



## CLAIM FOR CHILD BENEFIT

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### **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 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 find an overview of all our offices on our website.

KidsLife Vlaanderen, Sint-Clarastraat 48bis, 8000 Brugge

**T :** 078 48 23 45

**M :** [vlaanderen@kidslife.be](mailto:vlaanderen@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 Name and first name .....  
maiden 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 \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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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.

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 right now) or social insurance fund.

Name .....

Address.....

.....

## 30 Current employment status of your husband/wife/partner

31 He/she: (if applicable)

Works for an international organisation? (European institutions, NATO, etc.)

Works abroad; country: .....

Receives foreign social benefits

Is unemployed

## 40 Children for whom child benefits are claimed

41 Claim child benefits for

Children who study, who are employed with an apprenticeship contract, who seek employment or are involved in a training programme, are usually entitled to child benefits up to the age of 25 years.

Relation: e.g. son, daughter, brother, stepson, granddaughter, etc.

Name .....	First name .....
Date of birth .....	Relation .....
Name .....	First name .....
Date of birth .....	Relation .....
Name .....	First name .....
Date of birth .....	Relation.....
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 %.

Name and first name .....

.....

.....

.....

.....

.....

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?

- Father or co-mother → Go to question 61.  
 Mother → Go to question 52.  
 Other relation ..... → Go to question 53.  
 (e.g. brother, grandmother, stepfather, etc.)

*Please use the space at the right if there is a different answer for every child.*

52 You claim child benefits in your capacity as a mother.

*Only if different from the details in item 10.*

Please supply the following data on the father or co-mother

Name .....

First name .....

Date of birth .....

Address .....

.....

E.g. employee, social benefit, etc.

Is he self-employed?  No  Yes

Is he unemployed?  No  Yes

Is he deceased?  No  Yes

Other situation .....

53 You claim child benefits for one or more children who are not your own. Please supply the data on the parents of the children whose father or mother is not you.

Father/co-mother

Name .....

First name .....

Date of birth .....

Address .....

.....

Is he/she self-employed?  No  Yes

Is he/she unemployed?  No  Yes

Is he/she deceased?  No  Yes

Other situation .....

*E.g. employee, social benefits, etc.*

*Her maiden name*

Mother

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  children raised?  in the mother's family → Supply her name, first name and address if these have not yet been supplied.

*On the basis of what is filled out here, we will determine to whom the child benefits will be paid.*

Name and first name .....

Address.....

.....

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 child benefits already?

71 Have you previously  
received any child  
benefits for the children  
mentioned in item 40?

No

Yes, by (name and address of the institution)

.....

.....

Reference number .....

## DO NOT FORGET TO SIGN THIS FORM BEFORE SENDING IT BACK TO US

*Register us every change in  
the family situation or in the  
situation of the children  
as soon as possible by letter,  
telephone, fax or e-mail.*

I confirm on my word of honour that this claim was filled out sincerely.

Date .....

Signature .....

*If the claimant does not sign  
himself.*

Name and first name of the undersigned .....



## Payment of your child benefits on your bank account

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### Declaration of the beneficiary

(in most cases, the mother)

For a woman mention .....  
Your name .....

The maiden name .....  
First name .....  
Street and house number .....  
Postalcode/city .....  
National insurance number .....  
Look at the back of your identity card (e-id)

*The child benefit is deposited to the mother or the person that replaces her in the household.  
It can only be paid on a bank account in her name or on a shared bank account of the two partners, in which she can also perform actions.*

I want the child benefit to be deposited on this account (number on your bank statements)

IBAN \_ \_ \_ \_ \_

BIC \_ \_ \_ \_ \_

In the name of  myself

myself 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!