



N°15870*02

Pour vous aider

Service des pensions et des risques professionnels
BP 60000 - 17016 La Rochelle Cedex 1
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**REQUEST FOR DISABILITY PENSION
FOR VICTIMS OF TERRORIST ACTS**

You wish to make a request (check the appropriate box):

- Initial request** (see Sections 1, 2, 3, 7 and 8 and Table A) *You do not have a pension.*
- New disability** (see Sections 1, 3, 7 and 8) *You already have a pension and you are requesting compensation for another disability.*
- Renewal** (see Sections 1, 4 and 8) *You are receiving temporary compensation for your disability for 3 years, and you are requesting the renewal 6 months prior to the end of the three-year period.*
- Aggravation** (see Sections 1, 5, 7 and 8) *You have a pension and the compensated disability has become aggravated.*
- Assistant required** (see Sections 1, 6, 7 and 8) *This request may be made at any time.*

Section 1 ►	Contact information
Last name:	First name:
Name at birth:	
Date of birth:	
Place of birth:	Country:
Nationality:	
Family situation:	<input type="checkbox"/> Single or living together <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil partnership
Address (in France):	
Address (abroad):	
Home telephone:	Cell phone:
E-mail :	
If you are a French citizen, please provide social security number:	
Inform the Service des pensions et des risques professionnels of any change of address.	

Section 2 ►

Terrorist act

Date:..... Place:

Country:

Section 3 ►

Initial request or new disability

Specify the disability/ies to be covered by the medical assessment:

.....
.....
.....

Attach a descriptive medical certificate specifying the disability/ies concerned as well all copies of relevant medical documents in your possession.

Section 4 ►

Renewal

Specify the disability/ies to be covered by the medical assessment:

.....
.....
.....

Attach any new medical documents since the last assessment (for radiological or other examinations, send only a copy of the report and keep the X-rays).

Section 5 ►

Aggravation

Specify the disability/ies to be covered by the medical assessment:

.....
.....
.....

Attach a descriptive medical certificate specifying the aggravated disability/ies and all new medical documents that justify the aggravation (for radiological or other examinations, send only a copy of the report and keep the X-rays).

Section 6 ►

Need for an assistant

The disability/ies for which I receive a pension prevent me from performing basic actions without assistance (moving the body, driving, walking, standing up, eating, dressing, etc.).

Attach a descriptive medical certificate justifying the need for an assistant due to the disability/ies for which a pension is received. As appropriate, this certificate will note that it is physically impossible to visit the expert physician or the need for non-emergency medical transportation.

Terrorist acts that occurred prior to 1 January 1985 (French victims)

Please attach any document justifying the circumstances of the wound or the illness (police or gendarmerie report, newspaper articles, eyewitness accounts, etc.).

Terrorist acts that occurred after 1 January 1985**For French and foreign victims**

Have you submitted a request to the Guarantee Fund for the Victims of Terrorist Acts and Other Criminal Acts (FGTI)?

 YES NO

If NO, please go to Section 8.

If YES,

For an initial request, please attach a copy of the final transaction report accepted and signed by you and which includes the amounts received for each condition.

For a request concerning an aggravation, a new disability or a caretaker, please attach a copy of the additional compensation report

If you are not in possession of these documents, the service des pensions et des risques professionnels will request it from FGTI.

Have you been examined by a physician associated with FGTI?

 YES NO

If YES, on what occasion?

 Initial request Aggravation in your medical condition New disability

Please attach a copy of the assessment report only if you have not already submitted it to the service des pensions et des risques professionnels as part of an earlier request. If it is not in your possession, the service des pensions et des risques professionnels will request that FGTI forward the report.

For victims who are not French citizens:

Have you submitted a request from an agency in your country of origin and/or received compensation from it?

 YES NO

If YES, please attach any proof accepted and signed by you and which includes the detail of the amount received for each condition as well as the date of the final payment.

Section 8 ►

Important information

I hereby acknowledge the provisions of Article L.151-5 of the Code of Disability Pensions for Veterans and Victims of War:

“Medical information and documentation which is necessary for the consideration of rights defined in this book are transmitted upon their request to the administrative sections responsible for examining pension requests, the settlement and granting of pensions, in confidential conditions and in compliance with medical secrecy as defined by the decree of the French Administrative Supreme Court (Conseil d’Etat).

Those receiving and requesting a pension have the right to access the medical documents mentioned in the first paragraph as well as the documents concerning them as part of the examination of their rights to a pension.”

Contact information for my doctor:

Doctor:

Address:

.....
.....
.....

Telephone:

Date

Signature

(do not forget to sign)
In the case of full or partial guardianship, signature of the representative

When you have a disability pension under the Code of Disability Pensions for Veterans and Victims of War, you may request an increase for your child(ren), subject to conditions.

A request for an increase for children must be submitted using the appropriate form.

Section reserved for agency receiving this request:

Name of agency and stamp of authority:

Date or receipt:

Table A - Additional documents required to examine the application

		Initial request	Renewal	Aggravation	New disability	Assistant
Proof of identity	<i>For victims with French citizenship</i> Copy of valid national identity card or passport, or certificate of French nationality or extract of birth record or official family record book	X				
	If required: copy of judgement concerning full or partial guardianship and non-revocation certificate	X	X(1)	X(1)	X(1)	X(1)
	<i>For foreign victims</i> Copy of birth certificate or recent official identity document, translated into French	X				
Medical document	<i>For French and foreign victims</i> If required: Medical certificate stating that it is physically impossible to visit the expert physician or the need for non-emergency medical transportation.	X	X	X	X	X

(1) Document is to be presented only if it has not already been submitted to the service des pensions et des risques professionnels as part of a previous request.