Concordia-Health
Official Legal Address
1901 Pennsylvania Avenue NW
Washington, DC 20006
United States
www.concordia-health.org

Maternity Declaration Form – Self-Employed Individuals

Request for Maternity Benefits

Membership No.: .....

SSN: .....

First Name / Last Name: .....

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1. MATERNITY DECLARATION

Please attach a medical certificate from your attending physician indicating:

- the expected date of delivery: .....
  (please confirm the expected delivery date here)
- whether this is a multiple birth: **Yes / No** *(cross out what does not apply)*

Date of birth of the child: .....

(Please attach a copy of the birth certificate)

MANDATORY MATERNITY LEAVE PERIOD

Based on the expected date of delivery:

- **Start date:** .....
  (please indicate the date 7 days prior to the expected delivery date)
- **End date:** .....
  (please indicate the date corresponding to the 14th day after the delivery date)

CHILD HOSPITALIZATION

My child is hospitalized:

☐ **Yes**, from ..... to .....
→ *(Please complete "Annex 7 – Child Hospitalization" and attach it to this declaration)*

☐ **No**

SSN: .....

2. OPTIONAL PRENATAL LEAVE PERIOD

(Check the applicable options)

☐ **I do NOT take optional prenatal leave**
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 1" and attach it to this declaration)*

☐ **I am taking one week of optional prenatal leave immediately before the start of my mandatory maternity leave**

During this week:

☐ I do not engage in any professional activity
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 2" and attach it to this declaration)*

☐ I will work part-time in my usual activities as a self-employed individual and will not engage in any other professional activity
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 3" and attach it to this declaration)*

☐ **I am taking two weeks of optional prenatal leave immediately before the start of my mandatory maternity leave**

☐ During the first week, I will work part-time in my usual activities and will not engage in any other professional activity.
During the second week, I will completely cease all activities
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 4" and attach it to this declaration)*

☐ During the first week, I will completely cease all activities.
During the second week, I will work part-time in my usual activities and will not engage in any other professional activity
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 4" and attach it to this declaration)*

☐ During both weeks, I will work part-time in my usual activities and will not engage in any other professional activity
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 5" and attach it to this declaration)*

☐ During both weeks, I will completely cease all activities
→ *(Please complete "OPTIONAL MATERNITY LEAVE PERIOD – Annex 6" and attach it to this declaration)*

IMPORTANT RECOMMENDATION

If you are considering taking one or more weeks of part-time maternity leave,
we recommend selecting at least **two weeks of part-time leave**.

This allows you to fully benefit from enhanced maternity benefits during the first four weeks of your maternity leave.

SUBMISSION

Please return **only the completed annex** corresponding to your situation with your request.

PAYMENT DETAILS

I would like my maternity benefits to be paid:

☐ To my financial account: ..... / ..... / .....

☐ To the following account: ..... / ..... / .....
Name of account holder: .....

Done in: .....
On: .....

Signature of the maternity leave applicant: .....

SSN: .....

3. Maternity Leave Provisions

Maternity leave consists of a **twelve-week period of rest** during which the beneficiary must **fully suspend her usual professional activities as well as any other professional engagement**.

This leave period includes two phases: a **mandatory period** and an **optional period**.

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1. Mandatory Maternity Leave

The mandatory period consists of a total of **three weeks**:

- **One week of mandatory prenatal leave**
  Begins **seven (7) days before the expected date of delivery**
- **Two weeks of mandatory postnatal leave**
  Begins on the **day of delivery** and continues for **two (2) weeks**

During this mandatory period, **all professional activities must be completely suspended**.

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2. Optional Maternity Leave

The optional period consists of **up to nine (9) weeks** (or more in specific cases), taken in **blocks of seven (7) calendar days**.

