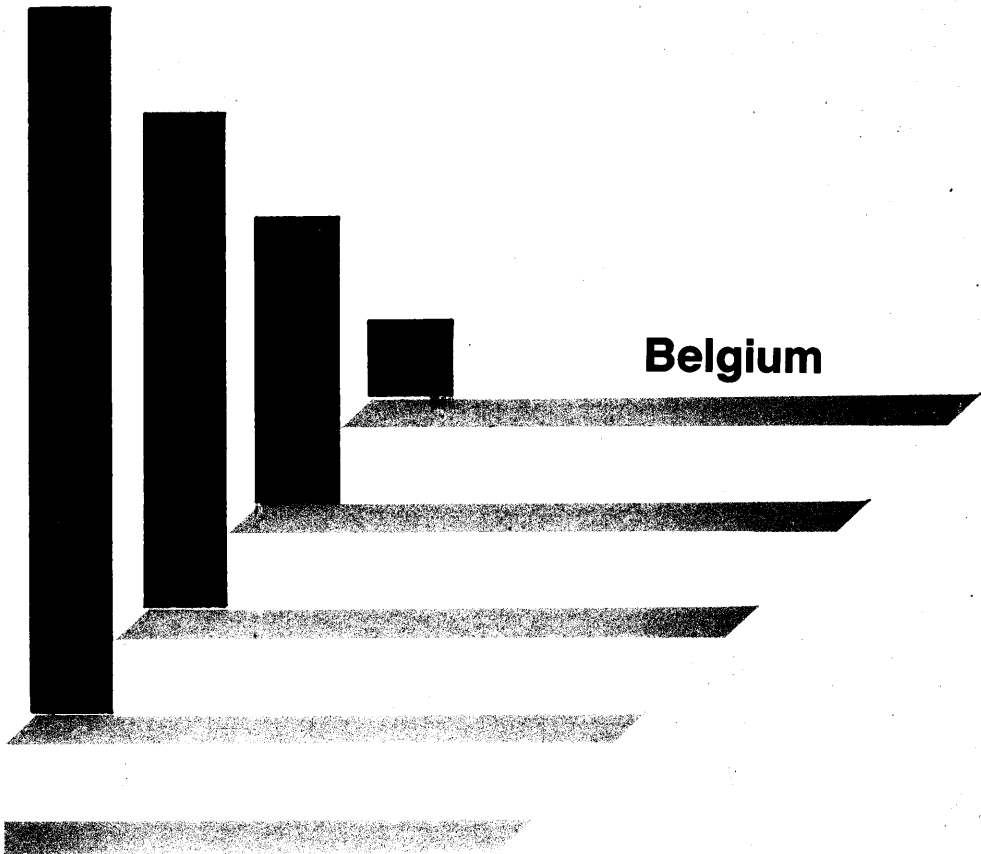


# EUROPEAN COMMUNITIES

## Social security for migrant workers



100/121A

**Guide**  
**concerning the rights and obligations with regard to**  
**social security of persons going to work in**  
**BELGIUM**

**In your own interest**  
**read this guide carefully**

**NEW EDITION**

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This guide gives only general guidance.

It must not be treated as a complete and authoritative statement on the law in any particular case.

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## **General introduction**

The aim of this guide is to provide nationals of other Member States who come to work or live in Belgium with a survey of the Belgian social security scheme and of the rights and obligations of a worker insured in Belgium.

A brief summary is given of the legislation applicable to employed persons (Part I) and to self-employed persons (Part II). The benefits to which insured persons and their dependants are entitled are listed in this guide as are also the conditions to be complied with and the formalities to be completed in order to obtain these benefits.

In this guide, you will also find all the necessary information concerning the institutions to which you should apply for any additional information you may require.

If you work in Belgium, you are entitled, generally speaking, to social security benefits under the same conditions as apply in the case of Belgian workers.

The members of your family who are living in Belgium are entitled to the same benefits as members of a Belgian worker's family.

Part I

**Social security  
for employed persons**

# 1. Introduction

Belgian social security comprises the following branches:

- (a) sickness and invalidity insurance;
- (b) pension insurance (old-age pension, survivor's pension);
- (c) insurance against accidents at work and occupational diseases;
- (d) unemployment insurance;
- (e) family benefits.

## 1.1 Joining the social security scheme

As soon as you take up employment in Belgium your employer must complete the necessary formalities to ensure that you are covered by the social security scheme. You need not apply to any institution.

