

OVERSEAS CONTACT

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ADDRESS

Victor Hortaplein 11
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DOCUMENT TO BE RETURNED TO THE OFFICE DULY COMPLETED AND SIGNED

I the undersigned :

declare that I am ceasing/ have ceased (*) all occupational activity on ____/____/____ because of illness /
accident / pregnancy.

My remuneration paid by my employer ended/will end one ____/____/____.

I authorise the General Directorate VII Overseas Social Security - Section periodic benefits to verify the accuracy of this declaration in particular with the Direct Tax Administration.

Aware of the fact that a false or incomplete declaration may lead to fines or detention being imposed in accordance with the provisions of the Royal Decree of 31 May 1933 on declarations to be made in respect of subsidies, grants or allowances of any kind that are wholly or partly borne by the state, I DECLARE ON MY HONOUR THAT THIS DECLARATION IS SINCERE AND COMPLETE.

I UNDERTAKE TO IMMEDIATELY INFORM THE OFFICE OF ANY CHANGE IN MY CIVIL STATUS OR NATIONALITY AND ANY RESUMPTION OF OCCUPATIONAL ACTIVITY BY ME OR MY SPOUSE.

Done at on ____/____/____

Signature*

*The offices are open to the public from 9 am to 12 noon and in the afternoon only by appointment.
The data will be processed in compliance with the Act on the protection of privacy (Act of 8 December 1992). You may consult and rectify your data at any time. These data will only be used to process your claim.*