

OVERSEAS CONTACT

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ADRES

Victor Hortaplein 11
1060 Brussel

DOCUMENT TO BE RETURNED TO THE NSSO TO DETERMINE THE INAMI/RIZIV PAYMENT AND THE SOLIDARITY CONTRIBUTION APPLICABLE TO YOU.

Surname: First name:
Date of birth: ____/____/____ National identification number (NISS): _____
Widow/widower of: Registration number: _____
Residential address:
..... N°: Postbox:
Postcode: Town/City: Country:
E-mail address:

Please note: the terms used in this document are to be understood within their fiscal meaning (as used in the Tax Return, for example).

The NSSO must deduct the INAMI/RIZIV* payment and the solidarity contribution from your pension.

There are two different scales. To determine the scale to be applied in your case, please complete the request for information overleaf.

Remember to inform the NSSO of any changes that could affect your tax situation (marriage, death, dependent children, etc.).

Fill in the back of this document and send it to us

By post:

**NSSO – AD VII
OVERSEAS SOCIAL SECURITY
Payments and Benefits Department
Victor Hortaplein 11
1060 BRUSSELS**

or by e-mail: paiements-om@onss.fgov.be

PLEASE NOTE: if you do not send us this document, we will have to calculate your deductions on the basis of the least favourable scale.

See overleaf →

(*) RIZIV: National institute for sickness and disability insurance

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Please complete the details below

BOX A

If your place of residence is in a country of the European Economic Area (European Union countries + Switzerland) other than Belgium

1. I live in a country of the European Economic Area other than Belgium

No

Yes. I enclose proof of address.

2. I receive a pension from my country of residence

No

Yes. I enclose a pension certificate indicating the effective date.

BOX B

If you are married

1. Does your spouse earn more than:

- › 10 432,00 € **gross** per year as an **employee**,
- › 8 346,00 € **net** per year as a **self-employed individual**?

No, my spouse's professional income does not exceed one of these amounts.

Yes, my spouse's professional income exceeds one of these amounts.

2. Does your spouse receive a pension or replacement income (unemployment benefit, sick pay or invalidity benefit)?

No

Yes

BOX C

If you are not married (single, divorced, widowed)

You live with one or more children under the age of 25.

No

Yes

› Is at least one of them entitled to child benefit?

No

Yes

› Do you live with anyone other than your child or children?

No

Yes

I hereby certify that my declaration is complete and true.

Signed in on ____/____/____

Surname: First name:

Signature*

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