The only exception to this rule is for sickness and invalidity insurance; you should join a mutual insurance fund (*mutualité/mutualiteit*) of your own choice or register with a regional office of the auxiliary sickness and invalidity insurance fund (*Caisse auxiliaire d'assurance maladie-invalidité/Hulpkas voor ziekte- en invaliditeitsverzekering*). Mutual insurance funds in Belgium cover the following categories: non-denominational, occupational, Christian, socialist and liberal. You are free to cancel your membership of a mutual insurance fund and join another one on the first day of every calendar quarter. However, your fund may refuse to cancel your membership if you have been insured with it for less than 12 months. For further information on this subject, please apply to the new fund you intend to join. Where necessary, you can present the insurance institution with an E104 and E105 form, which you can obtain from the sickness insurance institution of the country you are leaving.

The mutual insurance funds and the regional offices are referred to in this guide as 'insurance institutions'.

## 1.2 Contributions

You have to pay a social security contribution which amounts to a percentage of your wage or salary. Your employer deducts this

contribution from your wage or salary and pays it to the national social security office (Office national de sécurité sociale — ONSS/ Rijksdienst voor maatschappelijke zekerheid — RMZ). The only contribution which you, yourself, have to pay is that which the insurance fund may ask you to pay for supplementary voluntary insurance cover. This possibility does not exist in the auxiliary sickness and invalidity fund.

If you are a pensioner and if the total length of your insurance history is equal to, or less than, only one-third of a full insurance record you have to pay a monthly contribution, the amount of which depends on whether or not you have dependants.

### **1.3 What to do if you do not agree with a decision taken by an institution**

You may lodge an appeal within one month (three years in the case of family benefits) of the date on which you are notified of the decision. If you live in Belgium, you should either send your appeal by registered letter to the office of the clerk of the competent labour court (Tribunal du travail/Arbeidsrechtbank) in your place of residence or personally submit it to that office; if you live abroad, you should send your appeal to the labour court of the district where you last lived or stayed in Belgium.

## **2. Sickness and invalidity insurance**

### **2.1 Who is insured?**

All employed and unemployed persons, pensioners, and their dependants are entitled to medical treatment.

All workers who usually work more than two hours a day, unemployed persons and working women during the period immediately before and after confinement (maternity leave) are entitled to cash sickness benefit.

### **2.2 Benefits in kind (health care)**

The cost of benefits which include both preventive and curative care is reimbursed in accordance with officially approved rates.



In principle, the insurance institution reimburses 75% of the fees paid for health services such as consultations and visits by general practitioners and specialists.

As a rule, reimbursement by the insurance institution of fees paid for services provided by physiotherapists is limited to 60%.

For pharmaceutical products there is, as a rule, a fixed charge to be paid by the insured person for made-up prescriptions; this normally amounts to BFR 50 for each item prescribed or the actual cost where this is less than that amount. The amount reimbursed by an insurance institution for patent medicines varies in accordance with the category to which these medicines belong: A, B or C; the breakdown by category is defined on the basis of criteria in respect of price and therapeutic and social conditions.

A hospitalized insured person, however, pays a fixed amount towards the costs of patent medicines for each day spent in hospital.

While in hospital, an insured person must likewise pay a small fixed amount towards daily maintenance costs.

Subject to a means test, certain categories of the population (widows, invalids, pensioners, orphans) are reimbursed at a more favourable rate for the majority of benefits and services.

#### *(a) Medical and dental treatment*

As a general rule, you may go directly to a doctor or dentist of your own choice to whom you, yourself, should pay the necessary fees. These will be reimbursed later on presentation of a certified statement from the doctor or dentist concerned relating to the treatment provided.

If you go to a doctor or dentist who is not bound by the officially approved rates, you, yourself, must pay any amount charged in excess of these approved rates. Your insurance institution can provide you with a list of doctors and dentists who have agreed to abide by the officially approved rates.

#### *(b) Pharmaceutical products*

In most cases, you pay to a dispensing chemist only that amount of the price which is not reimbursed by the insurance institution in

the case of a product that is reimbursable by the insurance institution and provided that you have a medical prescription.

*(c) Hospitalization*

Except in emergencies, you should apply to your insurance institution, which will provide you with all the necessary information as to how you can obtain treatment.

