

Family and employment status

Period :

This form has to be completed once a year by the person who receives the family benefits (in most cases the mother).

It will be used to check if family benefits are paid correctly.

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

If there is not enough space for your answers, please add a separate sheet.

The data filled in by you on this form will be used to determine your entitlement to family benefits and the payment of these benefits. They are protected by the law of December 8, 1992 concerning the treatment of personal data. For access to and correction of these data, please refer to the address mentioned above.

ask for
telephone
file nr.

1 YOUR FAMILY SITUATION

- In the past year my situation has **not** changed . → Go to point 2.
 - My situation has changed as follows :
 - I am living with/have married since/on . . / . . /
 born on . . / . . / . . .
 (name and first name)
 - I am no longer living together since . . / . . / . . with
 born on . . / . . / . . .
 (name and first name)
 - Other changes
- (e.g. : new address, adoption, someone has come to live with you)*

2 CHILDREN IN THE FAMILY

- Have all the children we pay benefits for lived in the family for the entire year ?
 - yes → Go to point 3.
 - no. Which children did not live with the family ? (name and first name)

	from	until
.....	. . / . . / / . . / . .
.....	. . / . . / / . . / . .
.....	. . / . . / / . . / . .
.....	. . / . . / / . . / . .
- With whom or where did they live ?
(name and address of the person / the institution)

3 DECEASE

- Did the legal father or mother (adoptive parent) die in the past year ?
 - no
 - yes died on . . / . . / . .

4 YOUR AND YOUR PARTNER'S EMPLOYMENT STATUS

Your situation :

You must tell us, straight away and as soon as possible, if there are any changes in your family or employment status or your children's situation, even children another family benefits institution is paying the benefits for.

- salaried worker since . . / . . / . .
full time for hours/week
- employer's name and address :
-
-
- unemployed, disabled, retired since . . / . . / . .
- I receive a widow's pension since . . / . . / . .
- self-employed since . . / . . / . .
- without any profession
- other since . . / . . / . .

Your partner's situation:

- salaried worker since . . / . . / . .
 full time for hours/week
- employer's name and address :
-
-
- unemployed, disabled, retired since . . / . . / . .
- self-employed since . . / . . / . .
- without any profession
- other since . . / . . / . .

5 OTHER FAMILY MEMBERS' EMPLOYMENT STATUS

Tell us all about all other family members.
Do not mention the children we are paying family benefits for.

Relationship to the children : e.g. uncle, grandmother, brother, foster father, guardian, no relationship.

Employment status : e.g. self-employed, salaried worker, retired, receiving widow's pension, unemployed, etc.

1. name and first name
- born on . . / . . / . . relationship
- employment status
- present in the family from . . / . . / . . until . . / . . / . .
2. name and first name
- born on . . / . . / . . relationship
- employment status
- present in the family from . . / . . / . . until . . / . . / . .

6 SIGNATURE

Forms that are not duly completed or not signed will be returned.

I understand that if I give information which I know is incorrect or incomplete, action may be taken against me.

Date . . / . . / . .  Signature

Telephone /