This period may be taken:

- As early as the **third week before the expected date of delivery**
- And up to **38 weeks following the date of delivery** (after the mandatory period)

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3. Part-Time Option

During the optional period, maternity leave may be taken on a **part-time basis**, under the following conditions:

- Leave must be taken in **weekly blocks (7 calendar days)**
- **One full-time week = two part-time weeks**
- Maximum entitlement:
  - **18 weeks** (standard cases)
  - Extended limits may apply in specific situations (e.g., multiple births)

During part-time leave:

- The beneficiary may **only engage in reduced (part-time) professional activity**
- **Any other professional activity is strictly prohibited**

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4. Benefit Coverage

Maternity benefits provide financial support for a **complete interruption of professional activities**, for a duration ranging from:

- **Minimum: 3 weeks (mandatory period)**
- **Maximum: up to 12 weeks**, depending on the duration of leave taken

The mandatory leave period always includes:

- The **week immediately preceding childbirth**
- The **two weeks following childbirth**

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5. Multiple Births

In the case of **multiple births**, additional benefits may apply, including:

- An **extended maternity leave period**
- Additional compensated weeks, subject to eligibility and supporting documentation

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6. Payment of Benefits

- **Initial payment**
  Covers the mandatory leave period and is issued upon approval of the application
- **Monthly payments**
  Issued for optional maternity leave based on the leave already taken
- **Final payment**
  Issued after confirmation of the **definitive return-to-work date**

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7. Supporting Documents

To process the application, the following documents must be provided:

- A **birth certificate** (or equivalent official documentation)
- Any additional documents required based on the applicant's situation

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8. Important Notice

If the actual date of delivery differs from the expected date (early or late birth),
the maternity leave schedule may be **adjusted accordingly**.

Applicants will be notified of any necessary changes.

4 — OPTIONAL MATERNITY LEAVE PERIOD – ANNEX 1

Membership No.: .....
SSN: .....
First Name – Last Name: .....

(Please check the applicable option)

☐ I do NOT take optional postnatal leave
→ (Please sign this annex on the reverse side)

☐ This is not a multiple birth, and I take optional postnatal leave

☐ I will take a maximum of **9 weeks** of optional maternity leave during which I will completely cease all activities
→ (Complete the table below and sign)

☐ I choose to convert one or more weeks into part-time leave
→ Each full-time week may be converted into up to **2 weeks of part-time activity**
→ Maximum total: **18 weeks of optional maternity leave**
→ (Complete the table and sign)

☐ This is a multiple birth, and I take optional postnatal leave

☐ I will take a maximum of **10 weeks** of optional maternity leave during which I will completely cease all activities
→ (Complete the table below and sign)

☐ I choose to convert one or more weeks into part-time leave
→ Each full-time week may be converted into up to **2 weeks of part-time activity**
→ Maximum total: **20 weeks of optional maternity leave**
→ (Complete the table and sign)

Schedule (Full cessation – postnatal leave)

I will take the following weeks over a period of **38 weeks starting from the date of delivery**.

During these weeks, I will completely cease all activities:

Week 1: from ..... to .....
Week 2: from ..... to .....
Week 3: from ..... to .....
Week 4: from ..... to .....
Week 5: from ..... to .....
Week 6: from ..... to .....
Week 7: from ..... to .....
Week 8: from ..... to .....
Week 9: from ..... to .....
Week 10: (only in case of multiple birth) from ..... to .....

Alternative schedule (full-time / part-time system)

I will take the following weeks over a period of **38 weeks starting from the date of delivery**.

During at least one of these weeks, I will work **part-time** in my usual self-employed activities:

Week 1: from ..... to ..... → Full-time / Part-time
Week 2: from ..... to ..... → Full-time / Part-time
Week 3: from ..... to ..... → Full-time / Part-time
Week 4: from ..... to ..... → Full-time / Part-time
Week 5: from ..... to ..... → Full-time / Part-time
Week 6: from ..... to ..... → Full-time / Part-time
Week 7: from ..... to ..... → Full-time / Part-time
Week 8: from ..... to ..... → Full-time / Part-time
Week 9: from ..... to ..... → Full-time / Part-time
Week 10: from ..... to ..... → Full-time / Part-time

Week 11: from ..... to ..... → Full-time / Part-time
Week 12: from ..... to ..... → Full-time / Part-time
Week 13: from ..... to ..... → Full-time / Part-time
Week 14: from ..... to ..... → Full-time / Part-time
Week 15: from ..... to ..... → Full-time / Part-time
Week 16: from ..... to ..... → Full-time / Part-time
Week 17: from ..... to ..... → Full-time / Part-time
Week 18: from ..... to ..... → Full-time / Part-time
Week 19: (only in case of multiple birth) from ..... to ..... → Full-time / Part-time
Week 20: (only in case of multiple birth) from ..... to ..... → Full-time / Part-time

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Calculation rule

- 1 full-time week = **1**
- 1 part-time week = **0.5**
- Maximum total:
    - **9 weeks (standard case)**
    - **10 weeks (multiple birth)**

Declaration

I hereby confirm that:

- Full-time weeks = complete cessation of all professional activity
- Part-time weeks = strictly limited to reduced activity in my usual profession
- No other professional activity will be carried out during maternity leave

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Obligations

I commit to providing:

- A birth certificate extract, or
- A medical certificate confirming the delivery

I will inform my mutual insurance provider in advance of any changes to this schedule.