### **2.3 Cash benefits**

*(a) 'Initial incapacity' allowance (indemnités d'incapacité primaire/ uitkering wegens primaire arbeidsongeschiktheid)*

You should provide the medical adviser (médecin-conseil/ adviserend geneesheer) of your insurance institution with a medical certificate filled in by the doctor treating you, not later than two days after having become incapacitated. If you send in the certificate at a later date you will be entitled to allowances only from the day on which it was sent.

The medical adviser of your insurance institution determines the duration of your incapacity for work. He can at all times call upon you to come for a medical examination.

During the first year of incapacity for work, you are entitled to an allowance equal to 60% of your previous wage or salary. This allowance is increased to 79.5% for a period of 14 weeks for women who are on maternity leave. This allowance is paid out, however, only at the end of the period for which you receive the 'guaranteed wage' from your employer.

*(b) Invalidity allowance (indemnité d'invalidité/ invaliditeitsuitkering)*

If, after one year, you are still unable to resume work, you are entitled to an invalidity allowance up to the age at which you are entitled to claim an old-age pension: (60 for women and 65 for men (see section 3.2 below)).

The allowance amounts to 65% of your previous earnings if you have dependants, or to 43.5% if you have no dependants.

*(c) Invalidity pension for miners*

Miners who have worked in the mines for at least 10 years are entitled to an invalidity pension from the seventh month of incapacity for work.

*(d) Grant towards funeral expenses (allocation pour frais funéraires/  
uitkering voor begrafeniskosten)*

In the event of the death of a worker, a grant for funeral expenses is awarded to persons who have paid these funeral costs on presentation of substantiating documents (death certificate, invoices).

## **2.4 Qualifying conditions**

- You must be registered with an insurance institution;
- you must have worked for 120 days during a period of six months; certain periods in which you did not work (illness, paid leave, etc.) are treated as periods of employment. Any periods of employment completed in other Member States can be taken into account;
- you should have presented the insurance institution with the contribution voucher (bon de cotisation/bijdragebon) provided by your employer;
- you should submit yourself to any checks carried out by the insurance institution;
- you must still have the status of an insured person. You can prove this by showing that you have worked for 120 days, including where necessary days treated as such, during the second and third quarters preceding your claim for benefit; if you cannot satisfy this condition, a continued insurance contract can be concluded.

## **2.5 Provision of benefits and services in other Member States**

Please see Guide No 1 on the Community regulations.

# **3. Pension insurance (old-age pension, survivor's pension)**

## **3.1 Who is insured?**

In principle, all persons who are employed in Belgium are insured. There are special rules for part-time domestic staff.

The benefits are as follows:

- old-age pension (pension de retraite/ouderdomspensioen) awarded to employed persons;
- survivor's pension (pension de survie/overlevingspensioen) awarded to a worker's widow;
- temporary survivor's pension (pension de survie temporaire/tijdelijk overlevingspensioen) awarded to a widow who does not have or no longer has a right to a survivor's pension;
- heating allowance (allocation de chauffage/verwarmingstoe-lage) awarded to pensioned coal-miners;
- holiday pay (pécule de vacances/vakantiegeld) and supplement-ary holiday pay (pécule complémentaire de vacances/aanvullend vakantiegeld).

### **3.2 Qualifying conditions**

Employed persons normally have the right to an old-age pension at the age of 65 for men and 60 for women. A reduced-rate early retirement pension (60 at the earliest for men and 55 at the earliest for women) can also be awarded.

The reduction is either not applied at all or only in part to former political prisoners, former prisoners-of-war and persons acknowledged to have rendered special services to the nation. Male workers can go out on pension (early retirement pension) at the age of 60 provided that they are working as an employed person and are replaced by a person seeking employment.

Miners have the right to an old-age pension at the age of 60, or at 55 if they are employed underground. There are no age conditions for miners who have worked underground in coal-mining for 25 years.

Seamen are entitled to a pension at the age of 60 or after 168 months of service at sea.

A worker's widow is entitled to a survivor's pension at the age of 45. In some cases there are no age limitations (if the widow is an invalid, if her husband has worked underground in the mines, etc.).

### **3.3 Formalities to be completed to obtain a pension**

A claim for a pension must be submitted to the administration of the commune where you are actually resident. (If you reside in another Member State, you should send your claim to the appropriate institution of your country of residence.) In order to avoid delay in the processing of your claim, you should submit it if possible one year before reaching pensionable age.

