

OVERSEAS CONTACT

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ADDRESS

AD VII - Payments and Benefits Department
Victor Hortaplein 11
1060 Brussels

CLAIM FOR PAYMENT OF SICKNESS AND DISABILITY INSURANCE BENEFITS / MODEL 2 INDIVIDUAL

Registration number : _____ / _____

I the undersigned :

I declare that my professional activity was suspended as of ____ / ____ / ____ due to an
illness accident at work accident, private circumstances pregnancy (Please check the correct answer)

My remuneration ended on ____ / ____ / ____ **inclusive**.

Sick pay will begin after this date.

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*

(* Both an electronic and a handwritten signature are allowed.

The data will be processed in compliance with the Act on the protection of privacy (Act of 30 July 2018). You may consult and rectify your data at any time. These data will only be used to process your claim.