



General Directorate VII Overseas Social Security - Section periodic benefits

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Claim for payment of sickness and disability insurance benefits

A. IDENTIFICATION

(a) Claimant [insured person]:
 SURNAME: First name:
 Place and date of birth: Nationality:
 National registration no. : _ _ _ _ / _ _ _ / _ _ _
 Civil status: Occupation:
 Full address: Telephone no.:
 Fax no.:
 E-mail :

➤ The illness manifested itself on:	
➤ The accident was sustained on:	Date on which work was interrupted
➤ The delivery is expected/took place on:	
➤ This illness is a relapse: <input type="checkbox"/> YES <input type="checkbox"/> NO	

(b) Spouse or SURNAME: First name:
 Date of birth: Nationality:
Cohabitant: Date of marriage: Current employment:
 Date of marriage: Current employment:

(c) Dependent children under 25 years:

Surname	First name	Date of birth
1.....
2.....
3.....
4.....
5.....

Do these children benefit from child benefits or allowances?: YES NO

B. DOCUMENTS TO BE ENCLOSED WITH THE CLAIM (only if the box is ticked):

- Certificate of residence outside Belgium (documents issued by the Administration)
- Certificate of school attendance for each child over the age of 18 if the child is following courses full time at an educational establishment.
- Statement from the insurance fund where the insured person was enrolled if the period of insurance is less than six months.
- In the case of delivery, an extract from the child's birth certificate.
- Statement from the institution or the employer paying child benefit.

C. BENEFITS WHICH THE CLAIMANT IS CURRENTLY RECEIVING:

Description of the benefits which the claimant is obliged to declare	Amount	Period	Being paid by (exact name and address)
1. Leave allowance:			
2. Severance allowance or payment in lieu of notice:			
3. Retirement pensions or allowances:			
4. Compensatory payment in respect of accidents at work or occupational diseases:			
5. Benefits, grants or allowances provided on the basis of any sickness, invalidity or unemployment legislation:			
6. Child benefit or allowances:			
7. (only for individually insured persons) Do you wish to continue paying contributions for the current health care contract ? <input type="checkbox"/> YES <input type="checkbox"/> NO			

D. COMMITMENTS BY THE CLAIMANT

The claimant undertakes to inform the General Directorate VII Overseas Social Security of any change occurring in:

- (a) the composition of his/her family or the dependants resulting from it;
- (b) the details of the benefits listed under C above;
- (c) his/her resumption of work or registration as a job seeker (unemployment).

E. BANK OR POSTAL ACCOUNT NUMBER INTO WHICH THE BENEFITS MAY BE PAID:

Financial institution: Account no.: _ _ _ / _ _ _ _ _ _ / _ _

The undersigned authorises the General Directorate VII Overseas Social Security to inform his/her employer - at the latter's request - of the amounts granted as sickness and disability insurance benefits: YES NO

I certify that this declaration is sincere and complete. I am aware that any false or incomplete declaration may lead to penalties being imposed (Royal Decree of 31 May 1933) and/or a recovery of the sums paid (Act of 17 July 1963).

Done at on.....

(Signature)

- The offices are open to the public from 9 am to 12 noon and in the afternoon only by appointment.
- The data will be processed in compliance with the Act on the protection of privacy (Act of 8 December 1992). You may consult and rectify your data at any time. These data will only be used to process your claim.