A claim for a temporary survivor's pension should be submitted within 12 months after the day on which your husband died. The widow of a pensioner, however, does not need to submit a claim for this pension or for the survivor's pension.

### **3.4 Pension rates**

The amount of the pension is calculated on the basis of periods of insurance and periods treated as such and of income earned in Belgium. Periods of employment in another Member State can be taken into consideration for the calculation of the theoretical amount of the pension.

The pension amounts to 60% of the average of the wage or salary earned during the worker's insurance history. It is equal to 75% if you have a dependent spouse.

The pension is payable each month by post office money order and can be paid out personally to the beneficiary at his place of abode or, if he prefers, be remitted to his post office account.

The pension is payable each month by postoffice moneyorder and can be paid out personally to the beneficiary at his place of abode or, if he prefers, be remitted to his post office account.

Pensioners are allowed to work provided that the wage or salary received does not exceed a certain limit. The national pensions office for employed persons (Office national des pensions pour travailleurs salariés/Rijksdienst voor Werknemerspensionen), Tour du Midi/Zuidertoren, 1060 Brussels, should be informed beforehand of any such work; you can obtain all relevant information from this office.

## **4. Accidents at work and occupational diseases**

### **4.1 Accidents at work**

#### *4.1.1 Who is insured?*

All employed persons including those who usually work less than two hours per day and domestic staff are covered against accidents at work and against accidents sustained on the way to or from work. Your employer should take out a policy for his employees with a recognized insurance company or with a recognized joint insurance fund.

#### *4.1.2 What to do in the case of an accident at work*

The employer, or the employed person or a member of his family, should report the accident within 10 days, using the special form which is to be sent to the insurance company in question and to the inspector who is competent for safety at work. If possible, a medical certificate should accompany the report of the accident.

#### *4.1.3 Benefits*

The following benefits may be claimed following an accident at work:

##### **(a) Allowance for incapacity for work**

After a certain time, you either become fit for work again or your incapacity may show signs of becoming permanent. The date on which your condition is considered to be stable is determined by the insurance institution's medical adviser, who also determines the degree (percentage) of permanent incapacity for work.

For the period before your condition becomes stable, a daily allowance for temporary general incapacity for work is awarded to the amount of 90% of your average daily earnings.

An annual allowance is granted for a period of three years (during which period your case will be reviewed) from the date on which your condition is considered to be stable. The amount of this allowance depends on the percentage of incapacity for work and the remuneration to which you were entitled for the year preceding the accident.

At the end of these three years, the allowance is converted into a life annuity. If the degree of incapacity is at least 10%, you may ask

for a lump-sum payment of one-third of the total amount of the annuity.

The terms of financial compensation following an accident at work are subject in all cases to approval by the labour court of the place of residence of the person who sustained the accident.

If he disagrees with the settlement proposed by the insurance company, the person in question may lay the matter before the labour court.

#### (b) Medical treatment

Up to the end of the period of review, a person who has sustained an accident at work is free to choose his own doctor, medical or hospital service for all medical and surgical treatment except where the employer (or his insurance company) has his own approved medical, pharmaceutical or hospital service.

Treatment provided through your employer (or his insurance company) is free of charge. If the insured person is free to make his own choice of doctor or service, the treatment provided is entirely reimbursable by the insurance company up to a rate determined under legislation relating to sickness and invalidity insurance.

After the period of review, the costs of treatment are reimbursed by the accidents at work fund (Fonds des accidents du travail/ Fonds voor Arbeidsongevallen).

#### (c) Travelling expenses

Travelling expenses for an insured person and members of his family are reimbursable under certain conditions.

#### (d) Fatal accident at work

The following benefits may be paid following a fatal accident at work or on the way to or from work:

— a grant to cover funeral costs equal to 30 times the average daily wage or salary or reimbursement of all costs (including any administrative formalities) incurred in transferring the deceased to his place of burial (country of origin);

— a life annuity for the spouse amounting to 30% of the wage or salary of the deceased insured person;

— a temporary pension for legitimate, illegitimate and adopted children, the amount of which is 15% or 20% of the wage or salary of the deceased insured person. This pension is paid up to the age of 18, but can be extended to age 25 (for reasons of study, apprenticeship, etc.).

#### *4.1.4 Payment of benefits*

The allowance for temporary incapacity is paid on the same day that your wage or salary would normally be paid to you.

After your condition has become stable, it is paid every quarter.

