

Claim for child benefits for employees

contact
telephone
reference number

With this form you may claim child benefits as an **employee**. According to the child benefits legislation, an unemployed, disabled or retired employee is still considered an employee.

Who has to claim the child benefits?

In this order:

1° the father,

2° the mother,

3° the stepfather,

4° the stepmother,

5° the oldest of the following persons:

- the partner of the mother/father,

- the child's grandparent (if he belongs to the family),

- an uncle or aunt of the child (if he belongs to the family),

6° a (half)brother or (half)sister of the child.

How do you claim child benefits?

Please fill out and sign this form and return it to your child benefits agency. If you do not know it, please ask your current or latest employer.

To whom will the benefits be paid?

To the person who raises the child, usually the mother.

Do you wish further information?

Please get in touch with your child benefits agency for information about your file. For general information about child benefits you may also get in touch with the Rijksdienst voor Kinderbijslag voor Werknemers, Trierstraat 70, 1000 Brussels, tel. 02-237 23 40.

All these data are collected so child benefits may be paid. If you wish to check or correct the data about you, please refer to the child benefits agency at address mentioned above.

If you need more space, add a separate sheet.

10

Your personal data

11 Married women should list their maiden name.

You find it in the top right corner of your SIS-card.
(If you have a SIS-card of the Belgian social security.)

name
first name
date of birth male female
(Belgian) national number
nationality
address / number.....
postal code / city
telephone/mobile
e-mail address@.....

20

Your family status

21 It is possible that several situations are applicable to your status.

married since to
..... date of birth
 living together since with
..... date of birth
 legally divorced since from
..... date of birth
 separated since from
..... date of birth
 single
 widow/widower of
deceased on (place).....

30

Your employment details

31

employed
name and address of the employer
.....
.....
 unemployed
agency granting the benefits (name and address of the local office)
.....
.....
 retired
➔ Please enclose a copy of your pension certificate or notifications, unless you have already done so.
 sick pay / disability benefits paid by: (name and address of the health service)
.....
.....
 other situation

You may also affix an identification label issued by your health service.

32 Name and address of your **latest** employer,
if you are unemployed or
retired or are receiving sick
pay or disability benefits

33 Are you **also** self-employed no
 or do you assist a self- yes
 employed person?

34 Are you disabled for at least no
 66%? yes, since recognised by (*name and address of the institution*)

35 Do you receive benefits from no
 this institution? yes

40 **Current employment status of your husband/wife/partner**

41 Is your husband/wife or no
 partner self-employed or yes
 does he/she assist a self-
 employed person?

42 Does your husband/wife or no
 partner work for an yes, at
 international organisation?
European institutions,
NATO, etc.

43 Does your husband/wife or no
 partner work outside of yes
 Belgium?

44 Does your husband/wife or no
 partner receive **foreign** yes, from (*country*)
 social benefits?

50 **Children for whom child benefits are claimed**

51 I claim child benefits for name first name
Children who study, who are date of birth..... relation
employed with an name first name
apprenticeship contract, who date of birth..... relation
seek employment or are name first name
involved in a training date of birth..... relation
programme, are usually name first name
entitled to child benefits up date of birth..... relation
to the age of 25 years. name first name
Relation: *e.g. son, daughter,* date of birth..... relation
brother, stepson, name first name
granddaughter, etc. date of birth..... relation

52 Please state the name and first name of every child who has been recognised as disabled for at least 66 %.

name and first name

.....

.....

.....

53 Please state the name and first name of every child placed into your family by a judge, an adoption service, an official authority, or a ministry.

name and first name since

.....

.....

.....

54 Are there children in your family for whom **another agency** pays the child benefits? (also outside Belgium)

no

yes (name and first name of the children)

.....

.....

.....

child benefits agency (name and address)

.....

.....

.....

reference number

60 **The parents of the children**

61 What is your relation to the children?

legal father → Please go to question 71.

mother → Please go to question 62.

another relation → Please go to question 63.
(e.g. brother, grandmother, stepfather, etc.)

Please use the space at the right if there is a different answer for every child.

62 You claim child benefits in your capacity as a mother.

Please supply the following data on the **father**.

name

first name

date of birth

address

.....

Only if different from the details in item 10.

Is he self-employed? no yes

Is he unemployed? no yes

Is he deceased? no yes

E.g. employee, social benefit, etc.

Other situation

→ Please go to question 71.

63 You claim child benefits for one or more children who are not your own.

Please supply the data on the parents of the children whose father or mother is not you.

The father

name.....

first name

date of birth

address

Is he self-employed? no yes

Is he unemployed? no yes

Is he deceased? no yes

Other situation

E.g. employee, social benefits, etc.

The mother

name

first name

date of birth

address

Is she self-employed? no yes

Is she unemployed? no yes

Is she deceased? no yes

Other situation

Maiden name

E.g. employee, social benefits, etc.

70

Who raises the children?

71 Where and by whom are the children raised?

in the mother's family → **Supply her name, first name and address if these have not yet been supplied.**

On the basis of what is filled out here, we will determine to whom the child benefits will be paid.

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

telephone

outside the mother's family by

name and first name of the person or name of the institution

.....

address

.....

telephone

Which children (*name and first name*) and since when?

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

80

Have you received any child benefits already?

81 Have you previously received any child benefits for the children mentioned in item 50?

- no
- yes, by *(name and address of the institution)*

.....
.....

reference number

90

Signature

I confirm on my word of honour that this claim was filled out sincerely.

Date



Signature

If the claimant does not sign himself.

Name and first name of the undersigned
.....