

UNIVERSAL HEALTH PROTECTION IN FRANCE (PUMA)

Any person working or living in France on a regular, long-term basis is entitled to continuous coverage of their personal medical expenses throughout their lifetime. This is the universal health protection scheme (Protection Universelle Maladie) provided for under Article 59 of the French 2016 Social Security Financing Act.

WHAT ARE THE AIMS OF THE UNIVERSAL HEALTH PROTECTION SCHEME?

The universal health protection scheme has four key aims:

1. To make life easier for insured persons.
2. To ensure continuity of entitlement to coverage of medical expenses.
3. To keep administrative procedures to a strict minimum.
4. To ensure greater autonomy and confidentiality for all insured persons in respect of their medical expenses coverage.

The universal health protection scheme is the culmination of the reasoning behind the basic universal health coverage scheme (CMU) introduced in 1999, which aimed to provide healthcare coverage to people living in France on a regular, long-term basis who did not have any statutory health insurance.

SIMPLIFIED ENTITLEMENT FOR INSURED PERSONS

In practice, if you are working or living in France on a regular, long-term basis, the universal health protection scheme guarantees your medical expenses will be covered while simplifying procedures. You will no longer be asked to provide proof, sometimes annually, in order to claim your entitlement to health insurance.

The universal health protection scheme also allows you to remain covered by your health insurance scheme, including if you lose your job or if there is a change in your personal circumstances. Any interruptions in your entitlement to coverage are therefore avoided.



GRADUAL PHASING OUT OF DEPENDANT STATUS

Under the universal health protection scheme, all adults who are not in active employment are entitled to coverage of their personal medical expenses, provided they are living in France on a regular, long-term basis. They no longer need to claim their entitlement through an eligible insured. This means that, for persons aged 18 or over, the concept of dependant no longer exists. Only minors continue to have dependant status.

In practice, under the reform, all adults are insured individually when they reach adulthood (or age 16 at their request). They can opt to have their reimbursements paid into their own bank account, receive their own reimbursement statements and have their own health insurance account (ameli), ensuring greater confidentiality of the information relating to their medical coverage.

APPLYING FOR ENROLMENT

If you wish, you can now apply for enrolment on the basis of residence by contacting your health insurance centre. You can do this by completing the application for health insurance ([Demande d'ouverture des droits à l'Assurance Maladie – Form 736](#)) (PDF, 1.1 MB) and sending it, together with the required supporting documents, to your health insurance centre. We would be pleased to help you complete this document (which is only available in French).

Full details can be found at <https://www.ameli.fr/assure/droits-demarches/principes/protection-universelle-maladie>