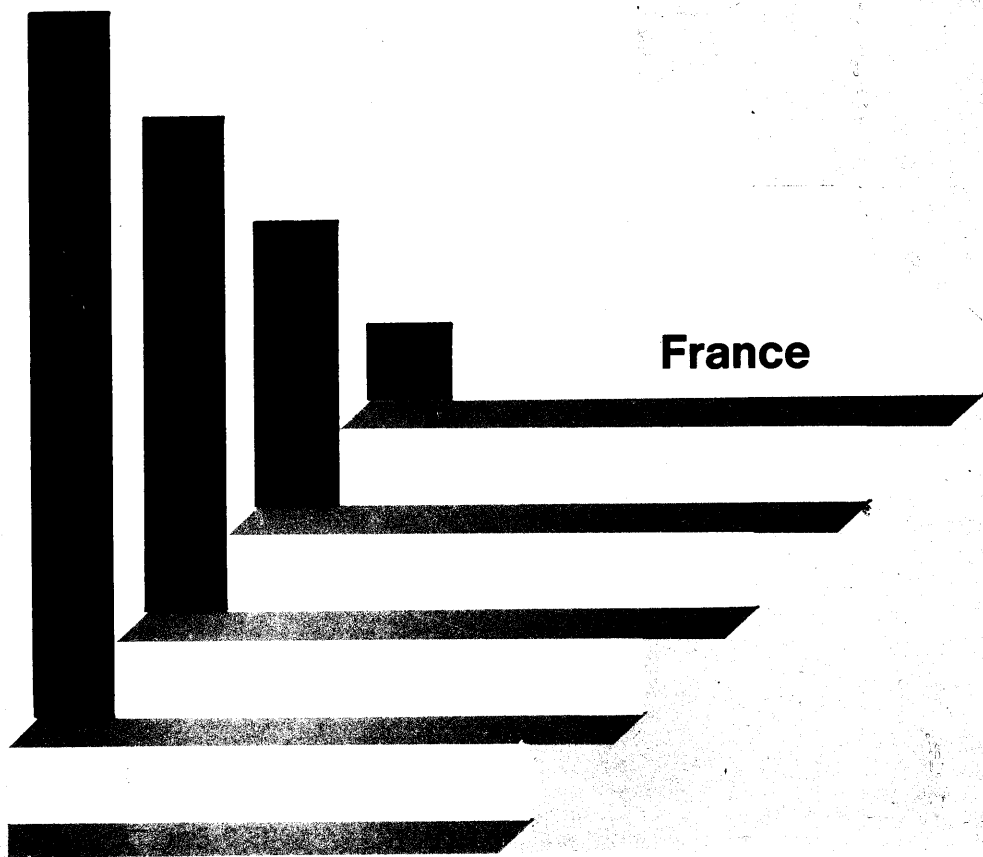


# EUROPEAN COMMUNITIES

## Social security for migrant workers



1/71 A

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

In your own interest  
read this guide carefully

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This guide gives only general guidance.

It must not be treated as a complete and authoritative statement on the law in any particular case.

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## **General introduction**

If you work in France you are entitled to the same social security benefits as French workers.

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.

The aim of this guide is to provide a brief description of the organization and functioning of the French social security system and of the qualifying conditions for benefits provided under French legislation.

It also indicates the formalities to be complied with in order to receive these benefits and, where necessary, the manner in which further information on this matter can be obtained.

Part I of this guide deals with social security for employed persons. If you are self-employed, please see Part II of this guide.

Part I

Employed persons

# **1. Introduction**

## **1.1 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) unemployment benefits.

There are also other schemes, in particular for persons employed in agriculture, mining, etc. In these schemes, the benefits, the conditions and the formalities to be completed differ in some cases from what is stated in this guide. If your occupation is covered by one of these schemes, please apply to the 'caisse' (fund) concerned for further information.

## **1.2 How to join the social security scheme**

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

The social security institution 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.

## **1.3 Contributions**

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

## **1.4 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 insurance fund you may appeal in the following order to the following bodies:

— to the appeals board (Commission de recours gracieux) of your caisse (fund) within two months of being notified of the decision with which you disagree;

— if the fund 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 première instance) within two months. If you do not appeal within that period the decision is binding;

— to the court of appeal (Cour d'appel) in 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 judgment against which you are appealing.

## **2. Sickness, maternity and invalidity insurance**

### **2.1 Sickness insurance**

Sickness insurance comprises:

— medical treatment (soins de santé);

— cash benefit (indemnités journalières) during incapacity for work due to illness.

#### *2.1.1 Who are insured?*

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

(b) All employed persons are entitled to cash benefit as well as unemployed persons who are registered as persons seeking employment and who have been in receipt of unemployment benefit.



### 2.1.2 *Qualifying conditions*

(a) For medical treatment (soins de santé):

You should have worked:

— for 200 hours during the calendar quarter or during the last three months before receiving treatment;

— or for 1200 hours during the calendar year preceding the date on which treatment is received, or have paid contributions during the same period to an amount that is at least equal to 2080 times the SMIC index-linked (statutory minimum wage);

— or for 600 hours during a period of six months preceding the date on which treatment is provided, or have paid contributions during the same period to an amount that is at least equal to 1040 times the SMIC.

