

Application for a maternity grant for employees

FORM E

File number:

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

Who has to apply for a maternity grant?

In this order:

- 1° the father of the child 2° the mother 3° the eldest of the following persons: 4° a (half-)brother or (half-)sister
- the partner of the mother
 - a grandparent (if he/she belongs to the household)
 - an uncle or aunt (if he/she belongs to the household)

When and how do you apply for a maternity grant?

- **After 5 months of pregnancy** you can apply for a maternity grant, which you will not be able to receive until 2 months before the expected date of birth. When the child's birth is registered, the registrar hands over a birth certificate in order to obtain a maternity grant according to the legislation on family benefits (geboortebewijs om het kraamgeld te bekomen krachtens de wetgevingen inzake gezinsbijslag / attestation pour obtenir l'allocation de naissance conformément aux législations relatives aux prestations familiales). The original certificate has to be sent to the institution, that in the meantime, has paid you the maternity grant.
- If you apply for the maternity grant **after the child is born**, you have to enclose the original birth certificate in order to obtain a maternity grant according to the legislation on family benefits (geboortebewijs om het kraamgeld te bekomen krachtens de wetgevingen inzake gezinsbijslag / attestation pour obtenir l'allocation de naissance conformément aux législations relatives aux prestations familiales).

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 and surname (married women: maiden name)
- Date of birth / / ☐ male ☐ female
- You can find this number on the upper right hand corner of your sis-card.* National number Nationality
- Address Number
- Postcode Municipality
- Telephone no. / Mobile E-mail

20 YOUR CURRENT FAMILY STATUS

- 21** *It is possible that more situations are applicable to your status.*
- You can find this number on the upper right hand corner of the sis-card*
- ☐ married since / /
to date of birth / /
national number
- ☐ living together since / /
with date of birth / /
national number
- ☐ legally divorced since / /
from date of birth / /
national number
- ☐ separated since / /
from date of birth / /
national number
- ☐ single
- ☐ widow/widower of
deceased on / / (place)

31 What is your bond with the child?

- ☐ father
☐ living together with the mother *Please proceed to no. 41.*
☐ not living together with the mother *Please proceed to no. 33.*
☐ mother *Please proceed to no. 32.*
☐ another bond *Please proceed to no. 32 and 33.*
(e.g. brother, grandmother, uncle, etc.)

32

the father

name surname

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

address

Is he self-employed? ☐ no ☐ yesIs he unemployed? ☐ no ☐ yesIs he deceased? ☐ no ☐ yes

Other situation

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

33

the mother

name (maiden name)

surname

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

address

Is she self-employed? ☐ no ☐ yesIs she unemployed? ☐ no ☐ yesIs she deceased? ☐ no ☐ yes

Other situation

*(e.g. employed, social benefits,...).*40 FIRST-BORN
OR SUBSEQUENT CHILD?

41 Is this child the mother's first-born?

*Please take into account stillborn
and deceased children.*

- ☐ no
☐ yes *Please proceed to no. 43.*

42 Is this child the father's first-born?

*Please take into account stillborn
and deceased children.*

- ☐ no
☐ yes

43 Does the father or mother
have adopted a child?

- ☐ no
☐ yes

44 Are you already entitled
to family allowances for another child?

- ☐ no
☐ yes *Please proceed to no. 71.*

**50 YOUR CURRENT
EMPLOYMENT DETAILS**

51

- ☐ 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 a label
issued by your mutual insurance association.*

52 Name and address of your last employer
*if you are unemployed, retired,
entitled to sick pay or invalidity benefits*

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

☐ no ☐ yes

54 Are you disabled for at least 66%?

☐ no ☐ yes, since
My disability is recognized by (*name and address of the institution*)

55 Does this institution grant benefits to you?

☐ no ☐ yes

**60 CURRENT EMPLOYMENT DETAILS
OF YOUR (MARITAL) PARTNER**

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

☐ no
☐ yes

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

☐ no
☐ yes, for

63 Does your (marital) partner
work outside Belgium?

☐ no
☐ yes

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

☐ no
☐ yes, from (*country*)

70 HAVE YOU ALREADY APPLIED FOR A MATERNITY GRANT OR AN ALLOWANCE FOR ADOPTION?

71 Has there already been a claim for a maternity grant or an allowance for adoption for the child ?

☐ no
☐ yes, by
(name and address of the institution)

file no.

80 SIGNATURE

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

Date/...../.....
Signature

If the child has already been born, please enclose the original birth certificate in order to obtain a maternity grant.

If the child has not been born yet, please let your doctor or midwife fill out no. 90 of this form. After the child's birth, please make sure you send us the original birth certificate in order to obtain a maternity grant.

90 DOCTOR'S OR MIDWIFE'S STATEMENT

The undersigned, Doctor of Medicine/ midwife,
declares that

is at least 5 months pregnant and that the expected date of birth
is/...../.....

Only to be filled out when the birth of more than one child is expected

My patient is expecting children.

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

Signature

Seal