



European
Commission

Your social security rights

in France

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

The French social security system has five main components:

- the general scheme, covering the majority of employees and other categories of people (students, recipients of certain benefits, residents) who, over the years, have joined it;
- the special employee schemes, some of which cover all risks and others covering only old age pension insurance (nationals covered under the general scheme for the other risks);
- the agricultural scheme which covers all risks but in two separate streams: farmers and agricultural workers;
- the schemes for non-agricultural self-employed persons: three independent old age pension schemes (craft trade workers, traders and manufacturers and the professions) and a sickness insurance scheme;
- the unemployment schemes and the mandatory supplementary pension schemes.

The general scheme itself has four branches:

- the sickness, maternity, invalidity and death branch;
- the accidents at work and occupational diseases branch;
- the old age pension branch;
- the family branch.

Apart from that, supplementary collective schemes exist, both compulsory and voluntary in nature. These schemes are specific to professions (companies or sectors), and they mainly cover old age pension, sickness or invalidity insurance.

Individuals may take out private insurance to supplement these schemes.

How to join the insurance scheme

If you work for an employer, they will complete the formalities necessary for you to join the social security, unemployment insurance and supplementary pension schemes. If you are self-employed you must complete the declaration formalities yourself.

Appeals

In case of dispute with the insurance fund (*caisse*), you may appeal to the appeals board (*commission de recours amiable (CRA)*) of your insurance fund. The appeal must be lodged within two months, starting from the notification of the decision you disagree with. If the appeals board rejects your application, you can bring the case before the Social Security Court (*tribunal des affaires de la sécurité sociale*) within two months. If you do not appeal within that period, the decision of your fund's appeals board is final.

Organisation of social protection

The schemes mentioned above come within the responsibility of the ministries competent for social security, agriculture, labour and budget.

The National Sickness Insurance Fund for Employees (*Caisse nationale d'assurance maladie des travailleurs salariés (CNAMTS)*) manages the first two branches listed above in different ways, as follows. At a local level, and under the supervision of the CNAMTS, there are two types of bodies which are not linked hierarchically: the funds for pension insurance and health at work (*caisses d'assurance retraite et de la santé au travail (CARSAT)*) and the primary sickness insurance funds.

The old age pension branch is managed by the National Old-Age Insurance Fund (*Caisse nationale d'assurance vieillesse (CNAV)*), which has delegated some of its functions to the funds for pension insurance and health at work (*caisses d'assurance retraite et de la santé au travail (CARSAT)*).

The family branch is managed by the National Family Benefit Fund (*Caisse nationale des allocations familiales (CNAF)*), which supervises family benefit funds.

Contributions are collected at a local level by the Social Security and Family Benefit Contribution Collection Offices (*URSSAF*). These are supervised by the Central Agency for Social Security Bodies (*Agence centrale des organismes de sécurité sociale (ACOSS)*), whose task is to monitor the cash flow for each branch in terms of allocations and actual spending shown in the accounts.

The agreement-based unemployment insurance scheme is managed by the National Union for employment in Industry and Trade (*Union nationale pour l'emploi dans l'industrie et le commerce (Unedic)*), which delegates the payment of benefits to the Employment Service (*Pôle emploi*) and the collection of contributions to the *URSSAF*.

In addition to the basic old-age pension insurance, there are mandatory supplementary pay-as-you-go schemes for employees, i.e. the agreement-based schemes provided by the Association for the Supplementary Retirement Schemes for Employed Persons (*Association des régimes de retraite complémentaire des salariés (ARRCO)*) and the General Association of Pension Institutions for Managerial Staff (*Association générale des institutions de retraite des cadres (AGIRC)*). The mandatory basic and supplementary pension schemes for the self-employed are managed by different funds, notably the Social Protection Scheme for the Self-employed (*Régime social des indépendants (RSI)*), the Agricultural Social Insurance Mutual Benefit Fund (*Mutualité sociale agricole (MSA)*) and the National Old-Age Insurance Fund for the liberal professions (*Assurance vieillesse des professions libérales (CNAVPL)*).

Financing

The social security system is financed from national insurance contributions paid by employers and workers and from taxation and earmarked charges.

Contributions

You have to pay social security contributions calculated as a certain percentage of your earnings. Your employer deducts these contributions from your earnings and pays them to the competent authority in charge of collecting them. If you are self-

employed, you yourself pay the contributions which are calculated on your professional income.

Chapter II: Healthcare

When are you entitled to healthcare?

Persons exercising a professional activity (employed or self-employed), or those resident on French territory on a continuous and legal basis, and their dependents, are entitled to healthcare.