(b) For cash benefit (indemnités journalières):

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 six months;

These conditions have been complied with if the amount of contributions paid during the six preceding months is equal to the contributions owed in respect of a wage that is equal to 1040 times the SMIC.

— for 800 hours during the four calendar quarters or during the 12 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 six months.

These conditions have been complied with if the amount of contributions paid during the 12 preceding months is equal to the contributions owed in respect of a wage equal to 2080 times the SMIC, 1040 times of which during the first six months.

You should also have been registered for at least 12 months on the first day of the month during which work ceases. 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 before you set out for France, should be handed in to your French sickness fund.

Where necessary, you should undergo all medical examinations required.

### *2.1.3 Refund of the cost of medical treatment*

You and members of your family are entitled to a refund of the costs of the following health benefits. However, there is a fixed charge which you have to pay, unless there are special reasons for exempting you from this charge. This charge may be as follows:

- for general and specialist medical services (25 % fixed charge)
- for dental treatment (25 %), including dentures
- for pharmaceutical products and appliances, and laboratory analyses and tests (30 %)
- for hospital treatment and treatment in spa centres, including transport costs (30 %)
- for surgery
- for vocational rehabilitation
- for highly expensive specific medicaments (0 %)
- for medicaments intended for the treatment of ailments that are usually not serious (60 %)
- for other medicaments (30 %).

### *2.1.4 Medical and dental treatment*

You are free to choose your own doctor or treatment centre.

The fees which you have to pay will be reimbursed at standard rates by the sickness fund on presentation of a bill ('feuille de soins') for medical treatment, which you will receive from the practitioner providing treatment.

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

### *2.1.5 Pharmaceutical products*

The sickness fund will refund the costs of products prescribed by your doctor. It is also possible, however, to have the relevant costs paid directly by the sickness fund. In that case, all you pay to the dispensing chemist is that part of the costs not covered by the sickness fund.

### *2.1.6 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.

You will also be charged a fixed amount per day (FF 20 on 1 April 1983) in a hospital or medico-social institution.

In the following cases, however, you are exempted from payment of this fixed amount:

- accidents at work and occupational diseases;
- persons to whom Article 1.115 of the Law relating to military invalidity pensions and war victims is applicable;
- young handicapped persons staying in special vocational or educational institutions;
- handicapped children being treated in medical institutions;
- pregnant women and new-born babies.

### *2.1.7 Substantiating documents you have to provide to obtain a refund for health services*

You should present to your insurance fund:

- the prescription and the sickness document ('feuille de soins') given to you by your doctor;
- the annual certificate (attestation annuelle) issued by your employer;
- where appropriate, the certificate of unemployment issued by the local office of the Agence nationale pour l'emploi, ALE (national employment service).

### *2.1.8 Cash benefit (indemnités journalières)*

The daily cash allowance is equal to half your average daily wage during the month before you apply for the allowance, but may not exceed an amount to be fixed annually.

The daily allowance may be increased if you have dependants.

Since the introduction of a fixed daily allowance, reductions are no longer applied to these allowances in the case of hospitalization.

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.

### *2.1.9 What substantiating documents do you have to produce to obtain the daily allowance?*

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

If the period during which you are incapable of working is prolonged, an 'avis de prolongation d'arrêt de travail' (which is also issued by your doctor) should be presented by you 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 the amount of your daily allowance can be calculated.

## **2.2 Maternity insurance**

Maternity insurance comprises:

- medical treatment;
- cash benefit (indemnités journalières) during incapacity for work caused by maternity.

### 2.2.1 *Who are insured?*

(a) All employed and unemployed women who receive or have received unemployment benefit, and women in receipt of a pension, and the dependent wives or daughters of insured persons, are entitled to medical treatment.

(b) All employed women and unemployed women who receive or who have received unemployment benefit are entitled to cash benefit.

### 2.2.2 *Qualifying conditions*

You (or the insured person whose insurance covers the benefits you receive) should have been insured for at least 10 months before the expected date of confinement and produce evidence that the same conditions as under sickness insurance (see section 2.1.2 above) were complied with on the presumed date of conception.

### 2.2.3 *Health services*

You are entitled to the following services free of charge:

- prenatal and postnatal examinations (five);
- a maternity belt;
- a preparatory course on painless birth (six lessons);
- confinement care (medical supervision for 12 days);
- medical examinations of the child (12 examinations for the child's first 24 months).

### 2.2.4 *Cash benefit (indemnités journalières)*

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 but may not exceed a certain fixed amount.

As a rule, the daily allowance is paid for the following periods:

- for 6 weeks before the birth (8 weeks from the 3rd child onwards)
- for 10 weeks after the birth (18 weeks from the 3rd child onwards)
- an extension of the postnatal period by two weeks in the case of multiple births.

