

Child benefit claim and request for affiliation to the child benefit fund Famiris

With this form you can claim child benefit for the child(ren) you raise and become affiliated to our organisation.

To whom is child benefit paid?

When the father and mother live and raise the child together, child benefit is paid to the mother.

For same-sex parents, child benefit is paid to the older parent.

Don't forget to inform us **spontaneously AND immediately** of any changes to your family, professional or financial situation. We need this information to safeguard your entitlement to child benefit.

Famiris uses your personal data exclusively to exercise your entitlement to child benefit, in accordance with the European General Data Protection Regulation (GDPR). Would you like more information on how we respect your privacy? Visit <http://www.famiris.brussels>.

If you do not have enough space, use a separate sheet.

10 Personal details of the applicant i.e. the person who raises the child(ren)

11 Who raises the child(ren)?

- the mother
- the father, outside the mother's household
- a different parent/relative or carer
- the child itself (e.g. when living alone)
- an institution : _____
- other : _____

12 Details of the person mentioned under No. 11

For women: maiden name Name _____
First name _____
See back of ID card National register number ____·____·____-____·____
Mandatory if you do not know the national register number Date of birth ____/____/____
Street name and house number _____
Postcode and municipality _____
(Mobile) phone number _____
Email address _____

13 Details of the spouse/partner of the person mentioned under No. 11

For women: maiden name Name _____
First name _____
See back of ID card National register number ____·____·____-____·____
Mandatory if you do not know the national register number Date of birth ____/____/____
Street name and house number _____
Postcode and municipality _____
(Mobile) phone number _____
Email address _____

20 Occupation

21 Of the person mentioned under No. 11

- works for a European institution
- works for a public international organisation (NATO ...)
- works abroad or for a foreign employer
Country: _____
- receives social benefits from abroad
Country: _____
- no occupation

22 Of the spouse/partner mentioned under No. 13 (if applicable)

- works for a European institution
- works for a public international organisation (NATO ...)
- works abroad or for a foreign employer
Country: _____
- receives social benefits from abroad
Country: _____
- no occupation

30 Child(ren) for whom you claim child benefit

31 I claim child benefit and request affiliation to Famiris for:

	Name _____	date of birth __/__/_____
<i>Children who are studying, working under an apprenticeship agreement, seeking work or doing a traineeship are generally entitled to child benefit until the age of 25.</i>	First name _____	relation _____
	Name _____	date of birth __/__/_____
	First name _____	relation _____
	Name _____	date of birth __/__/_____
<i>Relation: son, daughter, brother, son-in-law, granddaughter, etc.</i>	First name _____	relation _____
	Name _____	date of birth __/__/_____
	First name _____	relation _____
	Name _____	date of birth __/__/_____
<i>If the child lives abroad, please specify.</i>	First name _____	relation _____
	Name _____	date of birth __/__/_____
	First name _____	relation _____
	Name _____	date of birth __/__/_____

32 Child(ren) mentioned under No. 31 who have a recognised disability Name and first name

33 Child(ren) mentioned under No. 31 who have been placed in your household by a court, an adoption service provider, a foster care agency, a public institution or a ministry Name and first name

34 Child(ren) in your household for whom child benefit is paid by a different fund Name and first name

Child benefit fund (*name and address*)

File number _____

40 Parent(s) of the child(ren)

41 Details of the mother (if not already mentioned under No. 12)

maiden name Name _____
First name _____
See back of ID card National register number ____·____·____-____·____
Mandatory if you do not know the national register number Date of birth ____/____/____
Has she passed away? no yes

42 Occupation of the mother (if not already mentioned under No. 21)

- works for a European institution
- works for a public international organisation (NATO ...)
- works abroad or for a foreign employer
Country: _____
- receives social benefits from abroad
Country: _____
- no occupation

43 Details of the father (if not already mentioned under No. 12 or 13)

	Name	_____
	First name	_____
See back of ID card	National register number	__·__·__·__·__·__·__
Mandatory if you do not know the national register number	Date of birth	__/__/____
	Has she passed away?	<input type="checkbox"/> no <input type="checkbox"/> yes

44 Occupation of the father (if not already mentioned under No. 21 or 22)

- works for a European institution
- works for a public international organisation (NATO ...)
- works abroad or for a foreign employer
- Country: _____
- receives social benefits from abroad
- Country: _____
- no occupation

50 Signature

Please inform us as soon as possible of any changes to your family, professional or financial situation or to the situation of your children by mail, telephone, fax or email, so that we can adjust the payments.

I declare that I have filled in this form correctly and that I have read the information on the back.

Name:

First name:

Date: __/__/____

*Please note that only the beneficiary (the person who raises the children and to whom the child benefit is paid) is legally affiliated to the child benefit fund. It is therefore **mandatory** that at least this person signs the document.*

Signature :

Information on your affiliation to a child benefit fund

By completing this document, I become affiliated to Famiris, in accordance with Article 26 of the Ordinance of 4 April 2019 establishing the family benefits payment system.

In accordance with Article 26 (4) of the Ordinance of 4 April 2019 establishing the family benefits payment system, affiliation to and intervention by one of the child benefit funds is **free of charge**.

In accordance with Article 26 (2) of the Ordinance of 4 April 2019 establishing the family benefits payment system, this affiliation remains valid for at least 24 months. An affiliation change request can therefore only be filed from the first day following the twenty-fourth month of affiliation. The change of affiliation takes effect on the first day of the quarter following the quarter in which the decision was communicated, unless it was communicated less than 15 days before the end of the aforementioned quarter. In that case, it will take effect on the first day of the second quarter following the quarter in which the decision was notified.

In accordance with Article 31 of the Ordinance of 4 April 2019 establishing the family benefits payment system, child benefit institutions are not allowed to grant beneficiaries any other benefits than those established by this ordinance, with the exception of promotional gifts of nominal value.

In accordance with Article 4 (1) (9°) of the Ordinance of 4 April 2019 establishing the family benefits payment system, the child benefit institutions undertake not to refuse the affiliation of a beneficiary and not to oppose their decision to change child benefit institutions, in accordance with Article 26 (2).

PAYMENT OF YOUR CHILD BENEFIT TO AN ACCOUNT

Statement

For women: maiden name Surname and first name _____
Street name and house number _____
Postcode and municipality _____

See back of electronic identity card (eID) National register number _ _ . _ _ . _ _ - _ _ _ . _ _

Child benefit is paid to the mother or the person replacing her in the household. I request my child benefit to be paid to the following account (you can find your bank account number on your bank statements)

Child benefit can only be paid to a current account opened in the name of the mother or the person replacing her, or into a joint current account in the name of both partners, on which the mother or the person replacing her can also carry out transactions. IBAN _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
BIC _ _ _ _ _ _ _ _ _ _
opened
 in my name
 in both my name and the name of _____

DO NOT FORGET TO SIGN THE FORM BEFORE SENDING IT BACK TO US

I declare that I have filled in this form correctly and give permission to my child benefit fund to check these data with my bank. I undertake to notify my child benefit fund immediately if I no longer have access to child benefit paid to this account. In this case I will provide a new account number. Should I fail to do so, my child benefit will be paid by circular cheque.

Date: _ _ / _ _ / _ _ _ _

Signature: _____

(Mobile) phone number: _____

Email : _____

IMPORTANT !

Your child benefit is paid directly to the current account you have specified. If, after checking with your bank, it appears that the account number you have specified is not in your name, your child benefit fund will ask you to provide the details of an account of which you are the holder or joint holder.