Pensions due after fatal accidents are also paid quarterly.

#### *4.1.5 A stay in another Member State, return to that State or transfer of residence thereto*

See Guide No 1 on the Community regulations.

#### *4.1.6 Information*

For all further information, please apply to your employer's insurance company or to either of the following:

The department of accidents at work and occupational diseases of the Ministry of Social Affairs (Ministère de la Prévoyance sociale/Ministerie van Sociale Zaken), 3c rue de la Vierge noire/Zwarte Lievevrouwstraat 3c, 1000 Brussels; or

The accidents at work fund (Fonds des accidents du travail/Fonds voor Arbeidsongevallen), 35 rue Belliard/ Belliardstraat 35, 1040 Brussels.

## **4.2 Occupational diseases**

### *4.2.1 Who is insured?*

All employed and unemployed persons, and disabled persons undergoing vocational rehabilitation or retraining, are covered against occupational diseases. The occupational diseases recognized are those included in a restricted list drawn up by Royal Decree.



Employers should be insured with the occupational diseases fund (Fonds des maladies professionnelles/Fonds voor Beroepsziekten), the institution that awards the benefits.

#### *4.2.2 Benefits*

The following benefits are awarded in the case of occupational diseases:

- allowances for temporary, partial or total incapacity for work;
- allowances for temporary or permanent cessation of work as a preventive measure.

The abovementioned occupational diseases fund may authorize an employed person to give up working temporarily or permanently in the case of medical confirmation of a predisposition to an occupational disease or on detecting the initial symptoms thereof. In that case, the insured person is entitled to allowances for total temporary incapacity for work (see Chapter 4 concerning accidents at work). Furthermore, if the worker gives up working for good, he is entitled to occupational rehabilitation, during which he receives a full allowance or is covered by the law relating to social rehabilitation of handicapped persons.

- allowances in the case of death of the person in question;
- medical treatment; an insured person is free to choose the practitioners from whom he wishes to receive medical treatment. He is entitled to full reimbursement by the occupational diseases fund (Fonds des maladies professionnelles/Fonds voor Beroepsziekten) of the costs incurred in accordance with the official rates.

For the calculation and payment of benefits, see Chapter 4 concerning accidents at work.

#### *4.2.3 Formalities*

Claims for an allowance must be sent by registered letter to the occupational diseases fund (Fonds des maladies professionnelles/Fonds voor Beroepsziekten).

A request for a reassessment of the degree of incapacity for work can be made at any time to the occupational diseases fund in the event of a change in the patient's state of health; the fund may also carry out a reassessment on its own initiative.

For further details, please apply to the occupational diseases fund (Fonds des maladies professionnelles/Fonds voor Beroepsziekten, 1 avenue de l'Astronomie/Sterrenkundelaan 1, 1030 Brussels).

## **5. Unemployment insurance**

### **5.1 Who is insured?**

All employed persons except for domestic staff who do not reside at the home of their employer, if they do not work for more than four hours per day for the same employer or 24 hours per week for one or several employers, and except for persons who usually do not work for more than two hours per day.

### **5.2 Qualifying conditions for unemployment benefit**

— You must have worked for a certain period, the length of which varies with age. For example, if you are between 26 and 36 years of age, you must have worked for 300 days during the 18 months preceding your claim for benefit. Periods of employment completed in another Member State can be taken into account. Certain periods during which you did not work are treated as periods of employment;

— you must hold a valid residence permit and have become unemployed in Belgium;

— you should be less than 65 years of age (men) or less than 60 years (women);

— you must be fit for work;

— you must be out of work and without any means of remuneration;

— you must be available for work and you must be registered as a person seeking work with the National Employment Office (Office national de l'emploi/Rijksdienst voor Arbeidsvoorziening);

— you must submit to daily checking procedures arranged by the administration of your commune.

### **5.3 Unemployment benefit rates**

A head of household has a right to a daily unemployment benefit equal to 60% of his average wage or salary, subject to a fixed ceiling. The benefit is awarded with no limitation as regards its duration.

Persons living on their own and unmarried persons living together are entitled to a daily benefit of 60% during the first year of unemployment and of 40% after the first year. Furthermore, they are awarded a reduced unemployment benefit after two years of unemployment. This period can, where necessary, be extended by a period of three months for each year of employment before they became unemployed.