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

### **2.3 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.

#### *2.3.1 Who is insured?*

Only insured persons may be awarded an invalidity pension.

#### *2.3.2 Qualifying conditions*

- (a) Your capacity for work or your earning capacity must have been reduced by two-thirds;
- (b) you must be aged under 60;
- (c) you must have been insured for at least 12 months on the first day of the month during which you ceased work because of invalidity or during which invalidity was diagnosed;
- (d) you should have worked at least 800 hours during the four calendar quarters or during the twelve months preceding the date on which you ceased work because of invalidity or on which invalidity was diagnosed (200 hours of which in the course of the first period of three months).

Where necessary, periods of employment (or of contributions) in another Member State will be taken into account (see section 2.1.2).

Certain periods in which you were not working will be treated as periods of employment (paid holidays, unemployment through no fault of your own, sick leave, etc.).

If necessary, you should undergo all medical examinations required.

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

### *2.3.3 Invalidity pension*

The amount of the pension depends on the extent to which you are still capable of working.

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

If you are unable to pursue any occupation your pension will, subject to a fixed 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 reviewed, suspended or withdrawn for medical reasons, and suspended or reduced if you take up employment from which you derive earnings of a certain level.

When you reach the age of 60, this pension is converted into an old-age pension owing 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 Guide No 1 on the Community regulations.

### *2.3.4 Medical treatment*

If you are in receipt of an invalidity pension, you and members of your family are entitled to a refund of the cost of medical treatment in case of illness or maternity.

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

## **2.4 Provision of benefits in another Member State**

See Guide No 1 on the Community regulations for information

concerning your rights and the formalities to be complied with in the following cases:

- if members of your family who are dependent upon you reside in a Member State other than France
- if you are going temporarily to your country of origin or to another Member State
- if you are taken ill in France and you wish to return to your country of origin or go to another Member State
- if you are leaving France for good
- if you are unemployed and are about to look for work in another Member State

If you are going temporarily to another Member State, see Guide No 2 on Temporary Stay.

### **3. Insurance benefits in the event of death**

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

#### **3.1 Who is 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 fully and permanently dependent on him.

The claim must be submitted within a month of the insured person's death.

If none of the abovementioned persons have made a claim 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 died.

### **3.2 Qualifying conditions**

The qualifying conditions are the same as those that apply in the case of sickness insurance benefits in kind (see section 2.1.2(a)).

### **3.3 Documents 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 certificate of nationality;
- where appropriate, a document certifying that at the time of death you were fully and permanently dependent on the insured person.

### **3.4 Amount of the death grant**

The death grant amounts to 90 times the basic daily wage or salary, determined in the same way as for cash sickness benefit (indemnités journalières).

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

## 4. Old-age insurance

### 4.1 Benefits provided

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

- contributory benefits accruing from insurance;
- non-contributory benefits, i.e. means-tested assistance allowances.

#### *(a) Old-age pension*

The pension is calculated on the basis of

- the basic wage: the annual average wage or salary over the ten best insurance years since 1948;
- the duration of insurance: the minimum period taken into consideration for the calculation of a pension is one quarter and the maximum is 150 quarters (37 1/2 years). Account is taken of contribution periods and periods treated as periods of insurance;
- the pension rate:

The maximum rate of 50 % is awarded at the age of 60:

- to insured persons who have completed at least 150 insurance quarters (contribution periods and periods treated as such) and periods recognized as such in all insurance schemes;
- to persons who are unfit for work, former deported persons or internees, ex-soldiers or ex-prisoners of war, irrespective of the duration of insurance;
- to working mothers with at least three children, who can provide proof of insurance duration of 30 years;

If the insured person is under 65 and is not covered by one of the abovementioned categories, the pension will be reduced to an amount of less than 50 %.

At the age of 65 the person in question qualifies for a pension of 50 % irrespective of the duration of insurance.

The full pension is awarded after you have been insured for 150 quarters. In the case of less than 150 quarters the pension rate will be proportionately reduced.

*(b) Minimum rate of old-age pension*

Every insured person whose pension is calculated at the full rate on the basis of 150 insurance quarters in the general scheme receives a minimum pension. Where the pension is calculated at the full rate on the basis of an insurance duration of less than 150 quarters, the minimum pension is adapted in proportion to the actual insurance duration in the general scheme.

Pensions granted at a reduced rate can be increased at the age of 65, subject to a means test, to the same level as that of the allowance provided to elderly employed persons. (allocation aux vieux travailleurs salariés). The same applies to pensions which, on being increased to the proportionate minimum rate referred to above, would be less than the amount of the allowance for elderly employed persons.

*(c) Maximum rate of old-age pension*

The pension to be granted from the age of 60 onwards may not exceed a maximum amount fixed at half of the highest salary for which contributions are due.

*(d) Pension increases*

— Increase for children: your pension will be increased by 10 % if you have had at least three children or if you have brought up at least three children for a period of at least nine years prior to their sixteenth birthday as your or your spouse's dependants.

— Increase for a dependent spouse: an increase is granted under certain conditions where the dependent spouse has reached the age of 65 (or 60 in the case of incapacity for work).

