

Baby on the way? Congratulations! With this form, you, a future mother living in Wallonia, can **apply for the maternity benefit from the sixth month of pregnancy**, as well as for your child benefit. Return the completed document to wallonie@parentia.be or fill in your application on-line at www.parentia.be. You prefer to send the form by post? Then send the form to P.O. Box 80000 in 5000 Namur. Send us a pregnancy note with the estimated date of birth as of the sixth month of pregnancy. The mother will receive the maternity benefit at the earliest 2 months before the estimated delivery date. Payment of the child benefit will start automatically after the birth, as soon as your child is registered in the population register. Please also inform us if you were to give birth abroad or if your child does not live in Wallonia.

1. **Details of the mother**

First name:
 Name:
 Postal code of your place of residence:
 National registry number (see back of identity card) or date of birth:
 Mobile phone:
 E-mail:
 The mother works outside of Belgium: No Yes, in (country)
 The mother works as an international/European civil servant: No Yes, at (organisation)
 The mother receives a foreign social benefit: No Yes, in (country)
 The mother is recognized as disabled at least 66%: No Yes

2. **Details of the other parent**

There is no other parent

First name:
 Name:
 National registry number (see back of identity card) or date of birth:
 The other parent works outside of Belgium: No Yes, in (country)
 The other parent works as an international/European civil servant: No Yes, at (organisation)
 The other parent receives a foreign social benefit: No Yes, in (country)
 The mother is recognized as disabled at least 66%: No Yes

3. **Payment on a bank account**

(the account number provided will be verified by your bank)

We request to transfer the maternity and child benefit to account: **B E**
 This account is a personal or joint current account in my name

4. **Details of the child**

Probable delivery date: . . . / . . . / . . .

5. **Certificate from the gynaecologist or midwife** (complete or add an original certificate)

<p>I, (first name and name), gynaecologist / doctor / midwife, declare that (first name and name)..... is at least 5 months pregnant. The probable delivery date is . . . / . . . / . . . She is expecting child(ren) (enter the number). Date . . . / . . . / . . .</p>	<p>Signature and stamp</p>
---	----------------------------

6. **Application for maternity benefit**

I,, wants Parentia to pay me the maternity benefit as soon as allowed by law.

7. **Application for affiliation**

I,, would like to affiliate to Parentia for the payment of the child benefit. I am aware of the 24-month deadline before any request for a change of fund (art. 72 of the Walloon Decree of February 8, 2018).

Date : **Signature of the mother :**

I would like to receive information from Parentia on child benefit, family administration and related services for families. I agree to the privacy policy, available at www.parentia.be.

The data you provide on this form are collected for the purpose of establishing the right to child benefit and the payment thereof. They are protected by the Personal Data Processing Act of 8 December 1992. For access to or correction of your data, please contact the address below.



Your family, in our heart from the start.

Parentia Wallonie a.s.b.l. • Registered office : Rue Pépin 1A, 5000 Namur • BCE 0695.982.819
www.parentia.be