If the planned weeks are not applicable due to early or late delivery, the mutual insurance provider may adjust the schedule accordingly.

Date: .....
Signature: .....

Concordia-Health processes personal data in compliance with applicable data protection regulations, including the General Data Protection principles (GDPR-inspired framework). Users have the right to access, correct, restrict, or delete their personal data.

For more information, please consult our Privacy Policy:

6 — OPTIONAL MATERNITY LEAVE PERIOD – ANNEX 2

Membership No.: .....
SSN: .....
First Name – Last Name: .....

(Please check the applicable option)

☐ I do NOT take optional postnatal leave
→ (Please indicate in the first line of the table below the period of optional prenatal leave and sign on the reverse side)

☐ This is not a multiple birth, and I take optional postnatal leave

☐ I will take a maximum of **9 weeks of optional maternity leave** (prenatal + postnatal combined) during which I will completely cease all activities
→ (Complete the table below and sign)

☐ I choose to convert one or more weeks into part-time leave
→ Each full-time week may be converted into up to **2 weeks of part-time activity**
→ Maximum total: **18 weeks of optional maternity leave**
→ (Complete the table and sign)

☐ This is a multiple birth, and I take optional postnatal leave

☐ I will take a maximum of **10 weeks of optional maternity leave** during which I will completely cease all activities
→ (Complete the table below and sign)

☐ I choose to convert one or more weeks into part-time leave
→ Each full-time week may be converted into up to **2 weeks of part-time activity**
→ Maximum total: **20 weeks of optional maternity leave**
→ (Complete the table and sign)

Schedule – Full cessation (postnatal leave)

Week 1 (immediately before mandatory maternity leave):
from ..... to .....

I will take the following weeks over a period of **38 weeks starting from the date of delivery**.

During these weeks, I will completely cease all activities:

Week 2: from ..... to .....
Week 3: from ..... to .....
Week 4: from ..... to .....
Week 5: from ..... to .....
Week 6: from ..... to .....
Week 7: from ..... to .....
Week 8: from ..... to .....
Week 9: from ..... to .....

Week 10: (only in case of multiple birth) from ..... to .....

Alternative schedule (full-time / part-time option)

Week 1 (immediately before mandatory maternity leave):
from ..... to .....

→ value: **1**

I will take the following weeks over a period of **38 weeks starting from the date of delivery**.

During at least one of these weeks, I will work **part-time** in my usual self-employed activities:

Week 2: from ..... to ..... → Full-time / Part-time
Week 3: from ..... to ..... → Full-time / Part-time
Week 4: from ..... to ..... → Full-time / Part-time
Week 5: from ..... to ..... → Full-time / Part-time
Week 6: from ..... to ..... → Full-time / Part-time
Week 7: from ..... to ..... → Full-time / Part-time
Week 8: from ..... to ..... → Full-time / Part-time
Week 9: from ..... to ..... → Full-time / Part-time
Week 10: from ..... to ..... → Full-time / Part-time
Week 11: from ..... to ..... → Full-time / Part-time
Week 12: from ..... to ..... → Full-time / Part-time
Week 13: from ..... to ..... → Full-time / Part-time
Week 14: from ..... to ..... → Full-time / Part-time
Week 15: from ..... to ..... → Full-time / Part-time
Week 16: from ..... to ..... → Full-time / Part-time
Week 17: from ..... to ..... → Full-time / Part-time
Week 18: from ..... to ..... → Full-time / Part-time
Week 19: (only in case of multiple birth) from ..... to ..... → Full-time / Part-time

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Calculation rule

- 1 full-time week = **1**
- 1 part-time week = **0.5**
- Maximum total:
    - **9 weeks (standard case)**
    - **10 weeks (multiple birth)**

? Do not forget to include the prenatal optional leave week (Week 1)

Declaration

I hereby confirm that:

- Full-time weeks = complete cessation of all professional activity
- Part-time weeks = strictly limited to reduced activity in my usual profession
- No other professional activity will be performed during maternity leave

---

Obligations

I agree to provide:

- A birth certificate extract, or
- A medical certificate confirming delivery

I will inform my mutual insurance provider in advance of any changes to this schedule.