— Increase for persons in need of constant attendance: the old-age pension is increased under certain conditions by a fixed amount which is reviewed periodically.

*(e) Widow's or widower's pension — Reversionary pension*

— Widow's or widower's pension

A disabled widow's or widower's pension is awarded to the surviving spouse who is permanently disabled at the time of the death of the insured person or of the person who was entitled to an old-age pension or an invalidity pension. The surviving spouse should be younger than 55 and should not have remarried. As soon as the person in question reaches the age of 55, the invalidity pension is replaced by a widow's or widower's old-age pension of the same amount.

The amount of this pension is equal to 52 % of the pension which the deceased spouse received or would have received but may not be less than the minimum rate of basic old-age benefits.

Before reaching the age of 55 and on certain conditions (income, residence, not remarried), widows and widowers with dependants are entitled to a degressive widow's or widower's allowance for a period not exceeding three years.

— Reversionary pension

From the age of 55 you are entitled to a reversionary pension if your marriage was contracted at least two years before the death of your spouse. However, this condition of duration of marriage is waived if the marriage has produced at least one child. Furthermore, a divorced spouse who has not remarried is also entitled to submit a claim for this benefit. A surviving spouse may under certain conditions also claim as well as a divorced spouse who has remarried.

Your income should be less than the annual amount of the index-linked statutory minimum wage (SMIC) when you submit your application or, failing this, at the time of your spouse's death.

The reversionary pension may up to a certain limit overlap with personal old-age benefits and invalidity benefits.

*(f) Non-contributory benefits*

These benefits comprise the following categories:

- allowance for elderly employed persons (AVTS);
- allowance for elderly self-employed persons (AVTNS);

- allowance for mothers;
- increase provided for under Article L.676 of the Social Security Code;
- life annuity;
- special old-age allowance;
- supplementary allowance provided by the National Solidarity Fund.

The first six allowances are awarded subject to the following common conditions:

- age: 65 (60 if incapable of working). The life annuity (secours viager), however, may be awarded from the age of 55 onwards;
- nationality: you must be either a French national or a national of a country which has concluded a reciprocal agreement with France;
- residence: you must be resident in France;
- income level;
- periods in which you were employed or self-employed (except in the case of the special allowance which can also be granted to persons who have never worked).

The supplementary allowance provided by the National Solidarity Fund is intended to supplement the various old-age benefits for persons in the lowest income bracket under the same common conditions as mentioned above in respect of age, nationality, residence and income level. It is provided by the institution paying the relevant old-age benefit.

## **4.2 Where to claim benefits?**

(a) If you reside in France and have been employed there

Claims for an old-age pension, an allowance for elderly employed persons (AVTS), an allowance for mothers, a widow's or widower's pension, a reversionary pension, a life annuity, an increase provided for under Article L. 676 of the Social Security Code and a supplementary allowance provided by the National Solidarity Fund should be submitted to the following addresses:

— in Paris and the Paris region: Caisse Nationale d'Assurance Vieillesse des Travailleurs Salariés (National Old-Age Insurance Fund for Employed Persons);

— in the provinces: services 'vieillesse' (old-age insurance section) 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 acknowledgment of your claim from the institution in question.

(b) If you reside in another Member State

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

### **4.3 Secondary rights**

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

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

### **4.4 Calculation of your pension where you have been insured in two or more Member States**

In such cases, the amount of your pension is determined in accordance with the rules laid down in Guide No 1 on the Community regulations.

### **4.5 Pension upratings**

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

## **5. Family benefits**

### **5.1 Family benefits provided for by French legislation:**

- family allowances (child benefit);
- prenatal allowances;
- postnatal allowances;
- leave for maternity or adoption purposes;
- family supplement;
- family income supplement;
- housing allowance;
- removal grant;
- beginning of the school year allowance;
- special education allowance;
- orphan's allowance;
- single parent allowance.

### **5.2 Qualifying conditions**

You are entitled to French family benefits:

- if you and your family are resident in France;
- if at least one child is fully and permanently dependent on you, and, for the award of certain benefits, if your income does not exceed a certain fixed amount;

Family allowances proper (child benefits) are awarded from the second dependent child onwards, but certain benefits such as family supplement, orphan's allowance, housing allowance, beginning of the school year allowance and special education allowance can also be obtained for an only child.

### **5.3 Who are the beneficiaries?**

#### *(a) Age conditions*

Family allowances (child benefits) are awarded to all children

except for the first child, provided they receive a normal school education between the ages of 6 and 16.

In certain conditions, benefits are awarded after the age of 16: children seeking employment for the first time, apprentices, students, etc.

Increases are granted from the second child onwards for children who are older than 10 years of age or older than 15. In the case of families with three children or more, however, this increase is granted for all children.

*(b) Residence conditions*

The children must reside in France.

#### **5.4 Procedure for claiming family allowances**

(a) If your family resides in France you should submit your claim to the family allowances fund of the place of residence of your family.