### **5.4 How to obtain unemployment benefit**

You should submit a claim to your trade union payment office for unemployment benefit. If you are not a member of a trade union, you should submit your claim to the auxiliary fund for payment of unemployment benefits (Caisse auxiliaire de paiement des allocations de chômage/Hulpkas voor Werkloosheidsuitkeringen).

### **5.5 Refusal of benefits**

If you are out of work because you left your job for no good reason, or if you were dismissed through your own fault, or if you refused an offer of a suitable job while unemployed, you will not be granted benefit for a period of between 4 and 13 weeks. In the case of a recurrence, this period will be doubled. If the duration or frequency of your unemployment is abnormal, you may lose your entitlement.

### **5.6 If you wish to seek employment in another Member State**

See Guide No 1 on the Community regulations.

## **6. Family benefits**

### **6.1 Who is entitled?**

You are entitled to family benefit (child benefit) if you are engaged as an employed person for at least three hours a day or if you are unemployed, disabled or pensioned. The concept of 'child for which you are entitled to family benefits' is defined in Belgian law.

Where several persons may qualify for family benefits for a child, priority is given to one of them.

The children of deceased workers are also entitled to family benefits provided they satisfy certain conditions.

### **6.2 Age limit governing the award of family benefits**

You are entitled to family benefits for all your children up to the age of 14 years or until the end of the school year during which they reach that age. Furthermore, you are entitled to family benefits for older children under the following conditions:

- up to the age of 16 for children who are not working;
- up to the age of 21 provided that they follow a recognized and supervised apprenticeship;
- under certain conditions, up to the age of 25 for your son or daughter who does your housekeeping or who helps to keep house if there are at least four children in the household;
- under certain conditions, up to the age of 25 if they are attending a secondary school or an establishment of higher education;
- there is no age limit for children who are handicapped or incapable of working (see below).

### **6.3 The benefits to which you are entitled**

— You are entitled to ordinary family benefits for each qualifying child. The rates vary in accordance with the number of children: the amount for the second child is higher than for the first, the

amount for the third is higher than for the second, etc. From the fifth child onwards, the amount remains the same.

Each day of employment gives the right to a daily allowance. A monthly lump sum is awarded to a worker who works at least 16 days or 80 hours per month.

— You are also entitled to a supplement which varies in accordance with the age of your children. The amount of the benefits is increased at the age of 6 years, 10 years and 14 years.

— A supplementary allowance is awarded up to the age of 25 for handicapped children who satisfy certain conditions.

— If you are incapable of working or if you are disabled, the amount of your family allowances may be increased.

— In the month of May a family holiday allowance is paid for each child for whom family allowances were payable in April of that year.

— In the month of September, you will receive a special allowance payable at the beginning of each school year for each child qualifying for family allowances in August of that year.

— On the birth of a child for whom you are entitled to receive family allowances, you are also entitled to a childbirth grant provided the child is born in Belgium.

— On your death, your children will be entitled under certain conditions to orphans' family allowances at the ordinary rate or at an increased rate. They will also be granted an age-related supplement.

#### **6.4 How to obtain family benefits**

In order to receive family benefits, you should submit a claim to the compensation fund (Caisse de compensation/Compensatiekas) of which your employer is a member. The employer will give you the address of the fund from which you may obtain more details.

Family benefits are paid to the mother by postal money order every month.

If your family is living in a Member State other than Belgium, your claim should be accompanied by an E401 form showing the composition of your family.

In order to qualify for a childbirth grant, you should, together with your claim, enclose the certificate given to you by the administration of the commune when registering the birth of your child.

This grant can be applied for from the sixth month of pregnancy onwards; it will be paid two months before the expected date of birth as shown on a medical certificate to be enclosed with your claim.



Part II

Social security for  
self-employed persons



# **1. Introduction**

In Belgium there is a compulsory social security scheme for self-employed persons.

It covers the following branches:

- sickness insurance,
- invalidity insurance,
- insurance in respect of old age and for survivors,
- family benefits.

## **1.1 Who is insured?**

**Self-employed persons:** persons who pursue an occupation by virtue of which they are not bound by a contract of employment or by a statute.

**Assistants:** persons who assist or replace a self-employed person in the pursuance of his occupation without being bound to the self-employed person by a contract of employment.

## **1.2 How to join the social security scheme**

You should join a social insurance fund not later than 90 days after you start working in Belgium.

