Claim for guaranteed child benefits

date
file number
contact
file manager
telephone
fax
e-mail

With this form you can claim child benefits and the maternity benefit in the scheme of "guaranteed child benefits".

Do not forget to **sign the form** and return it to us as soon as possible.

Important!
You are supposed to inform us of any changes in your professional, financial and family situation.

Call the number mentioned above for more information.

Always mention your file number, which can be found at the top of this letter, when you write or call us.

> These data will allow us to pay child benefits. If you would like to consult or adapt your data, get in touch with the child benefits agency mentioned above.

If you don't have enough space, add a separate page.

10		**Personal data about you**

11	*For women: maiden name*	name ....
		first name...
		born .... on .... in..........................
		country ....
		street / number..
		zip code and city..
		telephone number ....

| | *In the top right corner of your SIS card (health care agency card).* | *national number* .... |
| | | Nationality .... |

*If you are **a political refugee or a recognized stateless person**, add a certificate stating the date of your recognition.*

*If you are **a political refugee**, also add a copy of your asylum claim.*

*If you are **granted subsidiary protection**, add the letter stating that your residence was regularized on the basis of this status.*

*If you **don't have the Belgian nationality** and you are not a political refugee, add a copy of your residence permit.*

| 12 | *Since when do you live in Belgium without interruption?* | ☐ since my birth .... |
| | | ☐ since .... |

20		**Your family situation**

21	*You may tick off more than one case*	☐ married since .... with ....
		.... born ....
		☐ forming a family since ....with ....
		....born ....

Did you make a written declaration of legal cohabitation at your city's Registry Office?

☐ yes, since ....with ....

....born ....

☐ no

	Inform us immediately of any change in your family situation.	☐ divorced since .... of ....
		....born ....
		☐ separated since .... of ....
		....born ....
		☐ single
		☐ widow(er) of ....
		deceased on .... in ....

30		**Children for whom you claim the child benefits**

31 I claim the maternity benefit. ☐ no **→ Go to point 33.**

Is awarded for a birth. ☐ yes Add to this claim a birth certificate delivered by the Registry Office at the birth's declaration ("**attestation pour obtenir l'allocation de naissance conformément aux législations relatives aux prestations familiales**").

32 Did you or the father adopt a child? ☐ no
☐ yes

33 I claim the child benefits for name ....date of birth ....

Children who study, are indentured, seeking employment or are in training are usually entitled to child benefits until the age of 25

first name ....relationship ....

name ....date of birth ....

first name ....relationship ....

Relationship: son, daughter, brother, stepson, granddaughter, etc.

name ....date of birth ....

first name ....relationship ....

name ....date of birth ....

first name ....relationship ....

name ....date of birth ....

first name ....relationship ....

34 List name and first name of the children with a recognized disability of at least 66%.

name and first name

....
....
....

35 List name and first name of the children with an income of their own, and the type of income.

name and first name	which income? (e.g.: alimony, scholarship, social security benefit, etc.)
....	....
....	....
....	....
....	....

36	List name and first name of the children who are placed and the address where they live. *(host family, guardian, institution)*	name and first name	where (with whom) do they live? (name and address) ....
37	List name and first name of the children placed in your family by a public authority with financial support from that authority.	name and first name	

40   Did you already claim and/or receive any child benefits?

41	Were child benefits already claimed from or paid by another agency for the children?	☐ no ☐ yes, from (name and address of the child benefits agency) .... file number ....

50   Professional situation of the family members

List the data here about **all the members of your family** apart from the children for whom you claim child benefits.

51	You	professional situation ....
	Your wife/husband/partner	professional situation ....
	Other members of your family	1. name and first name ....
	Relationship: e.g.: brother, grandmother, uncle of the children	born ....relationship .... professional situation .... part of the family since .... part of the family from ....until ....
	Inform us immediately of any changes in these data.	2. name and first name .... born ....relationship .... professional situation .... ☐ part of the family since .... ☐ part of the family from ....until ....

*You claim guaranteed child benefits for the children who are part of your family. These children may have **parents** (and step-parents or adoptive parents), (half)brothers and (half)sisters, **living elsewhere** (even abroad). We need some information about them in order to complete your child benefits file. List the data about them here.*

61   List the last known situation.

(step)father (*name and first name*)..

born .... (*if applicable*) deceased on ....

professional situation .... from .... until ....

address (*if know*) ....

