

## **CLAIM FOR CHILD BENEFIT**

### When to submit the form "a claim for child benefit"?

It is usually not necessary to fill in an application form. You can also do it by mail, telephone, fax or by letter.

In vele gevallen onderzoekt KidsLife jouw recht uit eigen beweging op basis van informatie die wij zelf ontvangen van de Kruispuntbank van de Sociale Zekerheid of van een ander kinderbijslagfonds. In many cases, KidsLife investigates your rights based on the information we receive from the Crossroads Bank for Social Security (CBSS).

An application form can speed up the investigation if we do not dispose of all the information (maternity fee firstborn, arrival in Belgium, etc). For that reason, you should send this application form as soon as possible back to us once it is filled in. Also, deliver us the additional information we ask.

How do you claim child benefits?

Please fill out and sign this form and return it to us. You can find our address in the footer.

Do you wish further information?

Please get in touch with us for information about your file.

You can fin dan overview of all our offices on our website.

KidsLife Brussels, Ursulinenstraat 2, 1000 Brussels T: 078 48 23 45

M: brussels@kidslife.be

All our forms are in line with the Only-once law (5 May, 2014). We only ask for information that we do not have or cannot consult because we have insufficient leads.

If you need more space, add a separate sheet.



10 Personal data of the applicant			
11 Married women should list their maiden name	Name and first name		
	Date of birth □ man □ vrouw		
You find it in the top right corner of your SIS-card. (If you have a SIS-card of the Belgian social security.)	(Belgian) national number		
	Address + number		
	Postal code + city		
	Telephone		
	e-mail address @		
Your employment details			
21 You are (if applicable):	☐ Retired		
	Please enclose a copy of your pension certificate or notifications, unless you have already done so.		
<u>:</u>	☐ At least for 66% disabled since:		
	Acknowledged by (name and address of the facility):		
22 Your employer (your last employer if you do not work	Name		
right now) or social insurance fund.	Address		



30	Current employment statu	s of your husband/wife/partner	
31	He/she: (if applicable)	☐ Works for an international orga	nisation? (European institutions,
		NATO, etc.)	
		☐ Works abroad; country:	
		☐ Receives foreign social benefits	
		☐ Is unemployed	
40	Children for whom child be	nefits are claimed	
41	Claim child benefits for	Name	First name
	Children who study, who	Date of birth	Relation
	are employed with an apprenticeship contract,	Name	First name
	who seek employment or are involved in a training programme, are usually entitled to child benefits up to the age of 25 years.	Date of birth	Relation
		Name	First name
		Date of birth	Relation
	Relation: e.g. son, daughter, brother, stepson, granddaughter, etc.	Name	First name
		Date of birth	Relation
		Name	First name
		Date of birth	Relation



42 Please state the name and first name of every child who has been recognised as disabled for at least 66 %.	
43 Please state the name and first name of every child placed into your family by a judge, an adoption service, an official authority, or a ministry.	Name and first name
44 Are there children in your family for whom another agency pays the child benefits? (also outside Belgium)	□ No □ Yes (Name and first name of the children)  Child benefits agency (name and address)  Reference number
50 The parents of the children	
51 What is your relation to the children?	<ul><li>□ Father or co-mother → Go to question 61.</li><li>□ Mother → Go to question 52.</li></ul>
Please use the space at the right if there is a different answer for every child.	☐ Other relation → Go to question 53.  (e.g. brother, grandmother, stepfather, etc.)



52 You claim child benefits in your capacity as a mother. Only if different from the details in item 10.	Please supply the follow Name  First name  Date of birth  Address		
E.g. employee, social benefit, etc.	Is he self-employed?  Is he unemployed?  Is he deceased?	□ No □ No □ ` □ Yes	
53 You claim child benefits for one or more children who are not your own.	Please supply the data on the mother is not you. Father/co-mother Name		 
	Date of birth		



E.g. employee, social benefits, etc.	Other situation		
	Mother		
Her maiden name	Name		
	First name		
	Date of birth		
	Address		
	Is she self-employed?	□ nee	□ja
	Is she unemployed?	□ nee	□ ja
	Is she deceased?	□ nee	□ ja
E.g. employee, social benefits, etc.	Other situation		
60 Who raises the children?			
Where and by whom are the 61 children raised? On the basis of what is filled out here, we will determine to whom the child benefits	in the mother's family → Supply her name, first name and address if these have not yet been supplied.  Name and first name		
will be paid.			
	Date of birth		
	Telephone		



	□ outside the mother's family by	
	name and first name of the person or name of the institution	
	Date of birth	
	Address	
	Telephone	
	Which children (name and first name) and since when?	
70 Have you received any chile	d henefits already?	
, , , , , , , , , , , , , , , , , , , ,		
71 Have you previously received	d □ No	
71 Have you previously received any child benefits for the children mentioned in	d □ No □ Yes, by (name and address of the institution)	
any child benefits for the		
any child benefits for the children mentioned in		
any child benefits for the children mentioned in		
any child benefits for the children mentioned in		
any child benefits for the children mentioned in	☐ Yes, by (name and address of the institution)	
any child benefits for the children mentioned in item 40?	☐ Yes, by (name and address of the institution)	
any child benefits for the children mentioned in item 40?  DO NOT FORGET TO SIGN To Register us every change in the family situation or in the situation of the children	☐ Yes, by (name and address of the institution)  Reference number	
any child benefits for the children mentioned in item 40?  DO NOT FORGET TO SIGN To Register us every change in the family situation or in the	☐ Yes, by (name and address of the institution)  Reference number  THIS FORM BEFORE SENDING IT BACK TO US  I confirm on my word of honour that this claim was filled out sincerely.	



# Payment of your child benefits on your bank account

Declaration of the benefic	ciary		
(in most cases, the mothe	r)		
For a woman mention	Your name		
The maiden name	First name		
Look a	Postalcode/city	omber(e-id)	
The child benefit is deposite	ed to the mother or the pe	erson that replaces her in the household.	
It can only be paid on a ban which she can also perform		on a shared bank account of the two partners, in	
I want the child benefit to	·	count (number on your bank statements)	
	IBAN		
	BIC		
In the name of $\square$ m	iyself		
□m	yself and		
I declare that I have correctly completed this form and give permission to my family allowance fund to check the data with my bank. I undertake to immediately notify my family allowance fund if I no longer have access to the family allowances on the account. In this case, I open a new account number.			
Date		Signature:	
Telephone			
E-mail			



#### IMPORTANT!

If, after checking with your bank, it appears that the account number indicated is not in your name, the family allowance fund will ask you to indicate another account number of which you are the owner or co-owner.

## Why do we pay your child benefit on your bank account?

The deposit of your child benefit on a bank account is simple, safe and free.

## Who completes this form?

The form must be completed by the recipient (usually the mother).

## What kind of bank account?

Family allowances are paid only on a current account in your name or on a common account in your name and on, for example : your spouse or partner.

The payment of family allowances to a savings account, investment account, term account or the account of a third person, even if you are an agent, is not allowed.

KidsLife will check the data you have entered on the attached form with your bank. If your bank informs us that the financial account you have entered is not a current account or that you are not the (co-) account holder, then the family allowance fund will ask you to provide another account number.

If you do not provide an account number, family benefits will be paid by means of a circular check.

Your client advisor

Payment on a current account is simple and safe!

