

- 1) Download the form from Internet. <https://www.complementaire-sante-solidaire.gouv.fr/mes-demarches> You will find this link in Google if you search C2S France.
- 2) Follow as instructed in the CSS visual guide.
- 3) Modify the pre-written letter in form of Word document "NoTaxDeclarationLetter.docx" to your details
- 4) Go to your nearest CPAM office. (Part-Dieu/Villeurbanne) and submit these.
- 5) CPAM office can provide an envelope if required. I can't guarantee if they do it everytime though.
- 6) Voila. You've done your job. 😊

Application for Complementary Health

Solidarity (CIS) (articles L.861-1 et seq., articles R.861-2 et seq. of the Social Security Code)

Please fill out this form in black, in capital letters and with accents. For more information, please refer to the instructions.

▶ THE COMPOSITION OF YOUR HOUSEHOLD

• Yourself

Your first and last name:

(last name (patronymic) followed by your usual name (optional and if applicable))

Your social security number (if you have one):

Your CAF file number (family allowances, if you have one): **No problem if you don't have it. Optional**

Your date of birth:

Your nationality: French ☐ European* ☐ other ☐

Your address:

Code Postal : Municipality:

If you do not have a personal address, name and address of the organization with which you have elected domicile

(For example: a Community Social Action Center, an approved association):

Code Postal : Municipality:

• Has your family situation changed in the last 12 months?

Yes ☐ **non** ☒

If yes, you are: single ☐ married - cohabiting - civil partnership ☐ separated - divorced ☐ widower or widower ☐

• Your spouse, your common-law partner or your civil partnership partner

His first and last name:

(surname (birth) followed by common name (optional and if applicable))

Their social security number (if they have one):

Her CAF file number (family allowances, yes she has one):

His date of birth:

His nationality: French ☐ European* ☐ other ☐

For most people (except for the 4 options), these sections will not be applicable. Tick "No" at the green circle indicated.

* Germany, Austria, Belgium, Bulgaria, Cyprus, Croatia, Denmark, Spain, Estonia, Finland, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Netherlands, Poland, Portugal, Czech Republic, Slovak Republic, Romania, Slovenia, Sweden and Switzerland.

• Other persons under 25 years of age in your actual and continuous care (including beneficiaries of the young RSA)

First and last name	Nationality (1)	Link of relationship	Joint custody (2)	Date of birth	Social security number
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

(1) Provide information as follows: "FRA" if you are of French nationality, "EEA" if you belong to one of the countries on the list of European countries, "AUT" if you are not in one or other of these situations.

(2) Check the box if this is a child considered to be in joint custody for tax purposes.

▶ YOU AND THE PEOPLE IN YOUR HOUSEHOLD RECEIVING AID

First and last name	Asked RSA	Already benefits from RSA	Benefits from IAAH (1)	Benefits from ASPA (2) or ASV (3)	Benefits from ASI (4)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) Allowance for disabled adults (2) Solidarity allowance for the elderly

(3) Additional old age allowance (4) Additional disability allowance

▶ YOUR HOME RESOURCES

Do not take into account this page relating to resources if you are a beneficiary of ASI or ASPA (unless you or your spouse, common-law partner or PACS partner have worked in the last 3 months), or if you are a recipient of RSA.

Enter start date as when you arrived in France

Specify this period of twelve months:

of month year
At month year

Eg: 09/2024 and 08/2025

Indicate the amount accumulated during the 12 calendar month period preceding the penultimate month of the application (indicate

"Y" in the absence of resources) (if the number of columns is not sufficient, complete your declaration on plain paper)

	YOU	Your spouse, common-law partner or civil partnership partner	Child or dependent under 25 years of age	Child or dependent under 25 years of age
	Most of you will fill this section only		Name: <input type="text"/> First name: <input type="text"/>	Name: <input type="text"/> First name: <input type="text"/>
① Non-salaried agricultural professional income or non-agricultural at the start of activity - turnover excluding tax for the last four calendar quarters preceding the request: - sale of goods and provision of accommodation - commercial and artisanal services - liberal activities - agricultural activities - For company managers: - remuneration or profit share	<input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> €	<input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> €	<input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> €	<input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> € <input type="text"/> €
② Various remunerations: Non-taxable exceptional compensation	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
③ Currently: - Have you been on sick leave for more than 6 months? Are you receiving unemployment benefits (total or partial)? Do you receive the solidarity allowance? specific? - Do you receive any internship remuneration? professional training?	Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/> Yes <input type="checkbox"/> non <input type="checkbox"/>
④ Do you perceive or have you perceived any daily allowances, a disability pension, an accident benefit work/road/occupational disease?	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>
⑤ Do you receive family benefits or housing assistance? This refers to CAF	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>
⑥ Alimony(ies) received Enter monthly CAF amount	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
✓ Do you own your home? or accommodated for free?	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>	Yes <input type="checkbox"/> non <input type="checkbox"/>
⑧ Invested resources that have not generated income (for example: life insurance)	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
⑨ Other resources (donations, gaming winnings, etc.) specify the nature:	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €

☞ Please provide us with the following supporting document(s) (You must present the originals or legible photocopies) :

We reserve the right to get back to you if this information proves insufficient for the processing of your file.

Your situation	Supporting document(s) to be provided
Your household and its resources (for all members of the household)	- Tax notice or tax reporting status notice (ASDIR) - Property tax notice, local housing tax notice
if you resided abroad during the reference period	Proof of tax and social security situation from the country(ies) concerned

- To benefit from the C2S you must choose the organization that will be your contact.