Eligibility criteria

Entitlement is established first and foremost on professional or similar criteria. It is subject to the following prerequisites: quotas for hours worked or amounts of contributions. Those ceasing to fulfil the conditions for obtaining cover under a social security scheme as an insured person or as a beneficiary remain entitled to receive benefits in kind under their previous scheme for one year, until they once more fulfil the conditions for obtaining cover under a compulsory scheme.

Other persons, who are members of the general scheme on the basis of their residence, may have to pay the special *CMU* contribution, depending on their level of income.

For healthcare, the general scheme covers 85% of persons employed in the private sector, civil servants and persons resident in France on a continuous and legal basis, and who are not protected by any cover elsewhere. The benefits in kind available to nationals under the agricultural scheme and the scheme for non-agricultural self-employed persons are on a par with the benefits available under the general scheme.

What is covered?

You and your dependants (spouse, children under 20 years of age, partner, dependant living in the insured person's home) are entitled to reimbursement of healthcare costs.

The various basic schemes cover approximately 75% of household medical expenses.

A certain share of the cost remains at the expense of the patient, i.e. the co-payment ("*ticket modérateur*"), although a patient can be exempt from this in a number of cases, especially for certain diseases listed as requiring prolonged treatment and particularly costly therapy. This patient contribution will be higher if they do not follow the so-called 'patient pathway' (*parcours de soins*).

In addition to this co-payment, a number of charges are borne by the patient, specifically: the flat-rate co-payment for serious medical intervention (*forfait actes lourds*); the flat-rate co-payment per each medical intervention (*participation forfaitaire sur les actes médicaux*) and the medical excess (*franchise médicale*) on drugs, paramedical intervention and medical transports.

Supplementary cover

If you do not have a collective supplementary insurance via your employer/company, you may opt to take out supplementary insurance with a mutual fund, a welfare

institution or an insurance company in order to cover fully or partially the proportion of healthcare costs which are not reimbursed by the compulsory scheme.

If you have limited means, you can benefit from free supplementary universal health coverage (*couverture maladie universelle complémentaire*), which will enable you to be fully covered without up-front payments. Finally, if your means only slightly exceed the entitlement ceiling to such supplementary universal health coverage, you may receive support to partially finance supplementary coverage.

How is healthcare accessed?

Each patient over 16 years of age must choose a treating physician to oversee their care and coordinate their personal medical file. These measures do not apply to children. The treating physician may be a GP or a specialist; they need merely to accept the role. It is possible to change your treating physician simply by informing the sickness insurance fund of this in writing.

The treating physician updates the medical file and is responsible for prescribing additional medical examinations or making referrals to another physician – the liaison physician – or to a hospital department, or to another healthcare professional (physiotherapist, nurse etc.). If medical procedures are carried out or recommended by the treating physician, they will be reimbursed at the normal rate, as you are receiving coordinated care.

However, if you have not notified a treating physician, or if you consult a specialist directly, you will be reimbursed at a lower rate and the amount of costs you will have to pay will be higher than if you had been referred by the treating physician.

Nevertheless, in the event of a medical emergency, the absence of your treating physician or their replacement, or if you are away from home, you may consult a physician other than your treating physician. Finally, gynaecologists, ophthalmologists and psychiatrists may be consulted directly without being referred by the treating physician. In each case the physician consulted will specify your particular situation on your treatment form.

Payment of benefits

You pay the health professional's fees and present your card (*Carte Vitale®*), which is a card with a chip in it which proves your entitlement to benefits. It is issued to everyone over 16 years of age and contains all the administrative information necessary for the reimbursement of treatment costs.

This enables the treatment forms to be drawn up electronically and sent directly by data transmission to your sickness insurance fund. This procedure speeds up the reimbursement process. If the health professional has no equipment for reading the card, they will produce a treatment form in paper format which you then forward to your sickness insurance fund.

Your sickness insurance fund will reimburse the fees at the approved rate. Some special procedures or treatments require the prior agreement of the sickness insurance fund. The health professional will inform you if you need to obtain prior approval.

Pharmaceutical products must be prescribed by the physician. It is also possible to have part of the cost (pharmaceutical direct settlement) paid directly by the fund by presenting your card. In that case, all you pay to the dispensing chemist is that part of the cost not covered by your sickness insurance fund.

Hospital treatment

You may be hospitalised in an establishment of your choice, but if this is an approved private establishment which is not regulated by agreement, you will have to pay all fees in the first instance. Your insurance fund can provide you with further information.

