### Accompagnement Préalable Retraite

(AGENT AFFILIÉ CNRACL)

## **IDENTIFICATION EMPLOYEUR :**

Nom de la collectivité : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

N° de SIRET : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

## **IDENTIFICATION AGENT :**

NOM de naissance : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

NOM d’usage : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date de naissance : ˽ ˽ / ˽ ˽ / ˽ ˽ ˽ ˽

N° sécurité sociale avec la clé : ˽ ˽ ˽ ˽ ˽ ˽ ˽ ˽ ˽ ˽ ˽ ˽ ˽ / ˽ ˽

Adresse postale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_\_ \_ \_ \_\_\_ \_ \_ \_\_ \_ CP : \_ \_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_VILLE : \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresse électronique @ : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Numéro de téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

## **MOTIF DE LA DEMANDE :**

🞏 Pension normale 🞏 pension d’invalidité 🞏 possibilité carrière longue 🞏 retraite progressive

🞏 Autres : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

🞏 Date de départ souhaitée : \_ \_ / \_ \_ / \_ \_ \_ \_

Avez-vous déjà un compte sur le site : maretraitepublique.caissedesdepots.fr 🞏 oui 🞏 non

Date prochain avancement échelon et/ou grade : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Je souhaite être renseigné (e) : 🞏 par téléphone

🞏 par mail

🞏 en RDV présentiel dans les locaux du CDG84 (prioritairement les jeudis ap-midi)

Points que vous souhaitez aborder : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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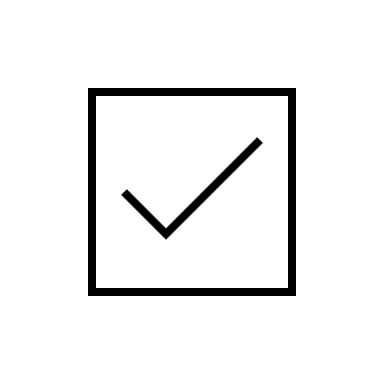
**Pièces à joindre** : (Documents indispensables afin de préparer une simulation de calcul de pension)

🞏 Copie du livret de famille

🞏 Relevé CARSAT + complémentaires

🞏 Eventuellement les arrêtes de NBI (attribution & cessation) et de modification de durée de travail hebdomadaire

🞏 Eventuellement ESS militaire. Sont-ils déjà rémunérés par une pension ? 🞏 oui 🞏 non



Je donne l’autorisation de transmettre ces informations à la CNRACL

*Ces études ont été réalisées :*

*Signature de l’agent*

* *Selon les règles actuellement en vigueur*
* *Sans engagement de la part de la CDC et du CDG*
* *Sans tenir comptes des éventuels changements qui pourraient*

*intervenir dans votre carrière*

**ATTENTION** : Nous vous informons que les entretiens retraite (APR) sont limités à **1 rendez-vous** par actif sur la totalité de sa carrière. La CNRACL recommande de l’effectuer au minimum 1 an avant la date de départ souhaité.