

## CLAIM FOR CHILD BENEFITS

### 1. Information about the claimant (The person raising the child)

Name: .....

First name: .....

Belgian national identification number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If no national identification number ➔ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Do you have a national identification number from another European country (e.g. BSN, SV-Nummer, Codice fiscale, PESEL, CNP, SSN, UCN, etc.)?

Yes, the number:.....from .....(country)

no

Your address: .....

Telephone number: \_\_\_\_\_

E-mail: .....

Works outside of Belgium:

No

Yes, ..... (Country)

Works for an international/European organisation:

No

Yes, .....(Organisation)

Receives social security benefits from abroad:

No

Yes, .....(Country)

Has the children's place of residence changed to Brussels?

Yes, registered in Brussels since \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ and come from  
.....(Country)

No

Have you ever received child benefits (in Belgium or abroad)?

Yes, .....(Country), reference: .....

No

### 2. Information about the other parent

Name: .....

First name: .....

Belgian national identification number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If no national identification number ➔ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Works outside of Belgium:

No

Yes, ..... (Country)

Works for an international/European organisation:

No

Yes, .....(Organisation)

Receives social security benefits from abroad:

No

Yes, ..... (Country)

Deceased parent:

No

Yes, \_\_\_ / \_\_\_ / \_\_\_ (Date)

### 3. Information about the child(ren) raised by me in my household

Name: .....

Family relationship:.....

First name: .....

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: .....

Family relationship:.....

First name: .....

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: .....

Family relationship:.....

First name: .....

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: .....

Family relationship:.....

First name: .....

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

### 4. Bank details

I, the undersigned ....., request that my child benefits be paid into the account:

IBAN code: \_\_\_\_\_

BIC code: \_\_\_\_\_

Opened at:

My name

My name and that of .....

I declare that I have completed this form correctly and authorise my child benefits fund to check the details with my bank. I undertake to notify my child benefits fund immediately if I no longer have access to the child benefit on the account. In this case, I will enter a new account number.

### 5. Affiliation with Brussels Family

I would like to join the **BRUSSELS FAMILY** child benefits fund in order to receive the birth allowance (or adoption allowance) and/or the Brussels child benefits.

Are you already a member of another child benefits organisation?

Yes, with .....

No

I confirm that I have read the information on membership at the bottom of the page.

#### Important information about membership with a child benefits fund.

The minimum membership duration is 24 months. After the first day following the 24th month of affiliation, you can change your affiliation (article 26, §2 of the ordinance of 4 April 2019 establishing the payment channel).

The decision to change membership shall take effect from the first day of the quarter following that in which the application was sent, unless the application was submitted within the last 15 calendar days of a quarter. In this case, the application will become effective only from the first day of the second quarter following that of the application (article 26, §2, para. 2 of the ordinance of 4 April 2019 establishing the payment circuit).

The Brussels Family child benefits fund undertakes not to refuse a claimant's application for membership, except in the cases provided for by law, or to oppose their decision to change organisation (article 4, paragraph 1, 9° of the order of 4 April 2019 establishing the payment circuit).

Affiliation may under no circumstances give rise to benefits other than those established by the regulations (article 31 of the ordinance of 4 April 2019 establishing the payment circuit).

**Date of application:**

...../...../.....

**Signature:**

.....