AFFILIATION TO THE SOCIAL SECURITY SCHEME FOR SEAMEN

enim
le régime social des marins

In order to register to the social security scheme, you must :

- **be identified** as a seaman by the government departments of the sea and be employed on board a vessel flying the French flag, or be French resident and employed on board a vessel flying the flag of a third State, or be a student of maritime studies (initial training),

- or, under certain circumstances, **be in receipt** of an old age or provident benefit for seamen.

You must comply with the following formalities

1 - Fill out this form (RPM337)

This information is required to establish your entitlement to benefits.

2 - Supply the supporting documents according to your circumstances :

○ copy of the « livret de famille » (family record book) ou birth certificate (with filiation and translated into French if you were born outside of the European Union),

○ copy of the current social security entitlement certificate,

○ copy of your own bank details,

○ your dependent's (over 18) bank details or the bank details of a joint account for spouses, civil partners or cohabitants,

○ croof of stable residency : rental receipt, energy bill, landline telephone bill, proof of accommodation... referring to the six month period prior to your application,

○ permanent residency permit or receipt of the residency permit application, or a long-term visa from the French Office of Immigration and Integration (OFII stamp),

○ copy of employment contract or professional training contract if you are salaried,

○ copy of the civil partnership contract (« Pacs »), or cohabitation statutory declaration or copy of the marriage certificate,

○ proof of enrolment or apprenticeship/training for any dependent children over 16,

○ medical certificate of incapacity for any dependent children over 16.

3 - Return your completed form and documentation to :

- **If you are a student of maritime studies (initial training), you must give in** this form dated and signed with the documentary evidence along with the enrolment documentation at the beginning of the fall term.

- **For all other cases**, you must send / hand in the form dated and signed with all required documentary evidence :

✉ **CPM Saint-Malo**
Quai Solidor,
35415 Saint-Malo cedex

@ gesben-cpm1.sdpo@enim.eu

✉ or Direction départementale des territoires et de la mer ou Direction de la mer (office nearest to your place of residence).

APPLICATION FORM FOR AFFILIATION TO SOCIAL SECURITY SCHEME FOR SEAMEN

INSURED PERSON

Personal identity information

Surname (surname at birth followed by preferred surname, if any):

_____

Name(s) : _____

Citizenship : _____

Social Security number : ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐

Enim pension number* : ☐☐☐☐☐☐☐

Seaman identification number*: ☐☐☐☐☐☐☐☐

Additional information regarding the person born outside of France

Country of birth : _____ Province : _____

Name of father : _____

Maiden name at birth : _____

First name of father : _____

First name of mother : _____

Address and contact information

N° : _____ Street : _____

Town/city : _____ Postcode : ☐☐☐☐☐ Country : _____

Email : _____ @ _____ Tel : +☐☐☐☐☐☐☐☐☐☐☐☐

Do you agree to being contacted by email ? : ☐ YES ☐ NO   By phone ? : ☐ YES ☐ NO

Activity

_____

_____

Pension

Do you receive an old age pension or an invalidity pension in your own right? : ☐ YES ☐ NO

If yes, which type of pension(s) ? : _____

Starting from (state start date for each pension) : ☐☐ ☐☐ ☐☐☐☐

Affiliation

Are you a member of a social security scheme other than the scheme for seamen? : ☐ YES ☐ NO

If yes, which one ? : _____

If this is the case, you must contact that organization. In case of refusal, please send us a copy of the notification of rejection letter.

* when appropriate

FAMILY MEMBERS

Spouse, cohabitant, civil partner.

(to be completed according to your family circumstances).

Personal identity information

Surname : _____

Name(s) : _____

Date of birth : ▢▢ ▢▢ ▢▢▢▢

Professional activity

Does he / she currently pursue a professional activity ? : ▢ YES ▢ NO

If yes, what activity ? _____

Since when ? : ▢▢ ▢▢ ▢▢▢▢

Is he / she registered at the Trade Register ? : ▢ YES ▢ NO

If no, what is his or her last activity ? _____

End date : ▢▢ ▢▢ ▢▢▢▢

Is he / she registered with Pôle Emploi (employment office) ? : ▢ YES ▢ NO

Date of registration : ▢▢ ▢▢ ▢▢▢▢

Pension

Does he / she receive an old age pension or an invalidity pension in his / her own right ? : ▢ YES ▢ NO

If yes, which type of pension(s) ? : _____

Date of registration : ▢▢ ▢▢ ▢▢▢▢

Affiliation

Is he/ she a member of a social security scheme other than the scheme for seamen ? : ▢ YES ▢ NO

If yes, which one ? : _____

Since when? : ▢▢ ▢▢ ▢▢▢▢

If this is the case, you must contact that organization. In case of refusal, please send us a copy of the notification of rejection letter.

Do you have dependent children ?

(minor child, child enrolled in school, child with a permanent disability or chronic illness which prevents him or her from working) for which you claim or may claim healthcare reimbursements : ☐ YES ☐ NO

If yes, please complete, for each of them, the following table :

Surname	Names (as in ID)	Date of birth

Do you have other dependent family members ?

(relatives up to the third degree, ascending, descending and collateral, living with you under the conditions provided for in the Social Security Code, article L161-1, 3°) other than your spouse, cohabitant or civil partner, and the children above-listed, for which you claim or may claim healthcare reimbursements :

☐ YES ☐ NO

If yes, please complete, for each of them, the following table :

Surname	Names (as in ID)	Relationship to the insured	Date of birth

I, the undersigned, hereby declare that the above information is true and accurate.

I understand that I have a responsibility to report any subsequent changes in my circumstances.

Place _____ Date _____ Signature of insured person