

**OVERSEAS CONTACT**

02 509 36 50

[actuariat-pensions-om@onssrszss.fgov.be](mailto:actuariat-pensions-om@onssrszss.fgov.be)**ADDRESS**

Victor Hortaplein 11

1060 Brussels

## Info - Single premium payment (Art. 63 § 1 of the Act of 17 July 1963)

Those wishing to regularise their overseas social security status by paying a single premium should return the duly completed, dated and signed application to the Office.

**TERMS AND CONDITIONS**

Persons who have not exercised the option of participating in overseas social security may pay a single premium, providing them or their beneficiaries with benefits in the areas of old age and death insurance, sickness and disability insurance and deferred health care insurance.

The single premium may only be paid for periods during which the insured was eligible to participate in overseas social security scheme (**maximum retroactive effect to 1 July 1960**), regardless of their employment status (employee, self-employed, artist, etc.). It may also serve as a supplement to contributions, if contributions previously paid do not reach the maximum allowable amount.

**It can be paid:**

- a) for periods during which the insured person carries out their professional activity in a country outside the EEA;
- b) for periods during which the insured person temporarily carries out their activity in a member country of the EEA, provided they are not subject to a social security scheme and the period in question does not exceed six months;
- c) for the duration of contractual leave immediately following one of the periods mentioned above;
- d) for a period of no more than twelve months immediately following one of the insurance periods referred to in letters a, b and c, provided the insured person does not exercise any gainful activity (periods of gainful activity include, in particular, those which give rise to the payment of a benefit under the legal provisions relating to unemployment insurance).

To participate in the insurance during the periods referred to in letters (c) and (d), the insured must have paid all contributions (or the single premium) that could have been paid since the end of the period mentioned in letter (a).

**The period over which a premium is paid is not considered when determining waiting periods provided for by the legislation.**

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## SINGLE PREMIUM CALCULATION REQUEST

### 1. PERSONAL DATA<sup>1</sup>

Registration number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Surname: ..... First name: .....

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nationality: ..... Gender: M F

Correspondence address: .....

.....

Telephone : ..... Fax : ..... E-mail : .....

### 2. PERIODS CONCERNED BY THE PAYMENT OR TOP-UP

Purpose of your single premium calculation request:

Top-up payment

Payment for unpaid periods

I declare that these periods are eligible for participation in the overseas social security scheme in accordance with the conditions set out in the info document.

| EMPLOYER | COUNTRY OF WORK | START DATE | END DATE | NATIONALITY AT THE TIME OF EMPLOYMENT |
|----------|-----------------|------------|----------|---------------------------------------|
|          |                 |            |          |                                       |
|          |                 |            |          |                                       |

If the single premium is paid to the Office by your employer, please provide their name and registration number below.

Employer's name: ..... D/ \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### 3. MONTHLY AMOUNT

Select an amount between a minimum and a maximum according to the "[Monthly rates in euro](#)".

\_\_\_\_, \_\_\_\_ EUR

9/10 premium calculation rate: Yes No

By opting for the 9/10 calculation rate, you waive your possible entitlement to deferred health care insurance and/or sickness and disability insurance.

10/10 premium calculation rate:

- for each period preceding a recent enrolment;
- if you do not specify a preference.

### 4. WOULD YOU LIKE TO RECEIVE A PENSION SIMULATION?

Yes No

Signed in ..... on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \*

<sup>1</sup> Your data are processed in compliance with the law of 8 December 1992 on the protection of privacy. You may view and rectify your data at any time. This information will only be used to process your request and will not be passed on to third parties.

(\*) Electronic and handwritten signatures authorised