

Application for family allowances for employees

FORM AA

File number:

By means of this form, employees can apply for family allowances in Belgium. According to the law on Family Allowances, an unemployed, invalid or retired employee is still considered as an employee.

Who has to apply for family allowances?

In this order:

1° the father

2° the mother

3° the stepfather

4° the stepmother

5° the eldest of the following persons:

- the partner of the mother/father

- a grandparent (if he/she belongs to the household)

- an uncle or aunt (if he/she belongs to the household)

6° a (half-)brother or (half-)sister.

How do you apply for family allowances?

Please fill out and sign this form and send it back to us. By returning this form as soon as possible, delays in payment can be avoided. Please follow the instructions marked in italics.

Who will draw family allowances?

The person who takes care of the child, which is the mother in most cases.

Do you wish to obtain further details?

Please do not hesitate to contact your customer adviser.

Please enclose a separate page if there is not enough space left.

10 PERSONAL DETAILS OF THE APPLICANT

11

Name / Surname

Date of birth

National number

Address

Postcode

Telephone no. / Mobile

E-mail

You can find this number on the upper right hand corner of your sis-card.

.....(married women: maiden name)

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

☐ male ☐ female

..... Nationality

..... Number

..... Municipality

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

.....

20 YOUR CURRENT FAMILY STATUS

21

It is possible that more situations are applicable to your status.

☐ married since/...../.....

to date of birth/...../.....

☐ living together since/...../.....

with date of birth/...../.....

☐ legally divorced since/...../.....

from date of birth/...../.....

☐ separated since/...../.....

from date of birth/...../.....

☐ single

☐ widow/widower of

deceased on/...../..... (place)

30 YOUR CURRENT
EMPLOYMENT DETAILS

31

☐ employed

name and address of your employer

☐ unemployed

Organization that grants the benefit (*name and address of the local office*)

☐ retired

Please enclose a copy of your pension certificate or notification, unless you have already done so.

☐ entitled to sick pay / invalidity benefits paid by:

(*name and address of the mutual insurance association*)

☐ other situation

You may also affix an identification label issued by your mutual insurance association.

32 Name and address of your last employer

*if you are unemployed, retired,
entitled to sick pay or invalidity benefits*

33 Are you also self-employed or do you assist a self-employed person?

☐ no

☐ yes

34 Are you disabled for at least 66%?

☐ no

☐ yes, since

My disability is recognized by (*name and address of the institution*)

35 Does this institution grant benefits to you?

☐ no

☐ yes

40 CURRENT EMPLOYMENT DETAILS
OF YOUR (MARITAL) PARTNER

41 Is your (marital) partner self-employed or does (s)he assist a self-employed person?

☐ no

☐ yes

42 Does your (marital) partner work for an international organization?
European institutions, NATO, etc.

☐ no

☐ yes, for

43 Does your (marital) partner work outside Belgium?

☐ no

☐ yes

44 Does your (marital) partner receive foreign social benefits?

☐ no

☐ yes, from (*country*)

50 DETAILS REGARDING THE CHILDREN FOR WHOM FAMILY ALLOWANCES ARE CLAIMED

51 I apply for family allowances for
Bond: e.g. son, daughter, brother, stepson,
granddaughter, etc

Children who study, who are employed according to the terms of an apprenticeship contract, who seek a job or are involved in a training programme, are mostly entitled to family allowances up to the age of 25.

52 Please state the name and surname of every child who has been assessed as being disabled for at least 66%.

53 Please state the name and surname of every foster-child (fostered by arrangement with an official authority: judge, ministry, adoption service) you have taken into your family.

54 Are there children in your family who receive family allowances paid by another institution (also from outside Belgium)?

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

surname bond

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

surname bond

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

surname bond

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

surname bond

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

surname bond

name and surname

.....

.....

.....

name and surname

..... since/...../.....

..... since/...../.....

..... since/...../.....

☐ no

☐ yes (name and surname of the children)

.....

.....

.....

institution that grants the family allowances (name and address)

.....

..... file number

.....

60 THE PARENTS OF THE CHILDREN

61 What is your bond with the children?
Please enclose a separate page in case of a different situation for every child.

☐ father *Please proceed immediately to no. 71.*

☐ mother *Please proceed to no. 62.*

☐ another bond *Please proceed immediately to no. 63.*
(e.g. brother, grandmother, stepfather, etc.)

62 You apply for family allowances in your capacity as a mother.

Please fill out the following data on the father.

name surname

date of birth/...../.....

address (only if different from the details under number 10)

.....

Is he self-employed? ☐ no ☐ yes

Is he unemployed? ☐ no ☐ yes

Is he deceased? ☐ no ☐ yes

Other situation

benefits,...) (e.g. employed, social

Please proceed immediately to no. 71

63 You apply for family allowances for one or more children who are not your own.

Please mention the details of the children in your household that you are not related to.

the father

the mother

name

.....
(maiden name)

surname

.....

date of birth/...../.....

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

address

.....

.....

.....

Is he self-employed?

☐ no ☐ yes

Is she self-employed?

☐ on ☐ yes

Is he unemployed?

☐ no ☐ yes

Is she unemployed?

☐ on ☐ yes

Is he deceased?

☐ no ☐ yes

Is she deceased.?

☐ on ☐ yes

Other situation.....

Other situation.....

(e.g. employed, social benefits,...)

Please enclose a separate page if there is not enough space left.

70 WHO RAISES THE CHILDREN?

71 Where and by whom are the children raised?

☐ in the household by the mother

name and surname (only if different from the details under no. 10).....

address

.....

telephone no.

☐ outside the household of the mother

name and surname of the person or name of the institution

.....

address

telephone no.

which children (name and surname) and since?

.....

.....

According to the information mentioned here, we will determine to whom family allowances must be granted.

80 HAVE YOUR FAMILY ALLOWANCES ALREADY BEEN GRANTED?

81 Have you already been granted family allowances for the children mentioned under no. 50?

☐ no

☐ yes, by (name and address of the institution)

.....

.....

file no.

90 SIGNATURE

I confirm on my word of honour that the present application is sincere and complete.

Date/...../.....

Signature

Name and surname of the signer:

(only if the applicant doesn't sign the document him(her)self)

.....

All information you fill out on this form is used to establish your right to family allowances and their payment. All data are protected by the law of 8 December 1992 on the processing of personal data. Please apply to the PARTENA Kinderbijslagfonds, Dienst Privéleven - Kartuizersstraat 45 - 1000 Brussel for inspection or rectification of your data.