If 100% of the hospital fees are met, you will also have to pay a fixed amount for each day you spend in a hospital or medico-social institution (*forfait journalier*). However, certain categories of persons are exempt from paying this fixed amount, and these include pregnant women during the four last months of their pregnancy, newborn babies, disabled children, disabled young people who attend specialist institutions for professional training or education, persons treated following accidents at work or occupational diseases and beneficiaries of the universal health coverage.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness cash benefits (daily allowances) are granted to those who are medically certified to be incapable of exercising a professional activity. The allowances are equal to a percentage of the pay which is lost.

Everyone in employment is entitled to a daily allowance during a period of incapacity for work owing to sickness as from the fourth day of absence from work. Unemployed people on benefit may also claim a daily allowance. If you lose your social insurance cover, your entitlement to sickness insurance cash benefits will be maintained for a period of one year, provided you are not covered by another compulsory scheme.

Craft trade workers, traders and manufacturers are also entitled to receive a daily allowance in the event of sickness, with the benefits granted to them differing slightly from those granted to employed persons.

Eligibility criteria

The daily allowance is paid subject to the payment of contributions or a minimum period of activity. In order to receive the daily allowance, you may be required to undergo medical checks arranged by your fund.

What is covered?

The daily allowance corresponds to a percentage (50 or 66.66% in case of beneficiaries with three children as of the 31st day after having ceased work) of your previous income (daily earnings), taking into account certain ceilings.

How are sickness cash benefits accessed?

If you stop working (initial illness or extension of stoppage), you must:

- fill in the form issued by the physician and
- within 48 hours you must send the first two pages of the document to your sickness insurance fund and the third page to your employer if you are employed.

Supplementary cover

If you do not have a collective supplementary insurance via your employer/company, you may opt to take out supplementary insurance with a mutual fund, a welfare institution or an insurance company in order to supplement the amount of daily allowance provided by the compulsory scheme.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

You (or the insured person whose insurance covers you as well) must have been insured for at least 10 months before the expected date of confinement and you must produce evidence that the eligibility criteria for reimbursement of healthcare costs and the daily allowance under the sickness insurance were fulfilled on the presumed date of conception or when commencing prenatal leave.

What is covered?

Maternity insurance covers all costs linked to the pregnancy and confinement and provides cash benefits during the mother's pre- and post-natal leave, the mother's or father's adoption leave and the father's paternity leave.

Maternity insurance covers all costs relating to the pregnancy, without application of a patient contribution (*ticket modérateur*). The benefits granted to agricultural and non-agricultural self-employed persons are identical to those granted under the general scheme.

Healthcare

You are entitled to cover at 100% of the costs relating to the pregnancy, confinement and their consequences, i.e.: medical, pharmaceutical and hospitalisation expenses, the cost of examinations prescribed as part of the medical supervision of the pregnancy, and the consequences of the pregnancy (compulsory pre- and post-natal examinations).

Daily allowance

Cash benefits are granted if you have ceased all employment. The mother is obliged to take at least eight weeks of leave, and she is entitled to 16 weeks (in principle six weeks before the confinement and ten weeks after) and, as of the third child, to 26 weeks. In the case of adoption, the leave can be shared between the father and the mother.

The period of paternity leave is set at 11 consecutive days or 18 consecutive days in the event of a multiple birth.

The period of adoption leave is set at ten weeks or 22 weeks in the event of multiple adoption.

The daily allowance amounts to average daily earnings for the preceding three months, subject to the social security ceiling. The amount of the daily allowance shall not be below a certain minimum. Compulsory statutory and agreement-based contributions and the general social contribution are deducted.

Agricultural and non-agricultural self-employed workers may also claim cash benefits in respect of maternity or paternity. These are fixed-rate allowances or daily allowances.

For all formalities and documents required, please consult your sickness insurance fund and family allowance fund. You must also consult these bodies before you travel or move to another Member State.

How are maternity and paternity benefits accessed?

To obtain cash maternity benefits you have to inform your sickness insurance fund on the basis of a medical form delivered by your doctor stating that you are pregnant.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Anyone who is insured under the social security scheme, whose capacity to work is reduced by 2/3, who has been insured for at least 12 months and who provides proof of paid employment, is entitled to invalidity benefits.

What is covered?

If you are able to pursue gainful employment, your pension will amount to 30% of your ten best years' average annual earnings, divided by ten if there were ten (or less if there were not), subject to a fixed maximum. If you are unable to pursue gainful employment, your pension will amount to 50% of your salary as determined above, subject to a fixed maximum. If you need assistance from a third party to perform everyday tasks, your pension will be increased.

Healthcare

If you receive an invalidity pension, you are entitled to reimbursement of healthcare costs for yourself and members of your family in the event of sickness and maternity. For yourself, these reimbursements will be made at 100% of the approved rate.

How are invalidity benefits accessed?