For the documents required for each of the benefits listed above, see the guide for beneficiaries (Guide de l'allocataire) 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 is resident in another Member State, you are entitled to family allowances provided for by the legislation of the State where your family is residing; for further details, see Guide No 1 on the Community regulations.

#### **5.5 Prenatal allowances**

These allowances are payable to all pregnant women regardless of whether or not they are working, provided that

- within the first 15 weeks of pregnancy they inform the family allowances fund that they are pregnant;
- they undergo three medical examinations during pregnancy;
- they submit certificates stating that they have undergone the examinations to the family allowances fund.



The fund then issues a special booklet for expectant mothers (*carte de maternité*) which contains all the information on the steps to be taken during this period.

The allowances are paid in three stages: twice the monthly amount in the third month, four times the monthly amount in the sixth month and three times the monthly amount in the eighth month.

### **5.6 Postnatal allowances (formerly known as ‘allocations de maternité’, i.e. maternity grants)**

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

They are paid in three instalments: 8 days, 9 or 10 months, and 24 or 25 months after the birth.

Please apply to the family allowances fund for any information you may require concerning the special conditions relating to each separate benefit.

## **6. Unemployment insurance**

### **6.1 What you should do if you become unemployed**

If you are working in France and you lose your job, you should register immediately at the nearest office of the National Employment Service (*Agence Nationale pour l'Emploi — ANPE*) as a person seeking employment — or, if this is not possible, at the local town hall — in order to obtain unemployment benefits under the French scheme and in order to retain the right to social security benefits.

Your *ASSEDIC* (*Association for Employment in Industry and Trade*) will send you a claim form for benefits which you should

fill in and return accompanied by a certificate confirming cessation of employment to be obtained from your last employer.

If you satisfy the qualifying conditions (see 6.2 below), the ASSEDIC will provide you with the unemployment benefits to which you are entitled.

The unemployment benefits are as follows:

- basic allowance (AB)
- special allowance (ASP)
- allowance granted at the end of the period of entitlement to benefits (AFD)
- lump-sum allowance (AF).

## **6.2 Qualifying conditions**

In order to be entitled to these allowances you should fulfil the following conditions:

- you must have become unemployed through no fault of your own;
- you must be registered as a person seeking employment and you must cooperate in any checking procedures required;
- you should not be older than 60 for a basic allowance, or 65 if you do not qualify for a retirement pension at the age of 60;
- you should not be older than 60 for the special allowance;
- you should produce evidence of having worked for various periods depending on the benefit claimed; where necessary, periods of employment completed in another Member State are taken into account if you submit form E301 issued by the unemployment insurance institution of the country where you last worked.

## **6.3 Amount of benefits and duration of period during which they are provided**

### *(a) Basic allowance*

This amount consists of

- a fixed part that is reviewed twice a year, and
- a proportionate part which is equal to 42 % of the daily reference wage (wages for which contributions are paid, which have been paid during the last six months preceding the last day of paid employment).

The duration of the payment of this benefit depends on the age of the beneficiary and on the duration of the former employment.

<i>Required duration of employment</i>	<i>Duration of entitlement</i>	<i>Maximum possible extension</i>
3 months during the last 12 months	3 months	none
6 months during the last 12 months	9 months	6 months
12 months during the last 24 months for a person under 50 years of age	12 months	9 months
50 years and over	21 months	12 months
24 months in the last 36 months for persons aged 50 years and over	30 months	12 months

*(b) Special allowance*

If you are under 60 years of age, comply with all the conditions mentioned above in section 6.2 and have been made redundant, you are entitled to a special allowance.

The special allowance consists of:

- a fixed part which is identical for all beneficiaries and
- a proportionate part of the daily reference wage of which the percentage diminishes per quarter: 65 % in the first quarter and 60 % in the second.

The amount of the special allowance may not be less than a monthly minimum nor more than a ceiling fixed at 90 % of the daily reference wage.

This allowance is in general paid for a period of six months.

*(c) Allowance at the end of a period of entitlement to benefits*

This allowance (allocation de fin de droits, or AFD) is paid to an unemployed person who is no longer entitled to a special allowance or a basic allowance. The duration varies with the employed person's age on the date of cessation of employment and with the duration of previous employment.

<i>Duration of employment</i>	<i>Age</i>	<i>Duration of entitlement to AFD</i>	<i>Maximum possible extension of AFD</i>
3 months in the last 12 months	all ages	—	—
6 months in the last 12 months	all ages	9 months	6 months
12 months in the last 24 months	under 50 years	12 months	12 months
	50 years and over	15 months	12 months
24 months in the last 36 months	50 years and over	15 months	15 months

This amount is equal to a fixed part of the basic allowance.

*(d) Lump-sum allowance*

This allowance (allocation forfaitaire) is granted to certain categories of persons looking for work

- women, irrespective of their family situation;
- young persons who have been exempted from military service;

- young persons who are the breadwinners of the family;
- former apprentices, etc.

who have not yet been employed or who do not comply with the conditions of duration of employment in order to be entitled to a basic allowance or a special allowance.

