases

Not all illness contracted as a result of work are recognized as 'occupational diseases' by the French social security institutions. Allowances as for accidents at work are payable only for occupational diseases laid down by French legislation.

If you are suffering from one of these illnesses you should declare it to the fund within a fortnight of ceasing work.

Your declaration should be accompanied by two copies of the medical certificate issued by your doctor. After a medical examination, the fund will let you know its verdict.

The free treatment, allowances and the formalities required are the same as for accidents at work.

3. Stay in, return to or transfer of residence to another Member State

(a) Health benefits

See paragraph D, pages 33 and 34, with the only difference that you will be issued with Form E 123 instead of Form E 112.

(b) Daily allowances

Your French fund will pay them to you in the country where you are staying by international money order.

Useful addresses

Doctor

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Dentist

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Chemist

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Other addresses

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Social Security guides for nationals of the Member States of the European Communities moving from one Member State to another

● **Guide No. 1 — General guide**

This guide sets out the rights and obligations with regard to social security of employed persons going to work in a Member State of the European Communities.

There are nine separate booklets, each containing information concerning one Member State.

● **Guide No. 2 — Temporary stay**

This guide gives information for persons going to a Member State of the European Communities to stay there for a short period (holidays, family visits, business trips).

● **Guide No. 3 — Workers posted abroad or employed in more than one Member State**

This guide is intended for posted workers, international transport workers and other workers regularly employed in more than one Member State (e.g. commercial travellers).

● **Guide No. 4 — Pensioners**

This guide is designed for pensioners who were formerly employed persons and for pension claimants, who reside or stay temporarily in a Member State of the European Communities.

● **Guide No. 5 — Members of the family**

This guide is intended for members of a worker's family who reside in another Member State of the European Communities than the worker.