NATIONAL SOCIAL SECURITY OFFICE
PUBLIC INSTITUTION FOR SOCIAL SECURITY
Place Victor Horta 11 - 1060 BRUSSELS - Tel. 02 509 59 59 - Fax 02 509 30 19 - Internet: www.nsso.fgov.be
IBAN: BE63 6790 2618 1108 BIC: PCHQBEBB - Visiting hours: on working days from 9 to 12 am or by appointment

General Directorate VII Overseas Social Security - Section periodic benefits

Your contact person :	Telephone:	email :
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CLAIM FOR PAYMENT OF SICKNESS AND DISABILITY INSURANCE BENEFITS

Request for information addressed to the employer.

Surname:	First name:	Civil status:	Place and date of birth:
Nationality:	Resident in:	Street:	No.:

FOR THE ATTENTION OF THE EMPLOYER

The person named above, covered by the General Directorate VII Overseas Social Security - Section periodic benefits , has submitted a claim for sickness and disability insurance benefits.
To enable the Office to process this claim, please **fully** complete this document and return it as soon as possible to the address mentioned above.
The data will be treated in accordance with the Act on the protection of privacy (Act of 8 December 1992). You may consult and rectify your data at any time. They are used only to process the claim.

➲ Employer's name and address .....

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Person to contact: ..... ☎ .....

FAX: .....

E-mail: .....

➲ Reason for interruption of occupational activity:
- illness (*)
- maternity leave (*)
- accident at work (*)
- accident other than accident at work (*)

➲ Date of start of incapacity for work: _ _ / _ _ / _ _ _ _

➲ Date when remuneration (guaranteed salary) ended: _ _ / _ _ / _ _ _ _(included)

➲ Period covered by a severance allowance or paid leave:
From _ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _

➲ Date on which the person concerned stops contributing to insurance: _ _ / _ _ / _ _ _ _

➲ Do you want to continue paying contributions for the health care insurance contract?

☐ YES ☐ NO

Remark: contributions must be paid at least up to and including the month in which the incapacity for work occurs.

Date: _ _ / _ _ / _ _ _ _

(*) Delete if not applicable

Employer's signature