The fixed amount of the lump-sum allowance varies with age for all categories of beneficiaries:

- for persons over 21 years of age the allowance is equal, for each day, to 2.22 times the hourly SMIC rate;
- for persons under 21 it is equal, for each day, to 1.67 times the hourly SMIC rate;
- for single women (widows, divorcees etc.) it is, for each day, 3.33 times the hourly SMIC rate.

The allowance is granted for 365 days; this period cannot be extended.

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

#### **6.4 Partial unemployment**

You may be awarded an allowance if the work being carried out by the firm employing you is reduced or suspended as a result of a lack of market outlets, supply problems, an accident or bad weather conditions.

If you are employed in the building trade or in the public works sector you can receive specific benefits where bad weather conditions cause unemployment on the building site. These allowances are paid by your employer.

#### **6.5 Further information**

If you come to France from another Member State to look for a

job or if you have become unemployed in France and you wish to go to another Member State to look for work there, you should consult Guide No 1 on the Community regulations.

## **7. Insurance against accidents at work and occupational diseases**

### **7.1 Contingencies covered**

The contingencies covered are as follows:

- an accident at work resulting from or caused by your work;
- an accident on the way to or from work;
- an illness contracted at work which is included in the official list of occupational diseases.

### **7.2 Formalities to be completed in the case of an accident**

You should inform your employer immediately of your accident or ensure that he is informed and give him the names and addresses of persons who witnessed the accident.

### **7.3 What benefits are you entitled to?**

#### *(a) Medical treatment*

On presentation of the accident form, which you will receive from your employer, you are entitled free of charge (except where the amount in question is in excess of the approved rate) to medical treatment, medicaments, hospitalization, aids and appliances.

In certain circumstances, you are entitled to follow a vocational adaptation or retraining course.

*(b) Daily allowances*

You are entitled to daily allowances from the first day on which you are no longer capable of 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 accident form will be issued by the sickness fund and not by your employer.

*(c) Permanent incapacity pension*

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

The amount of the pension depends on

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

If incapacity for work exceeds 66 %, you will receive a 100 % refund on all costs of medical care.

*(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 percentage of the annual earnings of the deceased insured person:

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

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

*(e) Occupational diseases*

Only those diseases that are included in the official list of occupational diseases give you the right to the same allowances as those

for accidents at work; if you are suffering from one of those illnesses, you should inform the fund accordingly within 15 days of ceasing work.

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

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

#### **7.4 A stay in another Member State, return to that State or transfer of residence thereto**

See Guide No 1 on the Community regulations.





**Part II**

**Self-employed persons**

# **1. Introduction**

In France, self-employed persons, depending upon the nature of their profession or occupation, are covered by the schemes set up for the following categories: craftsmen, tradesmen, people in the professions and farmers. The present guide deals only with social security for self-employed persons not engaged in farming.

## **1.1 Contingencies covered**

Self-employed persons not engaged in the agricultural sector are covered by the following branches of insurance:

- sickness and maternity;
- pension: old age, invalidity, death;
- family benefits.

There are no special benefits for accidents at work or unemployment.

## **1.2 Organization**

All self-employed persons not engaged in the agricultural sector are covered by the same sickness and maternity insurance scheme. On the other hand, there are several insurance schemes in respect of old age, invalidity and death.

## **1.3 Who is regarded as a self-employed person not engaged in the agricultural sector?**

As a rule, persons belonging to the following categories:

- craftsmen, if registered in the crafts register (Répertoire des métiers) in the capacity of self-employed head of a private enterprise or as a manager of or partner in a company that must be registered in the Répertoire des métiers (RM);
- tradesmen and industrialists registered in the Régistre du commerce et des sociétés (register of trades and companies (RC));
- self-employed persons engaged in one of the professions who are not covered by the general social security scheme or by one of the categories of self-employed persons mentioned above.

#### **1.4 How to join the insurance scheme**

You are obliged to join the social security schemes mentioned above in section 1.2.

Craftsmen, tradesmen and manufacturers must register with the Register of companies (RC) or with the Register of crafts (RM) within 15 days of commencing their business activities in France.

You should register with the regional insurance fund to which you belong within a period of two months. This fund will get in touch with you for the purpose of joining an official insurance body of your own choice.

If you are engaged in one of the professions, you should inform the professional branch of old-age insurance to which you belong within one month of commencing your professional activities in France.

#### **1.5 Contribution**

The contributions which you must pay represent a certain percentage of your professional income.

The sickness insurance contribution is payable every six months on 1 April and on 1 October of each year.

The contribution rates are the same irrespective of the nature of your professional activity.

**NB:** Payment of contributions must be kept up to date; otherwise you may be penalized and lose your entitlement to benefits.

Contribution rates under pension insurance vary with the scheme to which you belong; for the professions it varies with the professional sector to which you belong.

As a general rule, the contributions are payable every six months to the fund of which you are a member.