If scheduled weeks are not applicable due to early or late delivery, the mutual insurance provider may adjust accordingly.

Date: .....
Signature: .....

Legal notice

Concordia-Health processes personal data in compliance with applicable data protection regulations (GDPR-aligned framework).
Users have the right to access, correct, restrict, or delete their personal data.

7 — MATERNITY LEAVE – OPTIONAL LEAVE PERIOD (ANNEX 3)

Affiliation No.: .....
SSN: .....
First Name – Last Name: .....

(Please check the applicable option)

☐ **I do NOT take optional postnatal leave**
→ Please indicate your prenatal leave period in the table and sign this form.

☐ **This is not a multiple birth, and I am taking optional postnatal leave**

My optional maternity leave (prenatal + postnatal combined) may last up to **9 weeks maximum**, during which I will fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **18 weeks total** of reduced activity.

☐ **This is a multiple birth, and I am taking optional postnatal leave**

My optional maternity leave may last up to **10 weeks maximum**, during which I will fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **20 weeks total** of reduced activity.

Week 1 (prenatal optional leave)

Immediately preceding mandatory maternity leave, during which I work part-time in my usual self-employed activity:

From ..... to .....
Total: 0.5 week

Postnatal optional leave schedule (up to 38 weeks after birth)

For each selected week, indicate:

- Full-time (cessation of activity)
- Part-time (reduced activity)

Week 2: from ..... to ..... | Week 12: from ..... to .....
Week 3: from ..... to ..... | Week 13: from ..... to .....
Week 4: from ..... to ..... | Week 14: from ..... to .....
Week 5: from ..... to ..... | Week 15: from ..... to .....
Week 6: from ..... to ..... | Week 16: from ..... to .....
Week 7: from ..... to ..... | Week 17: from ..... to .....

Week 8: from ..... to ..... | Week 18: from ..... to .....
Week 9: from ..... to ..... | Week 19: (multiple birth only)
Week 10: from ..... to ..... | Week 20: (multiple birth only)
Week 11: from ..... to .....

Calculation rule

- 1 full-time week = 1
- 1 part-time week = 0.5
- Maximum total:
    - 9 weeks (standard)
    - 10 weeks (multiple birth)

Declaration

I confirm that:

- Full-time weeks = complete cessation of all professional activity
- Part-time weeks = reduced self-employed activity only
- No other professional activity will be performed during the leave period

I agree to provide:

- a birth certificate extract, or
- a medical certificate confirming delivery

I will notify the insurance provider of any schedule changes in advance.

Date: .....

Signature: .....

8. MATERNITY LEAVE – OPTIONAL LEAVE PERIOD (ANNEX 4)

Affiliation No.: .....
SSN: .....
First Name – Last Name: .....

(Please check the applicable option)

☐ **I do NOT take optional postnatal leave**
→ Indicate your prenatal leave period in the table and sign this form.

☐ **This is not a multiple birth, and I take optional postnatal leave**

My optional maternity leave (prenatal + postnatal combined) may last up to **9 weeks maximum**, during which I fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **18 weeks total** of reduced activity.

☐ **This is a multiple birth, and I take optional postnatal leave**

My optional maternity leave may last up to **10 weeks maximum**, during which I fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **20 weeks total** of reduced activity.

Pre-mandatory maternity period (Week 1 + Week 2)

During the two weeks immediately preceding the start of mandatory maternity leave:

- Week 1: full cessation of activity
  From ..... to .....
- Week 2: part-time activity
  From ..... to .....

Total: 1.5 weeks

Postnatal optional leave schedule (up to 38 weeks after birth)

During the selected weeks, I will indicate for each period:

- Full-time (complete cessation)
- Part-time (reduced activity)

Week 3: from ..... to ..... | Week 12: from ..... to .....
Week 4: from ..... to ..... | Week 13: from ..... to .....
Week 5: from ..... to ..... | Week 14: from ..... to .....
Week 6: from ..... to ..... | Week 15: from ..... to .....

Week 7: from ..... to ..... | Week 16: from ..... to .....
Week 8: from ..... to ..... | Week 17: from ..... to .....
Week 9: from ..... to ..... | Week 18: from ..... to .....
Week 10: from ..... to ..... | Week 19: (multiple birth only)
Week 11: from ..... to .....