Applications for an invalidity pension should be made to the primary sickness insurance fund for your area, or the regional sickness insurance fund for the Ile de France region if you live in the Paris region.

Supplementary cover

If you do not have a collective supplementary insurance via your employer/company, you may opt to take out supplementary insurance with a mutual fund, a welfare institution or an insurance company in order to supplement the amount of invalidity pension provided by the compulsory scheme.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The old-age pension insurance applies to persons employed in the private sector who receive a basic benefit under the general scheme or the agricultural scheme and a supplementary benefit paid by the institutions forming part of the *AGIRC* and *ARRCO*. Membership of the supplementary scheme is compulsory.

Self-employed persons also benefit from compulsory basic and supplementary schemes. Basic pensions paid under the schemes for craftsmen, retailers and manufacturers and for farmers, are on a par with those under the general scheme.

To obtain a full pension you have to complete a minimum insurance period and to fulfil an age condition: the latter increases gradually from 60 to 62 (in 2017) and, if the condition relating to the insurance period is not fulfilled, from 65 to 67 (in 2022); however, special provisions apply to workers with long insurance periods.

Entitlement starts as soon as the contributions paid are enough to ensure the approval of at least one quarter's insurance. One quarter's insurance is reached when the insured has remuneration equal to the amount of 200 hours of the minimum wage.

In the supplementary pension systems, the same rules apply regarding retirement age. However, there is no minimum insurance period.

What is covered?

The old-age pension is calculated on the basis of three factors: the average annual earnings (25 highest earning years), the pension rate (between 32.5% and 50%) and the contribution record in the scheme (depending on the year of birth: 160 quarters for insured persons born in 1949, 165 quarters for those born in 1954 and 166 quarters for those born as of 1955).

From 60 to 62 (according to the year of birth), to receive your old-age pension at the full rate (50%), you must have accumulated a minimum number of quarters in one or more basic retirement schemes (160 quarters for insured persons born before 1949, 165 quarters for those born in 1954 and 166 for those born as of 1955). The 50% pension rate is awarded automatically, regardless of the insurance period, when the insured person reaches the age of 65 to 67 (depending on his/her birth year).

If you continue working while fulfilling the age and insurance-period conditions for entitlement to a full pension, your basic old-age pension will be increased (with a bonus) according to the number of additional quarters of work.

The amount of the supplementary pension is calculated based on a system of points. The number of points acquired in the relevant scheme(s) is multiplied by the value of the point as fixed by *AGIRC* and *ARRCO*. The age at which the pension is paid follows that of the basic system.

Minimum and maximum amount of pension

Every insured person whose pension is calculated at the full rate receives a minimum amount of pension, known as the *minimum contributif*. However, where the pension is calculated at the full rate but on the basis of a contribution record to the scheme which is less than the number of quarters required for the person's age, the minimum pension is calculated on a pro-rata basis on the actual time for which the person was insured under the general scheme.

The pension payable may not exceed a maximum amount fixed at half of the highest wage or salary for which contributions are due.

Under certain conditions, pension increases are granted if:

- the pensioner has had or raised three or more children;
- he or she has carried out an activity while being disabled;
- before a certain age, the pensioner requires assistance from another person for the performance of everyday activities.

How are old-age benefits accessed?

Applications for old-age pensions must be sent to the fund for pension insurance and health at work (CARSAT) for your area or to the National Old-age Insurance Fund (CNAV) if you live in the Paris region.

For persons insured under a scheme other than the general scheme, see the addresses listed [below](#).

If you live in France at the time you submit your application for a retirement pension to the basic fund, you must also contact the last supplementary retirement pension fund of which you were a member.

The pension will not start before the first day of the month after the application is made.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Under the general scheme and related schemes, the survivor's pension is paid to the surviving spouse aged 55 or more (the actual survivor's pension, *pension de réversion*), or under 55 (the invalidity pension for widow/er, *pension de veuf ou de veuve invalide*). Under some special schemes and supplementary schemes, orphans may, subject to certain conditions, claim an orphan benefit.

A means-tested survivors' pension is awarded to the surviving spouse or divorced ex-spouse aged 55 or more (51 if the insured person died prior to 1/1/2009).

Under the supplementary schemes ARRCO (for employees) and AGIRC (for management staff), survivors' benefits are payable to a non remarried widow(er) who is aged at least 55 (ARRCO) or 60 (AGIRC). No age condition applies if the widow(er) is an invalid or has two dependent children.

Death grant

Death insurance provides for a lump-sum payment, under certain conditions, to persons who were completely and permanently dependent upon the insured person at the time of death. If no priority is invoked within a month, the death grant is paid to the surviving spouse or the partner under a civil solidarity pact or, failing that, to the descendants, or ascendants or to any person dependent on the insured person (partner, cohabitant etc.).