The compulsory contribution for family allowances should be paid to the Union de Recouvrement de Sécurité Sociale et d'Allocations Familiales (Union for the collection of contributions in respect of social security and family allowances (URSSAF)) or, where this is not possible, to the family allowances fund. Your contribution is payable quarterly.

## **2. Sickness and maternity insurance**

### **2.1 Beneficiaries**

The following persons are entitled to sickness and maternity insurance:

- insured persons;
- persons in receipt of a pension for self-employed persons;
- their dependants: the spouse, provided he/she is not compulsorily insured against sickness or maternity, dependent children, ascendants, descendants, persons related to the third degree by blood or marriage to the insured person, who form part of the household of the insured person and who are occupied exclusively with household activities or with the education of at least two children under the age of 14 who are dependants of the insured person.

### **2.2 Benefits**

The rules provide only for benefits in kind. There are no cash benefits (daily allowances) in the case of cessation of work and no pensions for accidents at work. However, in case of maternity, insured women or an insured person's wife helping him with his work may receive a lump-sum allowance for maternity leave and, under certain conditions, a payment towards the cost of a replacement. The benefits in kind are the same as those for employed persons in the general scheme (see Part I of this guide).

Costs of treatment incurred by you will be reimbursed from the first day of your membership of the scheme, provided that payment of your contributions is kept up to date.

### **2.3 Substantiating documents**

You must provide the official body (mutual insurance fund or insurance company) of your choice with the completely filled in documents relating to the treatment provided. For certain procedures (hospitalization) you must, where necessary, pay the fixed charge.

## **2.4 The award of benefits in another Member State**

See Guide No 1 on the Community regulations.

For all further information please apply to your insurance body or to the CANAM (Caisse Nationale d'Assurance Maladie des Travailleurs non salariés non agricoles, Centre Pleyel, Tour Ouest, 93521 Saint Denis Cedex 1, Tel. 252.55.10) (National sickness insurance fund for self-employed persons not engaged in the agricultural sector).

## **3. Old-age, invalidity and death insurance**

The insurance schemes for old age, invalidity and death in respect of self-employed persons are characterized by their diversity.

The benefits, the qualifying conditions and the amounts differ from one scheme to another. This guide consequently deals with this matter only very briefly; for further information, please apply

— if you are a manufacturer or tradesman to your professional or inter-professional fund or to the Caisse Nationale ORGANIC (National independent old-age insurance fund for self-employed persons in manufacturing or trading occupations), 9 rue Jadin, 75832 Paris Cedex 17 — Tel. 766.01.91;

— if you are a craftsman to the departmental delegation of your place of business or to the Caisse National CANCAVA (National independent old-age insurance fund for self-employed persons in craft occupations), 28 Boulevard de Grenelle, 75737 Paris Cedex 15 — Tel. 578.61.54;

— if you are in one of the professions to the professional branch to which you belong (there are 13 such 'sections') or to the Caisse Nationale (National old-age insurance fund for members of the professions), 102 rue de Miromesnil, 75003 Paris — Tel. 563.75.95.

### **3.1 Manufacturers' and tradesmen's scheme**

The pension insurance scheme for manufacturers and tradesmen provides for the following benefits:

- retirement pension for insured persons and a pension for the insured person's spouse;
- invalidity pension;
- death grant;
- supplementary pension (optional).

#### *(a) Retirement pension*

You can claim a retirement pension at the age of 65 (60 if you are recognized as being unfit for work).

The amount is made up of the following two elements:

- the first part corresponds to any insurance periods before 1 January 1973. The amount of this part is equal to the number of standard units of pension (points de pension) you have acquired multiplied by the value of a standard unit of pension; the value of this standard unit is fixed once a year;
- the second part corresponds to the insurance periods after 1 January 1973. The amount of this part is determined in the same manner as in the general scheme for employed persons. (See Part I, section 4). This part may be awarded at age 60 in the same way as for the general scheme.

#### *(b) The rights of a spouse*

- If the insured person is still alive, the spouse is entitled to pension provided that the following conditions are complied with:
- married for at least two years;
- 65 years of age (60 in case of incapacity for work).

The amount of the spouse's pension is equal to half of the amount of pension paid out to the insured person. In certain cases, it may overlap with personal benefits of the spouse.

If the spouse does not qualify for this pension, the insured person may be entitled to a fixed increase for a dependent spouse under

the same conditions as apply for employed persons. (See Part I, section 4).

On the death of the insured person, the surviving spouse is entitled to a reversionary pension at the age of 55. The method of calculation and the qualifying conditions are based on exactly the same rules as apply in the case of the general scheme for employed persons. (See Part I, section 4).

*(c) Invalidity pension:*

An insured person is entitled to an invalidity pension if the following conditions are complied with:

- total invalidity to the exclusion of any professional activity;
- contributions have been duly paid;
- cancellation of registration with the Register of trades (RC).

At the age of 60, the invalidity pension is converted into an old-age pension for incapacity for work.

*(d) Amount paid out in the event of death*

In the event of the death of an insured person, a flat-rate death grant (capital décès) is paid to persons who were dependent on the insured person.

