



General Directorate VII Overseas Social Security - Section periodic benefits

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A3 – CERTIFICATE OF EXTENSION OF INABILITY TO WORK

1. Name and address of the doctor	
2. Surname, first name and address of the victim	
3. Date of end of inability to work in the preceding certificate	
4. New period of expected temporary inability to work (tick the appropriate box)	<input type="checkbox"/> Total inability to work fordays, from <input type="checkbox"/> Partial inability to work of%, fordays
5. Probable progress of the victim's lesions (tick the appropriate box)	<input type="checkbox"/> Recovery without sequelae <input type="checkbox"/> Recovery with sequelae, not involving permanent inability to work <input type="checkbox"/> Persistence with probable inability to work of% <input type="checkbox"/> Death
6. Have you any suggestion to make ? (Special treatment, operation etc.)	
7. Place where the victim is : (hospital or residence)	
I confirm on my honour that the present declaration is honest and complete. Done at, on (Doctor's signature and stamp)	

Your data is processed in accordance with the Belgian Privacy Act of 8 December 1992. You can consult and correct your data at any time. These will be only be used to treat your demand.