

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 /