## **1.3 Contributions**

You must pay a social security contribution. This is a single contribution covering all branches of insurance; it is calculated on the basis of professional income. For self-employed persons the amount of the contribution is 14.35% of that part of their professional income that does not exceed a fixed sum, determined annually, and 9.9% of that part of their professional income which exceeds this fixed sum up to the absolute ceiling, the level of which is also fixed annually.

In any event, you must pay a minimum contribution. Persons who also pursue another occupation (as an employed person, for instance) do not pay a contribution or only a reduced contribution (10.90%) in so far as their professional income as a self-employed person does not exceed a certain fixed annual amount. Pensioners

who pursue an occupation are likewise exempted from payment of a contribution or they simply pay a reduced contribution (10.90%) on the basis of their professional income.

Contributions should be paid to the social insurance fund (Caisse d'assurances sociales/Sociale Verzekeringsfonds) of which the self-employed person is a member or to the national auxiliary social insurance fund for self-employed persons (Caisse nationale auxiliaire d'assurances sociales pour travailleurs indépendants/Nationale Hulpkas voor de Sociale Verzekeringen der Zelfstandigen).

If you consider yourself to be a person in need or in a position verging on that category, you may apply by registered letter for partial or total exemption from contributions to the Commission for Exemption from Contributions (Commission des dispenses de cotisations/Commissie voor vrijstelling van bijdragen, WTC Tour 2, 24th floor, 162 Boulevard Emile Jacqmain, boîte 54/Toren 2, 24e verdieping, E. Jacqmainlaan 162, bus 54, 1000 Brussels). This application should be sent in within two years from the quarter following that for which the contribution is due.

#### **1.4 If you disagree with a decision taken by an institution**

If you are not in agreement with a definitive decision, you may lodge an appeal within a period of one month from the date on which you were notified of that decision. This appeal should be sent either by registered letter to or by lodging it with the office of the clerk of the labour court (Tribunal du Travail/Arbeidsrechtbank) of the district where you live; if you do not reside in Belgium, you should submit your appeal to the court of the district where you last lived in Belgium.

## **2. Sickness insurance**

### **2.1 Sickness insurance covers:**

- health care,
- allowances in the case of incapacity for work.

## **2.2 Who is insured?**

— For health care: self-employed persons, pensioned self-employed persons, widows of self-employed persons where the insurance history of the deceased husband entitles them to a survivor's pension, children of the abovementioned categories, orphans in receipt of family allowances, and dependants.

— For cash benefits: all self-employed persons except for those who do not pay a full contribution, self-employed persons who are not capable of working and self-employed persons who have been admitted to continued insurance (pensions).

## **2.3 Qualifying conditions**

— You must be registered with an insurance institution: you must show your entitlement by presenting to your insurance institution a record of contributions which can be obtained from the social insurance fund (Caisse d'assurances sociales/Sociale verzekeringsfonds) or from the national auxiliary fund (Caisse nationale auxiliaire/Nationale Hulpkas) of which you are a member.

— You should have completed a qualifying period of six months; insurance periods completed in another Member State can be taken into account.

— In order to be entitled to allowances, you must be officially certified as a person who is incapable of working.

## **2.4 Benefits**

### *(a) Health care*

The insurance covers the following benefits:

— the treatment of certain mental illnesses, tuberculosis, cancer, poliomyelitis, etc.

— confinements,

— hospitalization,

— major surgery,

— treatment by medical specialists,

— clinical examinations,

— functional and vocational rehabilitation.

For medical treatment, you should pay the doctor's fees. The amount reimbursed by the insurance institution for treatment covered by insurance is the same as for employed persons.

There is a fixed charge to be paid by you in the case of hospitalization.

#### *(b) Allowances for incapacity for work*

An allowance for incapacity for work is paid during a period of 9 months, from the 4th to the 12th month of incapacity for work. The allowance consists of a fixed amount which varies only in accordance with whether or not you have dependants.

For all additional information, please apply to the sickness fund (*mutualité/mutualiteit*) or the regional office of the auxiliary fund to which you belong.

### **3. Pension insurance (survivor's pension, old-age pension)**

#### **3.1 Who is insured?**

Self-employed persons, assistants and the widow of a self-employed person or of an assistant.

#### **3.2 The following benefits are provided for.**

— An old-age pension is awarded to self-employed persons. The amount is determined on the basis of the professional career of the person in question.

— A survivor's pension is granted to the widow of a self-employed person on the basis of the insurance history of the deceased husband.

