



AD VII Overseas Social Security – Payments Department

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Document to be returned to the NSSO (National Social Security Office) with a view to determining the solidarity contribution and the RIZIV deductions* applicable to you

Remark : the terms figuring in this document have to be taken in the fiscal sense (as for instance in tax returns).

The NSSO has to subtract the deduction made in favour of the RIZIV* as well as the solidarity contribution from your pension.

There are two different rates. We ask you to complete the following question form (cf. back page). This will allow us to determine the rate applicable to you.

We also would like you to inform the NSSO about any change which might have an impact on your fiscal status (marriage, death, dependent children, ...)

Please return the completed questionnaire (back page) to the **NSSO**.

**NSSO – AD VII
OVERSEAS SOCIAL SECURITY
Payments Department
Victor Hortaplein 11
1060 BRUSSELS**

NOTE : if you do not send back this document, we shall have to calculate your deductions on the basis of the less favourable rate.

* RIZIV : National institute for sickness and disability insurance



File number (to be completed):

Box A : if your place of residence is situated in a country of the European Economic Area (European Union + Switzerland) but not in Belgium

1. I am living in a country of the European Economic Area but not in Belgium
 No
 Yes. I join a certificate of residence.
2. I receive a pension paid by the country I am living in
 No
 Yes. I join a certificate mentioning the starting date of this pension.

Box B : if you are married

1. Does your husband/wife have a professional income exceeding :
 - 8393.00 € **gross** per year as **salaried worker** ?
 - 6714.00 € **net** per year as **self-employed worker** ?
 No. My husband/wife does not have a professional income exceeding one of these amounts.
 Yes. My husband/wife has a professional income exceeding one of these amounts.
2. Does your husband/wife receive a pension or a replacement income (unemployment benefit, sickness or disability allowance) ?
 No
 Yes

Box C : if you are not married (single, divorced, widower/widow)

One or more children are living under your roof

- No
 Yes
- Is at least one of them entitled to a child allowance ?
 No
 Yes
 - Is besides this (these) child(ren) someone else living with you ?
 No
 Yes

I confirm on my word of honour that this declaration is sincere and complete.

Name and first name,

date

signature