

Claim for a maternity benefit for employees

contact
telephone
reference number

With this form you claim the maternity benefit as an **employee**. According to the child benefits legislation, an unemployed, disabled or retired employee is still considered an employee.

Who has to claim the maternity benefit?

In this order:

1° the child's father,

2° the mother,

3° the oldest of the following persons:

- the mother's partner,
- a grandparent of the child (if he belongs to the family),
- an uncle or aunt of the child (if he or she belongs to the family),

4° a (half)brother or (half)sister of the child.

When and how to claim the maternity benefit?

- **From the 6th month of the pregnancy** you may claim the maternity benefit at your child benefits agency. At the earliest you will receive it two months before the expected date of birth.

When the child's birth is registered, the registrar hands over the so-called "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" (birth certificate required for obtaining the maternity benefit according to the child benefits legislation). This original certificate has to be sent to the child benefits agency which will have paid you the maternity benefit in the meantime.

- You may also claim the maternity benefit **after the child is born**. In that case please send the original birth certificate required for obtaining the maternity benefit according to the child benefits legislation along with this form to your child benefits agency.

If you do not know your child benefits agency, ask your current or last employer.

Do you wish further information?

Please get in touch with your child benefits agency for information about your file. For general information about the maternity benefit and child benefits you may also get in touch with the Rijksdienst voor Kinderbijslag voor Werknemers, Trierstraat 70, 1000 Brussels, tel. 02-237 23 40.

All these data are collected so the maternity benefit may be paid. If you wish to check or correct the data about you, please refer to the child benefits agency at address mentioned above.

If you need more space, add a separate sheet.

10

Personal data of the claimant

11 Married women should list their maiden name.

You find it in the top right corner of your SIS-card.
(If you have a SIS-card of the Belgian social security.)

name

first name

date of birth male female

(Belgian) national number

nationality

address/number

postcode/city

telephone/mobile

e-mail address@.....

20

Your current family status

21 It is possible that several 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

Parents of the child

31 What is your relation to the child?

father
 living with the mother → Please go to question 41.
 not living with the mother. → Please fill in her data in item 33.

mother → Please fill in the father's data in item 32.

another relation

→ Please fill in the father's data in item 32 and the mother's data in item 33.

E.g. brother, grandmother, uncle, etc.

32

the father.

name

first name

date of birth

address

is he self-employed? no yes

is he unemployed? no yes

is he deceased? no yes

E.g. employee, social benefit, etc.

Other situation

33 Her maiden name.

the mother

name

first name

date of birth.....

address

is she self-employed? no yes

is she unemployed? no yes

is she deceased? no yes

E.g. employee, social benefit, etc.

other situation

40

First-born or subsequent child?

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

no

Please take into account stillborn and deceased children.

yes → **Please go to question 43.**

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

no

Please take into account stillborn and deceased children.

yes

43 Have the father and/or mother adopted a child?

no

yes

44 Are you already entitled to child benefits for another child?

no

yes → **Please go to question 71.**

Your current employment status

- 51
- employed
name and address of the employer
 - unemployed
agency granting the benefits (*name and address of the local office*)
 - retired
→ **Please enclose a copy of your pension certificate or notification, unless you have already done so.**
 - sick pay / disability benefits paid by (*name and address of the health service*)
 - other situation

You may also affix a label issued by your health service.

52 Name and address of your **latest** employer, *if you are unemployed or retired or are receiving sick pay or disability benefits.*

53 Are you **also** self-employed or do you assist a self-employed person? no yes

54 Are you disabled? no yes, since

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

55 Do you receive benefits from this institution? no yes

Current employment status of your husband/wife/partner

61 Is your husband/wife or partner self-employed or does he/she assist a self-employed person? no yes

62 Does your husband/wife or partner work for an international organisation? no yes
European institutions, NATO, etc.

63 Does your husband/wife or partner work outside of Belgium? no yes

64 Does your husband/wife or partner receive **foreign** social benefits? no yes, from (country)

70 Did you already claim the maternity or adoption benefit?

71 Have the maternity benefit or the adoption benefit already been claimed for the child? no yes, claimed by
from (name and address of the institution)
.....
reference.....

Signature

I confirm on that this claim was filled out sincerely.

Date



Signature

If the child has already been born, please enclose the original birth certificate required for obtaining a maternity benefit.

If the child had not been born yet, please have your doctor or midwife fill out item 80 of this form. After the child's birth, please make sure you send us the original birth certificate required for obtaining the maternity benefit.

80 Doctor'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 a multiple birth is expected.

My patient is expecting children.

Date

Seal



Signature