You can choose, for you and the members of your household, either your health insurance fund or one of the organizations (mutual insurance companies, provident institutions, insurance companies) appearing in the list of organizations participating in the C2S, which you will find on the website www.complementaire-sante-solidaire.gouv.fr or which you can request from your health insurance fund.

If you choose a mutual insurance company, a provident institution or an insurance company, your health insurance fund will inform it of your choice, if your rights to the C2S are recognized, by sending it the information on pages 3 and 4.

GOOD TO KNOW:

If you benefit from a mandatory company health insurance, you can ask your employer for an exemption from joining this insurance for the duration of your C2S. A letter requesting exemption from this insurance is available on the website www.complementaire-sante-solidaire.gouv.fr

If the members of your household do not choose the same organization as you, photocopy pages 3 and 4 in as many copies as there are different organizations chosen, taking care to complete them. You can also download them from the website www.complementaire-sante-solidaire.gouv.fr

If you choose a complementary organization appearing in the list of organizations authorized to manage the C2S and the following year your resources no longer allow you to benefit from the C2S, this organization will be required to offer to extend your protection for an additional year at a preferential rate

How to choose your C2S organization?

To make your choice, complete the sections below. But be careful, the choices are different depending on your situation.

IMPORTANT: If you do not indicate any choice, your health insurance fund will be designated as your C2S organization. If during a first request, you already have a complementary health plan managed by an organization appearing in the list of organizations participating in the C2S, you must keep it.

LET YOURSELF BE GUIDED:

- Check the boxes according to your situation

If you have a complementary organization, then you have to provide the details of that here as requested.
If not, simply assign CPAM to manage your CSS.

Do you currently have a complementary organization?

Yes ☐ No ☐

Do you currently benefit from the C2S?

No ☐ Yes ☐

Is your organization listed on the website www.complementaire-sante-solidaire.gouv.fr?

Yes ☐ No ☐

Which organization would you like to choose to manage your C2S: your health insurance fund or a complementary organization listed on the website www.complementaire-sante-solidaire.gouv.fr?

Supplementary organization listed ☐ Health insurance fund ☐

Fill in the section below

Fill in the section below

You do not need to fill in sections and page 4

Remember to date and sign page 4

2 Name of the organization managing your C2S: _____

Address: _____

Postal Code : _____ Municipality: _____

Go to sections and page 4, then date and sign

► YOU HAVE CHOSEN A COMPLEMENTARY ORGANIZATION ON THE LIST

3 Household members (including the applicant) who have chosen the same organization: **If you chose Yes in previous page, fill these details. Otherwise skip to the green circle below**

First and last name	Relationship to the applicant	Joint custody (1)	Date of birth	Social security number	Organization code health insurance (2) (if differs from applicant)
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

(1) If your child is considered to be in joint custody for tax purposes, check the corresponding box

(2) Available on the paper certificate that accompanies your Vitale card

• Your contact details:

Indicate below the contact details of one of the members of your household from the list of people in the table who will be the contact person for your complementary organization.

First and last name:
(Last name (birth name) followed by your usual name (optional and if applicable))

Address:

Code Postal : Municipality:

Email address:

Phone:

The information collected is processed by Health Insurance for the benefit of the C2S. The data is kept by Health Insurance for the duration necessary to manage rights to the C2S and for a maximum of 2 years from the closure of rights to the C2S. To find out more, visit the data protection page on the website www.asn.ch or www.msa.ch. In accordance with the provisions relating to the protection of personal data, you can exercise your right to access and rectify data concerning you by sending a written request to the Director or DPO of your affiliated organization. In the event of difficulties in applying the rights set out above, you can also file a complaint with the National Commission

Information Technology and Procedures (ITP)

The authenticity and sincerity of your declarations may be checked for anti-fraud purposes by other social security organizations, Pôle emploi, and funds providing the leave service paid or from the tax administration (articles L114-12 and L114-14 of the Social Security Code) to organizations: banks, insurance companies, telephone operators (articles L114-10 and following of the Social Security Code).

The content of your declarations may also be communicated to authorized personnel of the organizations mentioned in Articles L114-12 and L114-14 of the Social Security Code for the purposes of monitoring the fight against fraud.

Anyone found guilty of fraud or false declaration is liable to financial penalties, fines and imprisonment (articles 313-1 to 313-3, 433-15, 441-1 at seq. of the Penal Code, article L114-17-1 of the Social Security Code). The decision awarding the C2S may also be cancelled. You will then have to reimburse the sums

paid in error. In the event of a marked disproportion between the elements of resources that you declare and your lifestyle, you may be subject to an assessment procedure by your health insurance fund and your right to benefit may be refused or challenged (articles L801-2-1, R801-10-1 to R801-10-7 of the Social Security Code).

► I certify on my honor that I have read all the information contained on this form and that the information given on this declaration is accurate and sincere.

Done at: **"Your Location", Lyon**

THE :

DD/MM/YYYY

Signature of applicant

► If the file is completed by an approved organization, please mention the name and contact details of the organization that completed it.

Stamp of the organization

RIGHTS TO C2S

(To be completed by the health insurance fund)

☐ without financial participation

of At

☐ upon payment of a financial contribution

Stamp of the health insurance fund managing basic health coverage