

OVERSEAS CONTACT

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APPLICATION FOR A WIDOW'S PENSION AND ORPHAN'S ALLOWANCES

(to be sent back by registered letter or by e-mail)

- A.** Last name of the insured (block letters):
 First names: Nationality:
 Are you also insured with the NSSO? No Yes Registration number:
 Place and date of birth:
 Place and date of death:
 Belgian National Registry Number: ____-____-____-____-____-____
- B.** Maiden name of the widow (block letters):
 First names: Nationality:
 Place and date of birth:
 Place and date of marriage:
 Belgian National Registry Number: ____-____-____-____-____-____
 Address (mail):
 E-mail:
 Telephone number: Number of dependent persons:
- C.** Information concerning the **ORPHANS** for whom the allowance is requested
 a) under 18 years of age;
 b) from 18 to 25 years of age if they continue their studies at an educational institution with a full-time course of study or if they have an apprenticeship contract recognized by the Ministry of Economic Affairs;
 c) without age limitation if the child is completely unable to exercise a profession because of his/her physical or mental condition and if he/she resides in Belgium.

Last name and first names of the children	Date of birth	Last name and first names of the children	Date of birth

I request payment:
 - of the widow's pension to which I am entitled
 - and of the orphan's allowances in favour of the children listed above.
 With this application I attach the following items of evidence:
 1) a school certificate for children over 18;
 2) a legalized copy of the apprenticeship contract;
 3) the following documents:

I hereby confirm that the above mentioned information is correct.
 Place Date ____/____/_____
 Signature*