

Application for family benefits

Fill in your reference or national number: _____

Who is eligible for family benefits?

From 1 January 2019, the right to family benefits in Belgium is determined on the basis of the child's residence. The child's place of residence determines which region is competent for the payment of family benefits.

For children who are raised abroad but of which one or both parents are employed in Belgium, there is equally a right to family benefits.

The competent region is determined in these cases by the head office of the Belgian employer. The person working in Belgium can apply for the family benefits.

How to apply?

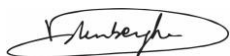
Provide us with the completed and signed form enclosed. Based on this information, Infino will start the examination of your right to family benefits and, if necessary, request additional information.

Who receives the family benefits?

The family benefits are granted to the person who raises the children. Generally, this is the mother.

Do you have any questions about filling in this form? Feel free to contact us or visit one of our offices. We will be happy to help you. www.infino.be/nl/contact/

Kind regards,



Kathleen Vandenberghe
Managing Director

Application for family benefits

1. Your personal data

Name + first name: _____

Date of birth: ____/____/____

male female

National number: _____ (on the back of your ID-card)

Nationality: _____

Street + number: _____

Postal code + city: _____

Phone/mobile: _____

E-mail: _____

2. Your employment details

You are currently:

Employed/ Independent (also applicable if you work for an international organization in Belgium)

Date of entry into service: ____/____/____

Employer's/ Social Security fund contact details (if applicable):

Name: _____

Head Office address: _____

Unemployed since: ____/____/____

Latest employer's contact details:

Name: _____

Head Office address: _____

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Do you currently receive unemployment benefits?

- Yes (Please enclose a certificate of the institution paying these benefits)
- No
- Retired (Please enclose a copy of your pension certificate or notification)
- Disabled for at least 66%, since ____/____/____ recognised by

Disability benefits paid by (name and address of the health service):

3. Current employment status of your partner:

Name + first name: _____

Date of birth: ____/____/____

Employed/ Independent in Belgium (also applicable if your partner works for an international organization in Belgium)

Date of entry into service: ____/____/____

Employer's/ Social Security fund contact details (if applicable):

Name: _____

Address: _____

Does your partner work abroad No Yes, in _____ (country)

Does your partner receive foreign social benefits?

No Yes, from _____ (country)

Is your partner currently unemployed? No Yes, since ____/____/____

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4. Children for whom you apply for family benefits

4.1. Please mention below the children, **younger than 25 years old**, for whom you wish to apply for family benefits. Also indicate your relation to these children (e.g. Son, daughter, brother, stepson, granddaughter etc.). If you need more space, feel free to add a sheet.

Name + first name: _____

Date of birth: ____/____/_____ relation: _____

Name + first name: _____

Date of birth: ____/____/_____ relation: _____

Name + first name: _____

Date of birth: ____/____/_____ relation: _____

Name + first name: _____

Date of birth: ____/____/_____ relation: _____

4.2. Are there any of the children mentioned above for whom you receive family benefits from another agency? (also outside of Belgium) If so, state the names of these children as well as the agency in charge of these payments.

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4.3. Are there children who have been recognised as disabled for at least 66%? Mention their name and first name below.

Name + first name : _____

Name + first name : _____

4.4. Are there children placed into your family by a judge, an adoption service, an official authority, or a ministry? Mention their name and first name below.

Name + first name : _____

Name + first name : _____

5. The parents of the children

5.1. Details of the mother

Name + first name : _____

Address: _____

Date of birth: ___/___/_____

National number: _____

Nationality: _____

5.2. Details of the father

Name + first name : _____

Address: _____

Date of birth: ___/___/_____

National number: _____

Nationality: _____

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5.3. Are one or both parents deceased?

No

Yes, the father/the mother/ both (delete where applicable)

Date of death: ____/____/____

6. Who raises the children?

6.1. Where and by whom are the children raised?

in the mother's family

outside the mother's family by: (Name + first name of the person or name of the institution) _____

Address: _____

Telephone number/mobile: _____

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

7. Payment of the family benefits

Family benefits will be granted to the person who raises the children. The account number given below must therefore be in the name of this person or an account of which this person is joint holder.

Name + first name: _____

National number: _____

Street + number: _____

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Postal code + city: _____

Phone number/ mobile: _____

Request for family benefit payments on following account number

IBAN _____

BIC _____

Account holder: _____

(state both names if it concerns a joint account)

Date

Signature

____/____/____ _____

DON'T FORGET TO SIGN THE FORM BEFORE RETURNING IT

Each change in your family situation or in the situation of the children can influence your file. We advise you to inform us as soon as possible of any changes occurring.

I declare having filled out this form sincerely and having read the joint information.

Name + first name: _____

Date: ____/____/____

Signature: