NSSO | OVERSEAS SOCIAL SECURITY

REQUEST TO CEASE THE AFFILIATION

To be returned to: aansluitingenattesten-osz@rsz.fgov.be

I, the undersigned (Name and first name)*: .....

Affiliation number*: E/ __ __ __ __ __ __-__

or national registry number*: __ __ __ __ __ __-__ __ __.__ __

Declare hereby that I wish to end my affiliation to the Overseas Social Security (OSS).

The **last month** of affiliation is*: __ __/__ __ __ __ (⚠ cannot be retroactive to the month in which the application was submitted, unless you can prove that you are an employee, self-employed, job seeker or receiving unemployment benefits in one of the EEA Member States or in Switzerland)

The reason for the termination of my affiliation is:

End of employment outside the European Economic Area

Other: .....

Do you intend to pursue again at a later stage an activity outside the EEA? Yes No

<u>If the answer is yes, with coverage by the OSS?</u>

Yes

No Affiliation to a local public Social Security system

Affiliation to a private insurance

Other: .....

<u>Would you like to receive a certificate of end of affiliation?</u> (⚠ This will only be issued once the last contribution has been credited to the NSSO accounts.)

No

yes By e-mail: .....

By post: Street: ..... Nr.: ..... Box: .....

Postal Code: __ __ __ __ City: ..... Country: .....

Through my e-box**

Place ..... Date __ __/__ __/__ __ __ __

Signature*

(*) Required field

(**) Please bear in mind that your e-Box must be activated. You will find more information about this on www.mysocialsecurity.be.

NSSO Overseas Social Security | Victor Hortaplein 11 | 1060 Brussels | +32 (0)2 509 90 99 | overseas@lss.fgov.be
Visiting hours: Monday - Friday from 9:00 to 12:00 AM or by appointment | CBE: 0206.731.645 | **www.overseassocialsecurity.be**

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