— An unconditional pension is awarded to persons who are entitled to a pension, the amount of which is less than the 'unconditional' pension, which includes the relevant 'theoretical' sums of the scheme for self-employed persons. It replaces the benefits to which they would otherwise have been entitled.

#### **3.3 Qualifying conditions**

Old-age pension: the age of retirement is fixed at 65 for men and 60 for women. At the request of a self-employed person, an early

retirement pension can be granted during the period of five years preceding normal pensionable age. In that case, the pension is reduced by 5% per year of early retirement.

**Survivor's pension:** a widow who has been married for at least one year to a self-employed person is entitled to a survivor's pension from the age of 45. There are no age restrictions in the case of a widow with at least one dependent child or a widow whose degree of incapacity for work is at least 66%.

Payment of old-age pensions and survivor's pensions is subject to the condition that the beneficiary does not work; however, a beneficiary may work if remuneration for such work is within specific limits.

### **3.4 How to obtain a pension**

You must submit a claim to the Burgomaster of the commune in which you reside. If you reside in another Member State, you can send your claim to the pension insurance institution of that State.

The pension is paid every month by the national fund for old-age pensions and survivors' pensions (Caisse nationale des pensions de retraite et de survie/Rijkskas voor rust- en overlevingspensioen-en). It is paid by postal order or by remittance to your postal cheque account. If you do not reside in Belgium, you will be paid by international money order.

For all further information, please apply to the communal administration of your place of residence in Belgium or to the national social insurance institute for self-employed persons (Institut national d'assurances sociales pour travailleurs indépendants/Rijksinstituut voor de sociale verzekeringen der zelfstandigen, 6 place Jean Jacobs/Jean Jacobsplein 6, 1000 Brussels).

## **4. Invalidity insurance**

### **4.1 Who is insured?**

Insured persons who are entitled to allowances for incapacity for work (see section 2.4(b) above).

## **2. Benefits**

If after the period (12 months) during which you received sickness benefit, you are still incapable of working you will be granted an invalidity allowance.

The flat-rate amount is calculated on the basis of whether or not you have dependent children.

## **3. Qualifying conditions for invalidity allowance**

You must comply with the conditions required in order to obtain an allowance for incapacity for work under sickness insurance (see section 2.3 above). Furthermore you must be officially certified as being incapable of carrying out any type of work whatsoever.

### **4.4 How to obtain invalidity allowances**

Your condition of invalidity must be officially certified. To this end, you should send in a certificate of incapacity for work to the medical adviser of the insurance institution either by post or by hand, taking care that you get a receipt for the document if delivered by hand. This form should be completed, dated and signed by the insured person and by the doctor treating him.

The benefits are paid by the insurance institution not later than five days in each month for the preceding month.

For further information, please apply to your insurance fund or to your insurance institution.

## **5. Family benefits**

### **5.1 Who is entitled to family benefits?**

All self-employed persons and their assistants except for those who do not pay a full contribution are entitled to family benefits. They are payable for all children from the first child onwards. The age limit is, in principle, 14 years but this can be extended under certain conditions (apprenticeship — 21 years, students — 25 years). For a severely disabled child there is no age limit.

## **5.2 The benefits provided for are as follows**

- Ordinary family allowances, the rate of which (except for the amount for the first child) is practically identical to that provided for by the scheme for employed persons;
- family allowances for orphans;
- family allowances for children of disabled self-employed persons;
- family allowances for disabled children;

Supplements are awarded for all these benefits in accordance with the age of the children; they are awarded from the second child onwards at the age of 6 years, 10 years and 14 years;

- a childbirth grant, the amount of which varies with the position of the child in the order of sequence.

## **5.3 Qualifying conditions for allowances**

As a general rule, the qualifying conditions are the same as those provided for in the scheme for employed persons.

## **5.4 How to obtain family allowances**

A person who is entitled to benefits must submit a claim to the institution responsible for payment of benefits. In practically all cases, this will be the social insurance fund (Caisse d'assurances sociales/Sociale Verzekeringskas) or the national auxiliary fund (Caisse nationale auxiliaire/Nationale Hulpkas).

Family allowances are paid each month by postal order or by transfer to your post office account.

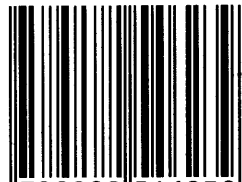
For all further information, please apply to the institutions mentioned above.

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