Calculation rule

- 1 full-time week = 1
- 1 part-time week = 0.5
- Maximum total:
    - 9 weeks (standard case)
    - 10 weeks (multiple birth)

Declaration

I confirm that:

- full-time weeks = complete cessation of all professional activity
- part-time weeks = reduced self-employed activity only
- no other professional activity will be performed

I agree to provide:

- a birth certificate extract, or
- a medical certificate confirming childbirth

I will inform the insurance provider in advance of any schedule changes.

Date: .....

Signature: .....

9. MATERNITY LEAVE – OPTIONAL LEAVE PERIOD (ANNEX 5)

Affiliation No.: .....
SSN: .....
First Name – Last Name: .....

(Please check the applicable option)

☐ **I do NOT take optional postnatal leave**
→ Indicate your prenatal leave period in the first line of the table and sign this form.

☐ **This is not a multiple birth, and I take optional postnatal leave**

My optional maternity leave (prenatal + postnatal combined) may last up to **9 weeks maximum**, during which I fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **18 weeks total** of reduced activity.

☐ **This is a multiple birth, and I take optional postnatal leave**

My optional maternity leave may last up to **10 weeks maximum**, during which I fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **20 weeks total** of reduced activity.

Pre-mandatory maternity period (Week 1 + Week 2)

During the two weeks immediately preceding the start of mandatory maternity leave, I will work part-time in my usual self-employed activity:

- Week 1: From ..... to .....
- Week 2: From ..... to .....

Total: 1 week

Postnatal optional leave schedule (up to 38 weeks after birth)

During the selected weeks, I will indicate for each period:

- Full-time (complete cessation of activity)
- Part-time (reduced activity)

Week 3: from ..... to ..... | Week 12: from ..... to .....
Week 4: from ..... to ..... | Week 13: from ..... to .....
Week 5: from ..... to ..... | Week 14: from ..... to .....
Week 6: from ..... to ..... | Week 15: from ..... to .....
Week 7: from ..... to ..... | Week 16: from ..... to .....

Week 8: from ..... to ..... | Week 17: from ..... to .....
Week 9: from ..... to ..... | Week 18: from ..... to .....
Week 10: from ..... to ..... | Week 19: (multiple birth only)
Week 11: from ..... to .....

Calculation rule

- 1 full-time week = 1
- 1 part-time week = 0.5
- Maximum total:
    - 9 weeks (standard case)
    - 10 weeks (multiple birth)

Declaration

I confirm that:

- full-time weeks = complete cessation of all professional activity
- part-time weeks = reduced self-employed activity only
- no other professional activity will be performed

I agree to provide:

- a birth certificate extract, or
- a medical certificate confirming childbirth

I will notify the insurance provider in advance of any changes to my schedule.

Date: .....

Signature: .....

10. MATERNITY LEAVE – OPTIONAL LEAVE PERIOD (ANNEX 5)

Affiliation No.: .....
SSN: .....
First Name – Last Name: .....

(Please check the applicable option)

☐ **I do NOT take optional postnatal leave**
→ Indicate your prenatal leave period in the first line of the table and sign this form.

☐ **This is not a multiple birth, and I take optional postnatal leave**

My optional maternity leave (prenatal + postnatal combined) may last up to **9 weeks maximum**, during which I fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **18 weeks total** of reduced activity.

☐ **This is a multiple birth, and I take optional postnatal leave**

My optional maternity leave may last up to **10 weeks maximum**, during which I fully cease all professional activity.
Each week may be converted into up to **2 part-time weeks**, allowing a maximum of **20 weeks total** of reduced activity.

Pre-mandatory maternity period (Week 1 + Week 2)

During the two weeks immediately preceding the start of mandatory maternity leave, I will work part-time in my usual self-employed activity:

- Week 1: From ..... to .....
- Week 2: From ..... to .....

Total: 1 week

Postnatal optional leave schedule (up to 38 weeks after birth)

During the selected weeks, I will indicate for each period:

- Full-time (complete cessation of activity)
- Part-time (reduced activity)

Week 3: from ..... to ..... | Week 12: from ..... to .....
Week 4: from ..... to ..... | Week 13: from ..... to .....
Week 5: from ..... to ..... | Week 14: from ..... to .....
Week 6: from ..... to ..... | Week 15: from ..... to .....
Week 7: from ..... to ..... | Week 16: from ..... to .....