What is covered?

The amount of the basic pension is equal to 54% of the deceased spouse's old-age pension. It is means-tested and may, subject to certain limits, be paid in addition to personal old-age or invalidity benefits. If the widow(er) is divorced, the pension is divided in proportion to the years of marriage.

The invalidity pension for widow/er is awarded to a surviving spouse below the age of 55 who suffers from invalidity reducing his/her working or earning capacity by 66.66%. The deceased insured person should have been in receipt of, or entitled to, an old-age or invalidity pension at the time of his/her death.

A supplement corresponding to a lump sum per child is added to the widow's or widower's pension when the surviving spouse has at least one dependent child under 16. A 10% increase of the pension is paid when the beneficiary has had or brought up at least three children during nine years before their 16th birthday.

The widow's/widower's allowance guarantees, subject to certain conditions, that the surviving spouse of a deceased insured person receives a temporary allowance enabling them to integrate or reintegrate into working life. It is paid for a maximum of two years to all persons aged under 55 with limited personal resources.

Under the supplementary schemes ARRCO and AGIRC, the survivors' pensions amount to 60% of the pension of the deceased spouse. In case of divorce, the pension is

divided between the surviving spouses who did not remarry, in proportion to the years of marriage.

Death grant

The death grant amounts to 90 times the insured person's basic daily wage or salary, determined in the same way as for the sickness insurance benefit. It may not be less than 1% of the annual social security ceiling and may not exceed one quarter of that ceiling. Further information may be obtained from your sickness insurance fund.

How are survivors' benefits accessed?

Applications for survivors' pensions must be sent to the fund for pension insurance and health at work (CARSAT) for your area or to the National Old-age Insurance Fund (CNAV) if you live in the Paris region.

Applications for a widow's/widower's invalidity pension should be made to the primary sickness insurance fund for your area, or the regional sickness insurance fund for the Ile de France region if you live in the Paris region.

For persons insured under a scheme other than the general scheme, see the addresses listed [below](#).

If you live in France at the time you submit your application for a retirement pension to the basic fund, you must also contact the last supplementary retirement pension fund of which the deceased insured person was a member.

The pension will not start before the first day of the month after the application is made.

Death grant

The application for a death grant must be submitted to the fund of which the deceased worker was a member.

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

Employed persons (agricultural and non-agricultural workers) and farmers are covered by compulsory accidents at work insurance.

Insurance against accidents at work and occupational diseases covers accidents at work resulting from or caused by your work, accidents which occur on the way to or from work, and diseases contracted at work which are included in official lists of occupational diseases or are directly caused by normal work, according to a report by a committee for the recognition of occupational diseases.

What is covered?

Following an accident at work or an occupational disease, you are entitled to healthcare and daily allowances and, where appropriate, a pension for permanent disablement. In the event of death, your dependants may also receive pensions.

Daily allowance

If you are employed, you are entitled to a daily allowance from the first day on which you become unfit for work. The daily allowance is equal to 60% of gross daily earnings for the first 28 days and 80% subsequently, up to a limit of 0.834% of the annual social security ceiling. The daily allowance for farmers is fixed and is paid from the eighth day of the cessation of work.

Pension for permanent disablement

If as a result of your accident or disease you remain permanently partially (at least 10% for employed persons or 30% for farmers) or totally disabled from work, you are entitled to a pension. The amount of the pension depends on your earnings during the 12 months before you became disabled, and the degree of your permanent disablement.

Pensions in the event of death

The scheme for employed persons pays pensions to the spouse, partner or the person linked to the victim by a civil solidarity pact (*PACS*), children under 20 years of age and, in some circumstances, to the parents of the deceased insured person. They are equal to a percentage of the annual earnings of the deceased insured person. This percentage amounts to 40% for the spouse (60% in some cases), 25% each for the first two children and 20% for each additional child.

The total value of pensions granted to survivors of a victim of an accident at work may not exceed 85% of the deceased person's annual earnings.

Healthcare

On presentation of the accident form, you are entitled, free of charge and without advance payment, to healthcare, medicines, hospitalisation, equipment and prostheses (except where the amount in question exceeds the approved rate).

In certain circumstances you are entitled to vocational retraining or functional rehabilitation.

Those receiving a work injury pension corresponding to a degree of permanent incapacity of at least 66.66% are entitled, without application of a *ticket modérateur*, to sickness and maternity benefits in kind. Those receiving survivor's pensions also receive sickness and maternity benefits in kind.

How are benefits in respect of accidents at work and occupational diseases accessed?