*(e) Supplementary retirement pension schemes*

You may make voluntary contributions to a supplementary retirement pension scheme. You can choose from seven categories of contributions, each of which enables you to acquire the necessary standard units for a supplementary pension. The amount of the pension will be equal to the number of standard units (points) acquired multiplied by the value of a standard unit.

In the event of death, the surviving spouse is entitled to a reversionary pension equal to 60 % of the pension of the deceased insured person.

### **3.2 Insurance in respect of old age, invalidity and death of craftsmen**

The following benefits may be granted under the craftsmen's pension scheme:



- old-age pension
- compulsory supplementary retirement pension
- reversionary pension
- invalidity pension
- death grant.

*(a) Basic old-age pension*

The same distinction is made as in the case of tradesmen between rights acquired before or after 1 January 1973. The methods of calculating this pension are the same as those used in the scheme for tradesmen (see section 3.1 above).

An increase in the amount of pension can be granted for a dependent spouse; an increase is awarded for periods of work after 1973 under the same conditions and rules as apply in the general scheme for employed persons (see Part I, section 4.4.1). Special rules apply for periods of work prior to 1973.

*(b) Supplementary retirement pension*

Craftsmen are obliged to pay a contribution to a supplementary retirement pension scheme.

A supplementary retirement pension is awarded under the following conditions:

- you must have reached the age of 65;
- you must have ceased working as a craftsman;
- you must be in receipt of your basic pension.

The amount of the supplementary old-age pension is equal to the number of standard units acquired during your career as a tradesman multiplied by the value of a standard unit of your old-age pension.

*(c) Reversionary pension*

The spouse of a deceased insured person is entitled to a reversionary pension at the age of 55 provided that his or her income does not exceed a certain level. This condition no longer applies once the spouse has reached the age of 65. Within a certain limit, it is

permissible for this reversionary pension to overlap with personal old-age benefits received by the spouse. The amount is equal to 52 % of the basic pension which the insured person would have received.

The surviving spouse of an insured person is also entitled to a supplementary retirement pension equal to 60 % of that which the deceased insured person would have received. It is granted to a widow at 55 and to a widower at 65 and is not subject to a means test; it is allowed to overlap with any other pension paid to a surviving spouse.

#### *(d) Invalidity pension*

An insured person is entitled to an invalidity pension if the following conditions are complied with:

- contributions have been paid for at least one year prior to the date on which invalidity is established;
- total invalidity to the exclusion of all professional activities;
- contributions must have been duly paid;
- attend any medical examinations required.

The amount of the pension is equal to 50 % of the annual average basic income but may not be less than a certain minimum. Within certain limits, it is permissible for an invalidity pension to overlap with an activity carried out after the pension has been awarded.

At the age of 60, invalidity pension is converted into old-age pension.

#### *(e) Death grant*

On the death of an insured person, a grant (capital décès) is paid to his dependants. The beneficiaries are the same as under the general scheme for employed persons (see section 3.1).

The amount of the grant is equal to 20 % of the social security ceiling.

Under certain conditions, notably income and the duration of insurance, there may be a right to a grant of 8 % of the social security ceiling following the death of an old-age pensioner.

### 3.3 The professions

If you are carrying out a professional occupation, you are, as a rule, entitled to the following benefits.

#### *(a) Old-age pension*

This pension ('allocation de base', or basic allowance) is awarded to you at the age of 65 or at 60 if you are incapable of working.

The amount of this basic pension is calculated in proportion to the duration of your periods of insurance. For 15 years of insurance, it is equal to the amount of the pension awarded to elderly employed persons. Where the duration of insurance is more or less than 15 years, the amount of the basic pension is fixed in proportion to the duration of insurance.

The basic pension is increased by a supplementary allowance which varies in accordance with the number of standard units (points) of retirement pension acquired by you and the value of a standard unit fixed each year by the professional occupations branch to which you belong.

#### *(b) The rights of a spouse*

The spouse of an insured person is entitled to the following benefits:

— A fixed allowance is paid if the insured person is still alive, provided the spouse

- has reached the age of 65 (60 in the case of incapacity for work);
- does not receive any benefits;
- has been married for two years.

— On the death of an insured person, the surviving spouse receives an allowance equal to half of that which the deceased insured person received or would have received if he had reached the age of 65 when he died, subject to the following conditions:

the spouse

- must be 65 years of age, or 60 in the case of incapacity for work;

- must not be in receipt of any personal retirement benefit in excess of the reversionary pension from the professional occupations scheme. If the personal benefit is less than the reversionary pension, a differential allowance will be paid;
- must have been married for at least two years (this condition does not apply where the marriage has produced at least one child).

*(c) Insurance in respect of invalidity or death*

This insurance does not exist for all sectors of the professional occupations scheme and consequently you should apply to the competent sector in your case for further information concerning any rights you may have.

## **4. Family benefits**

Self-employed persons receive the family benefits paid to employed persons under the same conditions (see Part I of this guide).

If, however, your family is resident in another Member State the European Community regulations make no provision for entitlement to family allowances.

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