....

....

(step)mother (*name and first name*)..

List the last known situation.

born .... (*if applicable*) deceased on ....

professional situation .... from .... until ....

address (*if know*) ....

....

....

62   **Brothers and sisters** (or half-brothers and half-sisters) of the children.

List the last known situation.

1. name and first name ....

born .... (*if applicable*) deceased on ....

professional situation .... from .... until ....

address (*if know*) ....

....

....

List the last known situation.

2. name and first name ....

born .... (*if applicable*) deceased on ....

professional situation .... from .... until ....

address (*if know*) ....

....

....

List the last known situation.

3. name and first name ....

born .... (*if applicable*) deceased on ....

professional situation .... from .... until ....

address (*if know*) ....

Inform us immediately of any changes in these data.

....

....

70		**Income of yourself and your wife/husband/partner, if any**

71	Do you or your wife/husband/partner (if any) receive a benefit from the CPAS/OCMW or another benefit?	☐ no ☐ yes → **Go to point 75.**
72	Do you or your wife/husband/partner (if any) receive a benefit from the CPAS/OCMW or other assistance in the last 12 months?	☐ no ☐ yes
73	Do you receive the guaranteed income for aged persons?	☐ no ☐ yes Add a copy of the decision to award the benefit or a bank statement of the last payment. → **Go to point 80.**

74	Do you or your wife/husband/partner (if any) have any other income than the assistance of the CPAS/OCMW or the guaranteed income for aged persons?	Amount e.g.: 120 EUR	Type alimony	Period monthly
	All types of income such as pensions, income from self-employed activities, wages, additional income, benefits for the disabled, scholarships, inheritance, financial support of private persons, returns on investments, rental income, alimony etc.	....	....	....
		....	....	....
		....	....	....
		....	....	....
		....	....	....
	Inform us immediately of any changes in your financial situation.			

75	Did the CPAS/OCMW pay you **advances on the child benefits**?	☐ no ☐ yes
76	Did you receive any material help from a Local Relief Initiative	☐ no ☐ yes → *Add a certificate of the relief centre.*

80

I declare to have filled out this claim correctly.

I realize that deliberately giving false information is a punishable offence.

Date ....

Signature ....

The numbers refer to the points where the certificate is asked.

I add the following items:

☐ certificate as recognized political refugee, as beneficiary of subsidiary protection or as a stateless person

☐ copy of the asylum claim - 11

☐ copy of the residence permit - 11

☐ original of the birth certificate - 31

☐ certificate of the percentage of the disability - 34

☐ items added for lack of space - 33, 51, 61 and 62

☐ evidence of guaranteed income for aged persons - 73

☐ other ....

number ....

Expéditeur FAMIFED   Rue de Trèves 9 B-1000 Bruxelles

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Payment of the child benefits

The child benefits are paid to the mother or to the person replacing her in the family.

They can be transferred to the bank account opened in the name of the mother or to the common account of the mother and another person. The child benefits can also be paid by means of a circular cheque. It is easier and safer to transfer the benefits to a bank account, and free.

On the top right corner of your SIS card (health care agency card)

If no national number

I, the undersigned (mother's name and first name)

 ....

national number ....

date of birth _ _ / _ _ / _ _ _ _

request that the child benefits be transferred to account

For transfer to an account: list the account number here

IBAN _ _ _ _   _ _ _ _   _ _ _ _   _ _ _ _

BIC   _ _ _ _ _ _ _ _ _ _

Date ....

Signature ....

Declaration to be made by the financial institution.

Declaration of the financial institution

For an account opened in the name of one single person

We declare that the account

IBAN _ _ _ _   _ _ _ _   _ _ _ _   _ _ _ _   BIC _ _ _ _ _ _ _ _ _ _

is opened in the name of ....

For a common account

We declare that the signature of ....

will do to use the account

IBAN _ _ _ _   _ _ _ _   _ _ _ _   _ _ _ _   BIC _ _ _ _ _ _ _ _ _ _

opened in the names of ....

and ....

Stamp   Date   Signature

....