You should inform your employer as soon as possible after an accident has occurred and give them the names and addresses of witnesses to the accident. The employer will notify your fund and issue you with an accident form, which gives you access to benefits in kind (care) without having to pay costs in advance.

In the event of a relapse, the accident form will be issued by the sickness insurance fund instead of your employer.

If you contract an occupational disease, you must inform your fund within 15 days of becoming unfit for work. Your notification must be sent to the fund, accompanied by two copies of the medical certificate issued by your physician. After a medical examination, the fund will inform you of its decision.

In the event of the victim's death, the survivor's application for benefits must be submitted to the primary sickness insurance fund (*caisse primaire d'assurance maladie (CPAM)*) for employed persons insured under the general scheme and the Agricultural Social Insurance Mutual Benefit Fund (*caisse de mutualité sociale agricole*) for agricultural workers and farmers.

Chapter IX: Family benefits

When are you entitled to family benefits?

You are entitled to a family allowance in France if you and your family live in France and you currently have continuous responsibility for at least one child. Some benefits are means-tested.

Family allowance itself (child benefit) becomes payable if you have responsibility for more than one child; however, certain benefits such as the infant welcome benefit, the housing allowance, the new school year allowance, the special education allowance and the maintenance allowance, may also be paid for a single child.

Beneficiaries

For payment of the housing allowance and the family supplement, the age limit for children is set at 21 instead of 20 for the other benefits. Finally, in order to compensate for the financial loss suffered by a family with three or more children when the eldest reaches the age of 20, a fixed-rate allowance is paid for a year. Family allowance is not, however, payable for the first child.

What is covered?

The following types of family benefits are provided for under French law.

- infant welcome benefit, which includes:
 - birth or adoption grant,
 - basic allowance,
 - complement for child education choice,
 - complement for child care choice;
- family allowance itself (child benefit);
- family supplement;
- housing allowance;
- special education allowance;
- maintenance allowance;
- new school year allowance;
- daily allowance for parent presence.

Family allowance increases may be granted on the basis of the child's age.

For more details on the other family allowances, please refer to the [MISSOC Tables](#).

How are family benefits accessed?

You must send your application to the family allowance fund for the area where your family lives.

For a list of the documents required for each of the above benefits, contact the family allowance fund or the agricultural social mutual fund for your area or consult their Internet site.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Only employed persons may claim unemployment benefit.

In order to qualify for unemployment benefits you must fulfil the following conditions:

- have become unemployed through no fault of your own;
- be registered as a jobseeker and agree to a personalised back-to-work action plan;
- be genuinely and continuously seeking employment;
- be physically fit for work;
- not meeting the conditions for receiving a full pension;
- produce evidence that you have been insured under the unemployment insurance scheme for at least four of the last 28 months (36 months if you are over 50).

What is covered?

The daily allowance is composed of a fixed part and of a variable part which is equal to 40.4% of the reference wage; it cannot be lower than 57.4% of the reference wage nor exceed 75%.

The payment period for the unemployment benefit (between four and 24 months – or 36 months if the beneficiary is 50 years old or over) depends on the prior period of insurance and the age of the jobseeker.

How are unemployment benefits accessed?

If you work in France and you lose your job, you must register immediately as a jobseeker with the Employment Service (*Pôle emploi*) for your area in order to receive any employment benefits to which you may be entitled, as well as to retain your entitlement to social security benefits.

You can submit your application for preregistration by telephone or on-line via the Employment Service's [website](#); you will get an appointment and a list of documents to be presented.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

French legislation provides for several minimum resource benefits for persons with stable and effective residence in France and whose means do not exceed a certain ceiling.

Active solidarity income

Active solidarity income (*revenu de solidarité active, RSA*) is intended to supplement income from work for those with insufficient professional income, to ensure a minimum income for persons without resources and to promote professional activity whilst fighting against exclusion.

It is paid to persons over 25 years of age (under 25 if they have to support at least one child, even if not yet born, or if they can prove a minimum period of activity) who did not reach retirement age.

Beneficiaries of the RSA are obliged to look for work, to take the necessary steps to generate their own activity or to follow the integration activities that are stipulated.

Allowance for disabled adults

The allowance for disabled adults (*allocation pour adulte handicapé, AAH*) guarantees minimum resources for disabled persons over 20 years and below 60.

Solidarity allowance for the elderly and supplementary invalidity allowance

The solidarity allowance for the elderly (*allocation de solidarité aux personnes âgées, ASPA*) and the supplementary invalidity allowance (*allocation supplémentaire d'invalidité, ASI*) top up social security benefits for old or disabled persons without a (sufficient) insurance record. ASPA is available for persons who have reached the age at which they can retire and ASI to invalid persons who do not fulfil the conditions to claim old-age pension.

