

**contact**

**telephone:**

**Fax:**

**www.parentia.be**

**your letter**

**your references**

**our references**

## **Claim for an adoption allowance**

With this form you can claim an adoption allowance as:

- an employee (or civil servant)
- a self-employed
- an unemployed
- a disabled or retired employee

The applicant can be the adopter (m/f) himself/herself or his/her spouse/partner.

### **When to submit a 'Claim for an adoption allowance' form?**

Usually it is not necessary to fill in an application form. You can also apply for an adoption allowance by telephone, e-mail, fax or letter (see information above). In any case, send a copy of the judgment or the (foreign) adoption certificate.

Often, the Child Allowance Fund investigates your right on its own initiative on the basis of information it receives itself from the Crossroads Bank for Social Security or from another Child Allowance Fund or a social insurance fund for the self-employed.

However, filling in an application form can speed up the investigation if the Child Allowance Fund does not dispose of all the information (arrival in Belgium, etc.). **Therefore, complete the application form you have received from the Child Allowance Fund and return it as soon as possible. Always provide the Child Allowance Fund with the additional information it requires.**

### **Requirements?**

**For an adoption in Belgium**, an application for adoption must be submitted to the court.

#### **For an adoption abroad:**

- an adoption certificate must be signed abroad
- the Belgian court must have established the suitability for adoption in the case of a minor child. For an adult child, the foreign adoption certificate is sufficient.

The child must belong to the family of the adopter in Belgium.



If the child is 18 years or older, he/she is subject to compulsory education, must work under an apprenticeship contract or be registered as a job-seeker. Also disabled children until the age of 21 are eligible for the payment of an adoption allowance.

Only one adoption allowance shall be paid per family and per child.

No maternity grant or adoption allowance shall already be paid to the adopter or his/her spouse/partner.

**Who receives the adoption allowance?**

The adoption allowance shall be paid to the person who has adopted the child. Spouses/partners who have adopted a child together must decide to whom the allowance must be paid.

If they have not taken a decision or if there is a dispute, the allowance shall be paid:

- to the wife, if the partners are of different sexes,
- to the oldest of the two spouses/partners of the same sex

**Do you wish further information? Do you want to view or correct the data that are stored about you for child benefit?**

Contact your account manager.

For general information you may also get in touch with: [www.parentia.be](http://www.parentia.be)

The data you enter on this form are being collected to enable child benefit to be paid. They are protected by the Law of 8 December 1992 on the processing of personal data. To inspect or correct your data, contact the address at the top of this letter.



→ If you need more space, add a separate sheet.

**10 Personal data of the applicant**

11 *Married women must list their maiden name* name .....  
*See the back of your identity card* first name .....  
national number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_  
address / number .....  
postal code / city .....  
telephone / mobile .....  
e-mail address .....@.....

**20 Your current employment status**

21 You are (if applicable):  retired → **Please enclose a copy of your pension certificate or notification.**  
 at least 66% disabled since: ..... recognized by (name and address institution):  
.....  
.....  
.....

22 Your employer (your last employer if you currently do not work) or social insurance fund name .....  
address .....  
.....  
.....

**30 Current employment status of your spouse/partner**

31 Your spouse/partner (if applicable):  works for an international organisation (European institutions, NATO,...)  
 works abroad; country: .....  
 is entitled to foreign social benefits  
 is without profession

**40 The child for whom the adoption allowance is applied for**

41 Name and first name .....  
Date and place of birth .....  
National number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_  
(See the back of your identity card)  
Lives in my household since .....



**50 What documents must be sent?**

- 51 For adoption in Belgium → *Enclose a copy of the application for adoption submitted to the court.*
- 52 For the adoption of a minor child abroad → *Add a copy of the application for adoption submitted to the court.*
- 53 For the adoption of an adult child abroad → *Enclose a copy of the foreign adoption certificate.*

**60 Has the maternity grant or the adoption allowance already been paid?**

- 61 Have you or your spouse/partner already received a maternity grant or an adoption allowance for the child?
  - no
  - yes, by (name and address of the institution) .....
  - .....
  - .....
  - .....

**70 Adoption by both spouses/partners**

- 71 If you and your spouse/partner have adopted the child together, please indicate the person to whom the adoption allowance must be paid. ....

**For payment to a bank account:**  
→ *The person whose name is given here, enters his/her bank account number on page 5.*

**80 DO NOT FORGET TO SIGN THE FORM BEFORE RETURNING IT TO US**

**We ask you to report any change in your family situation or in the situation of the children as soon as possible by letter, telephone, fax or e-mail.**

I confirm on my word of honour that I completed this form truthfully and that I have read the additional information.

I enclose ..... annex(es)

Date .....

*The spouse/partner must only sign if both spouses/partners have adopted the child together.*

Signature of the applicant

Signature of his/her spouse/partner

.....

..... 



## Payment of your child benefit into a current account is safe and easy

### Declaration of the beneficiary

*Maiden name for women*

*see the back of your electronic identity card (e-id)*

your name first name:  
street and number: postal  
code and city: National  
registry number:

**The child benefit is paid to the mother/co-mother or to the person who replaces her in the family.**

I ask that my child benefit be paid into an account (the number can be found on your account statements).


IBAN \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

BIC \_ \_ \_ \_ \_ \_ \_ \_

**The amount can only be transferred to a current account in his/her name or to a joint account in the name of both partners, with which he/she can carry out transactions.**

in the name of  myself  
 myself and .....

**I declare that I have filled in this form truthfully and authorise my child benefit fund to check the details with my bank. I undertake to inform the child allowance fund immediately if I no longer have access to the child benefit on the account. In that case, I will give you a new account number.**

Date : ..... Signature : ..... 

Phone : .....

E-mail : .....@ .....

#### IMPORTANT!

**If the check with your bank shows that the account number you have provided is not in your name, the Child Allowance Fund will ask you to provide another account number of which you are the (co-)account holder.**

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