

APPLICATION TO MAINTAIN DEATH COVER

EMPLOYEES WHOSE EMPLOYMENT CONTRACT HAS BEEN SUSPENDED



To be returned to
Service Prévoyance - KLESIA Mut'
TSA 70011 - 75128 PARIS CEDEX 11
T 01 71 39 16 30

IDENTIFICATION OF EMPLOYEE

Full name:

Address:

Postcode:

Town or city:

Social security number:

Professional category: Management Non-management

Marital status: single married widowed divorced separated civil union (PACS) cohabiting

Number of dependent children:

IDENTIFICATION OF COMPANY

Company name:

Siret number (shown on your payslip):

Acronym (e.g. SEI/SEF/SFCME):

Address of current employer:

Postcode:

Town or city:

CONTINUATION OF COVER

(Death cover may be maintained, subject to payment of contributions, when the employment contract is suspended for the following reasons: sabbatical, parental leave, leave to set up a business or any other reason for suspension of an employment contract without pay.)

Date of suspension of employment contract:

Duration of suspension of employment contract (expressed in number of months):

The request to maintain cover must be made within one month of the suspension of the employment contract.

CALCULATING THE CONTRIBUTION RATE

Calculation formula

$$\begin{aligned} & \text{(Gross annual salary for calendar year preceding the suspension}^1 \times 1.02\%^2) \\ & \times \text{(number of months of suspension of employment beyond free continuation of cover}^3 / 12) \\ & = \text{amount of contribution payable} \end{aligned}$$

This contribution will be deducted monthly over the number of months of suspension of the employment contract beyond the free continuation of benefits: (Total amount of the contribution to be paid / number of months of suspension of the employment contract beyond the free continuation of benefits) = amount of the monthly contribution.

The membership fee is paid monthly, on the 10th day of each month for the current month, by direct debit from the Participant's bank account.

Examples of calculations:

- ▶ If you wish to maintain your death cover benefits for 6 months, you are entitled to one month's free cover under the provident scheme and your gross annual salary received during past financial year is €42,000, the calculation of your contribution is as follows: $(€42,000 \times 1.02\%) \times (5/12)$ i.e. a total of €178.50. The monthly deduction will be equal to $(€178.50 / 5)$ or €35.77 per month.
- ▶ If you wish to maintain your death cover for 24 months, you are entitled to one month's free cover under the provident scheme and your gross annual salary for the previous financial year is €42,000, your contribution will be calculated as follows: $(€42,000 \times 1.02\%) \times (23/12)$ i.e. €821.10 in total. The monthly deduction will be equal to $(821.10€ / 23)$ or 35.77€ per month.

NB: if you have any questions about changing the suspension period, please contact KLESIA.

COMPULSORY DOCUMENTS

- Copy of pay slip for the month of December preceding the application to maintain death cover
- Certificate from employer or copy of the amendment to the contract stating the date and duration of the suspension of the employment contract
- Completed and signed SEPA mandate

1. The gross annual salary is limited to eight times the French Annual Social Security Ceiling (PASS). Your gross salary is shown on your pay slip for December of the year preceding the date of annual suspension of your employment contract.
2. Rate in application on 1 July 2024.
3. It is specified that all the benefits provided under the provident scheme are maintained for the month during which the employment contract is suspended and for the following calendar month, provided that the contribution has been paid for the current month. No contribution is due for the following calendar month. Beyond this period, the continuation of «Death and related benefits» may be granted at the request of the participant and upon payment of the corresponding contribution.

COMPLETED IN

DATE

Signature of employee

In accordance with the regulations in force, and in particular the General Data Protection Regulation n°2016/679 of 27 April 2016, the information given via this form is intended for KLESIA Prévoyance in its capacity as data controller, and may be transmitted to GIE KLESIA, GIE KLESIA ADP, the members of the GIEs, IRC KLESIA AGIRC ARRCO as well as any reinsurers and partners where applicable. Data, excluding the NIR number, is collected for the administrative management of your dossier, and with your consent, for commercial prospecting purposes. Your data is also collected in order to comply with our legal and regulatory obligations, in particular to combat money laundering, the financing of terrorism and insurance fraud. Data is kept for the duration of your contract, and then until the legal limitation periods have expired. You may request access, rectification, modification, portability, withdrawal of consent to the processing to or of your personal data, give us instructions as to the use of your data after your death, as well as limit or object to the processing by writing to info.cnil@klesia.fr or to KLESIA - Service INFO CNIL CS 30027, 93108 Montreuil cedex. Please note, however, that certain data may be excluded from these requests in certain circumstances, in particular if we need to continue processing your data to serve our legitimate interests or to comply with a legal obligation. To enable us to confirm your identity in case of doubt, you may be asked to provide proof of identity. We will keep a copy of your identity document for a maximum period of one year. KLESIA takes measures in line with the state of the art in order to ensure the security and confidentiality of your data in accordance with the regulations in force. You can contact the CNIL directly at the following address: 3 Place de Fontenay - TSA 80715 - 75334 PARIS CEDEX 07.

I agree to receive commercial information: by post by SMS by telephone

KLESIA
Pro