Allowance of specific solidarity

The allowance of specific solidarity (*allocation de solidarité spécifique, ASS*) guarantees a minimum income for persons who are capable of working but who do not fulfil the conditions for drawing a full pension (see part on [old-age pensions and benefits](#)).

Beneficiaries must undertake positive actions towards regaining employment.

Temporary waiting period allowance

Finally, the temporary waiting period allowance (*allocation temporaire d'attente, ATA*) provides a temporary income to certain jobseekers (persons awaiting reintegration, asylum seekers, certain foreigners) who are not entitled to unemployment insurance benefits.

Beneficiaries must undertake positive actions towards regaining employment.

What is covered?

The amount of the benefits can vary according to the composition and resources of the applicant's household.

Active solidarity income

The active solidarity income is granted for 3-month periods, which can be renewed. Its amount depends on the family situation.

Other benefits

The amounts of other available benefits are as follows:

- Allowance for disabled adults (*allocation pour adulte handicapé, AAH*) regardless of the composition of the household. Several supplements may be provided. The AAH is granted for a limited (possibly renewable) period, according to the degree of disability;
- Solidarity allowance for the elderly (*allocation de solidarité aux personnes âgées, ASPA*) is granted as long as the entitlement conditions are fulfilled;
- Supplementary invalidity allowance (*Allocation supplémentaire d'invalidité, ASI*) is granted as long as the entitlement conditions are fulfilled;
- Allowance of specific solidarity (*allocation de solidarité spécifique, ASS*) is paid for renewable periods of six months;
- Temporary waiting period allowance (*allocation temporaire d'attente, ATA*) is either renewable each month or paid for a maximum period of 12 months, according to the situation of the beneficiary.

How are minimum resources benefits accessed?

For the active solidarity income (*revenu de solidarité active, RSA*), the claim is assessed by the body appointed by the General Councils (*conseils généraux*, i.e. the assemblies of the French departments).

The right to allowance for disabled adults (*allocation pour adulte handicapé, AAH*) is examined by the Disabled Persons' Rights and Independent-Living Commission (*commission des droits et de l'autonomie des personnes handicapées*).

Claims for allowance of specific solidarity (*allocation de solidarité spécifique, ASS*) and temporary waiting period allowance (*allocation temporaire d'attente, ATA*) are assessed by the body responsible for paying the unemployment benefits (*Pôle emploi*).

Claims for the solidarity allowance for the elderly (*allocation de solidarité aux personnes âgées, ASPA*) and supplementary invalidity allowance (*Allocation supplémentaire d'invalidité, ASI*) are assessed by the institutions (funds) responsible for paying the old-age or invalidity benefit.

Chapter XII: Long-term care

When are you entitled to long-term care?

The French social security system is not based on a homogeneous approach around the loss of autonomy and ability to conduct daily living activities. Long-term care benefits are instead spread over various pieces of legislation.

Supplement for assistance of a third party

This legislation provides for a supplement for assistance of a third party (*majoration pour aide d'une tierce personne*) in case of:

- an invalidity pension (*pension d'invalidité*);
- an old-age pension (*pension de vieillesse*) (subject to certain conditions).

The beneficiaries should not have reached the age at which they can receive a full pension, regardless of the length of insurance at the time of examination of entitlement, and need the assistance of another person in order to perform the majority of basic activities of daily life.

Supplementary benefit for recourse to a third party

In order to be entitled to supplementary benefit for recourse to a third party (*prestation complémentaire pour recours à tierce personne*), the beneficiary of a work injury pension (*rente accident de travail*) should be at least 80% disabled and require the assistance of a third person to perform activities of daily living.

Special education supplement for a disabled child

A special education supplement for a disabled child (*complément d'allocation d'éducation de l'enfant handicapé*) is granted for children under the age of 20 who reside in France and who are at least 80% disabled or, in specific situations, disabled between 50 and 80%.

Disability compensation allowance and allowance for loss of autonomy

Two other long-term care allowances should be mentioned.

The first is the disability compensation allowance (*prestation de compensation du handicap*) for disabled persons who are younger than 60 years, who are residing in France and whose disability meets defined criteria.

The second is the allowance for loss of autonomy (*allocation personnalisée d'autonomie*) for elderly persons who are older than 60 years and who are residing in France, and who suffer from a loss of autonomy. The benefit is not subject to means-testing, although its amount varies according to the means/income level.

What is covered?

Benefits in kind

Disability compensation allowance (*prestation de compensation du handicap*) and allowance for loss of autonomy (*allocation personnalisée d'autonomie*) can be used to cover the costs of home care and semi-residential and residential care.