Week 8: from ..... to ..... | Week 17: from ..... to .....
Week 9: from ..... to ..... | Week 18: from ..... to .....
Week 10: from ..... to ..... | Week 19: (multiple birth only)
Week 11: from ..... to .....

Calculation rule

- 1 full-time week = 1
- 1 part-time week = 0.5
- Maximum total:
    - 9 weeks (standard case)
    - 10 weeks (multiple birth)

Declaration

I confirm that:

- full-time weeks = complete cessation of all professional activity
- part-time weeks = reduced self-employed activity only
- no other professional activity will be performed

I agree to provide:

- a birth certificate extract, or
- a medical certificate confirming childbirth

I will notify the insurance provider in advance of any changes to my schedule.

Date: .....

Signature: .....

11. MATERNITY LEAVE BENEFITS REQUEST – CHILD HOSPITALIZATION (ANNEX 7)

Affiliation No.: .....
SSN: .....
First Name – Last Name: .....

LEGAL BASIS (INFORMATION ONLY)

At the request of the insured person, maternity leave may be extended when a newborn child remains hospitalized for more than **7 consecutive days from the date of birth**.

The extension corresponds to the duration of hospitalization beyond the initial 7 days.

The extension starts immediately after the mandatory maternity leave period.

Maximum duration:

- Up to **24 weeks full-time leave**
- Up to **48 weeks part-time leave**

Optional postnatal leave begins immediately after the extension period.

REQUEST FOR MATERNITY BENEFITS (HOSPITALIZATION EXTENSION)

I request maternity leave due to the hospitalization of my child:

Start date of extension: .....

Hospitalization period of child:
From ..... to .....

I attach a hospital certificate confirming the exact hospitalization period.

PAYMENT DETAILS

☐ Transfer to my bank account: ..... / ..... / .....
☐ Transfer to another account: ..... / ..... / .....
Name of account holder: .....

Place: .....
Date: .....

Signature: .....

EXTENDED LEAVE SCHEDULE (IF APPLICABLE)

During this extended maternity leave period, I may take up to 48 weeks (part-time option included).

Each week must be indicated as:

- Full-time (complete cessation)
- Part-time (reduced activity)

Week 1: from ..... to ..... | Week 25: from ..... to .....
Week 2: from ..... to ..... | Week 26: from ..... to .....
Week 3: from ..... to ..... | Week 27: from ..... to .....
Week 4: from ..... to ..... | Week 28: from ..... to .....
Week 5: from ..... to ..... | Week 29: from ..... to .....
Week 6: from ..... to ..... | Week 30: from ..... to .....
Week 7: from ..... to ..... | Week 31: from ..... to .....
Week 8: from ..... to ..... | Week 32: from ..... to .....
Week 9: from ..... to ..... | Week 33: from ..... to .....
Week 10: from ..... to ..... | Week 34: from ..... to .....
Week 11: from ..... to ..... | Week 35: from ..... to .....
Week 12: from ..... to ..... | Week 36: from ..... to .....
Week 13: from ..... to ..... | Week 37: from ..... to .....
Week 14: from ..... to ..... | Week 38: from ..... to .....
Week 15: from ..... to ..... | Week 39: from ..... to .....
Week 16: from ..... to ..... | Week 40: from ..... to .....
Week 17: from ..... to ..... | Week 41: from ..... to .....
Week 18: from ..... to ..... | Week 42: from ..... to .....
Week 19: from ..... to ..... | Week 43: from ..... to .....
Week 20: from ..... to ..... | Week 44: from ..... to .....
Week 21: from ..... to ..... | Week 45: from ..... to .....
Week 22: from ..... to ..... | Week 46: from ..... to .....
Week 23: from ..... to ..... | Week 47: from ..... to .....
Week 24: from ..... to ..... | Week 48: from ..... to .....

DECLARATION

I confirm that:

- full-time weeks = complete cessation of all professional activity
- part-time weeks = reduced self-employed activity only
- no other professional activity will be performed

I agree to provide:

- birth certificate or official medical confirmation
- hospital documentation of child hospitalization

I will inform the insurance provider in advance of any changes.

Affiliation No.: .....

Annex 7

END OF FORM – CH-MAT-001 (v1.0)