## Family and employment status

Period : .....

This form has to be completed once a year by the person who receives the family benefits (in most cases the mother).

It will be used to check if family benefits are paid correctly.

Do not forget to sign the form and return it to us as soon as possible.

If there is not enough space for your answers, please add a separate sheet.

ask for

	telephone		
	file nr.		
1 YOUR FAMILY SITUATION			
☐ In the past year my situation has <b>not</b> changed .	→ Go to point 2.		
☐ My situation has changed as	$\hfill\Box$ I am living with/have married since/on / /		
follows:	born on / / (name and first name)		
	□ I am no longer living together since / / with		
	(name and first name)	born	on / /
(e.g. : new address, adoption, someone has come to live with you)	☐ Other changes		
2 CHILDREN IN THE FAMILY			
Have all the children we pay benefits for lived in the family for the entire year?	□ yes → Go to point 3.		
	□ no. Which children did not live with the family ? (name and first name)	from	until
		//	//
With whom or where did they live ? (name and address of the person / the institution)		//	/ /
		//	/ /
		//	/ /
3 DECEASE			
Did the legal father or mother (adoptive parent) die in the past year ?	□ no		
	□ yes	died on / /	

The data filled in by you on this form will be used to determine your entitlement to family benefits and the payment of these benefits. They are protected by the law of December 8, 1992 concerning the treatment of personal data. For access to and correction of these data, please refer to the address mentioned above.

## YOUR AND YOUR PARTNER'S EMPLOYMENT STATUS Your situation: □ salaried worker since . . / . . / . . ☐ for ..... hours/week ☐ full time You must tell us, straight employer's name and address : ..... away and as soon as ..... possible, if there are any changes in your family or employment status or □ unemployed, disabled, retired since . . / . . / . . your children's situation, even children another ☐ I receive a widow's pension since . . / . . / . . family benefits institution is paying the benefits for. □ self-employed since . . / . . / . . □ without any profession □ other ...... since . . / . . / . . Your partner's situation: □ salaried worker since . . / . . / . . ☐ full time □ for ...... hours/week employer's name and address : ..... ..... ..... □ unemployed, disabled, retired since . . / . . / . . □ self-employed since . . / . . / . . □ without any profession □ other ...... since . . / . . / . . 5 OTHER FAMILY MEMBERS' EMPLOYMENT STATUS 1. name and first name ..... Tell us all about all other family members. Do not mention the children born on . . / . . / . . relationship ..... we are paying family benefits for. employment status ..... present in the family from .../... until .../... Relationship to the children: e.g. uncle, 2. name and first name ...... grandmother, brother, foster father, guardian, no relationship. born on . . / . . / . . relationship ..... Employment status: e.g. self-employed, employment status ..... salaried worker, retired, receiving widow's pension, unemployed, etc. present in the family from .../... until .../.../... **SIGNATURE** I understand that if I give information which I know is incorrect or incomplete, Forms that are not duly completed or not signed will be returned. action may be taken against me.

Date . . / . . / . .

Telephone ..... / .....

Signature .....

## P 12 - (II - 1200) - 2