Regarding home care, the assistance required for staying at home is assessed. The amount of the benefit depends on the assistance plan used, taking into account the level of participation of the beneficiary, and calculated according to his/her means.

For semi-residential care, it is possible to receive day care in a specialised centre. The number of hours granted depends on an evaluation of the need of assistance.

With respect to residential care (i.e.: accommodation in a social or medical-social institution; hospitalisation in a health institution or in an institution for accommodating elderly dependent persons (*Établissement pour hébergement pour personnes âgées dépendantes, EHPAD*)), the amount of the benefit equals the amount of the expenses corresponding to the degree of loss of autonomy according to the institution's tariffs, minus the participation of the beneficiary him/herself.

Cash benefits

The supplement for assistance of a third party (*majoration pour aide d'une tierce personne*) is equal to a 40%-increase of the pension, which cannot be lower than a minimum amount fixed by decree. The amount of supplementary benefit for recourse to a third party (*prestation complémentaire pour recours à tierce personne*) depends on the number of activities of daily living which the person concerned is able to perform independently (three amounts).

The special education supplement for a disabled child (*complément d'allocation d'éducation de l'enfant handicapé*) comprises six categories of supplement. There is a specific increase for dependent children of a single parent who is benefiting from the allowance and from a supplement for a disabled child of at least the second category.

Other benefits

Other benefits include technical grants for the purchase or renting of specific equipment, adaptation of frequently used equipment, housing support (adaptation), transport-related support, specific or exceptional help and assistance animals.

How is long-term care accessed?

For the supplement for assistance of a third party (*majoration pour aide d'une tierce personne*) and the supplementary benefit for recourse to a third party (*prestation complémentaire pour recours à tierce personne*), the medical service of the fund concerned will investigate your claim.

A multidisciplinary team will assess the need for the special education supplement for a disabled child (*complément d'allocation d'éducation de l'enfant handicapé*) and disability compensation allowance (*prestation de compensation du handicap*).

For the allowance for loss of autonomy (*allocation personnalisée d'autonomie*), a medical-social team will make the evaluation.

Annex: Useful addresses and websites

For social security issues concerning more than one EU country, you may search for a contact institution in Europe on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>

Ministries

Ministry of Labour, Work, Vocational Training and Social Dialogue
<http://www.travail-emploi.gouv.fr/>

Ministry of Social Affairs and Health
<http://www.social-sante.gouv.fr/>

Ministry of Economy and Finance
<http://www.economie.gouv.fr/>

Ministry of Agriculture, Agri-foodstuffs and Forestry
<http://agriculture.gouv.fr/>

Legal texts

<http://www.legifrance.gouv.fr>

General information

<http://www.service-public.fr/>

Social security portal

<http://www.securite-sociale.fr/>

Liaison Body

European and international social security liaison centre (CLEISS)
11 rue de la Tour des Dames
F-75436 Paris Cedex 09
<http://www.cleiss.fr/>

Collection of social security contributions and premiums

ACOSS
36, rue de Valmy
F-93108 Montreuil Cedex
<http://www.urssaf.fr/>

Sickness, Maternity, Paternity, Invalidity, Death, and Accident at Work for Employees

Caisse nationale d'assurance maladie maternité des travailleurs salariés
26-50, avenue du Professeur-André-Lemierre
F-75694 Paris Cedex 20
<http://www.ameli.fr/>

General Information on Retirement

GIP Info retraite
<http://www.info-retraite.fr/>

Retirement for Employees

- Basic Pension
Caisse nationale d'assurance vieillesse
110 avenue de Flandre
F-75951 Paris Cedex 19
<http://www.cnav.fr/>
- Mandatory supplementary pensions
AGIRC ARRCO
16-18, rue Jules-César
F-75592 Paris 12
<http://www.agirc-arrco.fr/>

Unemployment

Unedic
82, rue de Reuilly
F-75012 Paris
<http://www.unedic.org/>

Pôle emploi
Le Cinétic
1, avenue du Docteur Gley
<http://www.pole-emploi.fr>

Family benefits

Caisse nationale des allocations familiales
32, avenue de Sibelle
F-75685 Paris Cedex 14
<http://www.caf.fr/>

Social scheme for self-employed workers

RSI
264, avenue du Président Wilson
F-93457 La plaine Saint Denis cedex
<http://www.le-rsi.fr/>

The Professions

CNAVPL
102, rue de Miromesnil
F-75008 Paris
<http://www.cnavpl.fr/>

Agricultural scheme (employed and self-employed) for all risks, including collection

CCMSA
Les Mercuriales
40, rue Jean Jaurès
F-93547 Bagnolet Cedex
<http://www.msa.fr/>

Information on Special Schemes

<http://www.regimesspeciaux.org/>