info@myfamily.be 03 221 08 11



Application for a child benefit from abroad

Your children should have every opportunity in life as they grow up. That is why Flanders provides financial support in the form of child benefit payments.

Your child does not have to live in Belgium to receive this support.

You may also apply if you

- Are a parent or partner of the parent and work in Belgium;
- Or receive a Belgian social security benefit.

Your child must also live

- In a country which is part of the European Economic Area;
- Or in a country with which Belgium has concluded an agreement for family benefits.

A list of countries can be found at www.myfamily.be/buitenland.

Applying for child benefit is easy.

Apply online at www.myfamily.be/groeipakket-aanvragen/.

Or you can fill in, sign, and return this form:

- By e-mail to info@myfamily.be;
- Or by post to MyFamily, Brouwersvliet 4, Box 3, 2000 Antwerp.

Would you like more information?

Visit myfamily.be or call us on + 32 03 221 08 11.







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Information on the parents

National identification number of one parent/guardia	an.		
You can find this on the back of your identity card or o	on the	front of your residence	e permit.
If you do not have a national identification number:			
First name			
Surname			
Date of birth / Gender			
Street name			Box
Postal code Town or city			
Country			
What is the best way to reach you?			
Home phone or mobile number:			
• E-mail:			
Do you work as an employee or a self-employed perso	n? Fn	ter the employer's deta	ails here.
Name of employer or company			
Street name			
Postal code Town or city			
Country			
Do you receive an allowance? If so, please enter additi	ional i	information here:	
Type of allowance			
Country			
Are you unemployed?			
YES NO			



If there is another parent or guardian, please be sure to enter their details.

National identification number of the other parent/guardian/partner.	
You can find this on the back of your identity card or on the front of your residence perm	it.

If you do not have a national identification number	er:
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Surname				
Date of birth /	_/ Gender	Μ	F X	
Street name			House number	Box
Postal code	Town or city			
Country				
What is the best way to r	reach you?			
• Home phone or mobil	e number:			
• E-mail:				
Do you work as an emplo	oyee or a self-employed	person? Er	nter the employer's deta	ils here.
Do you work as an emplo Name of employer or con				
,	npany			
Name of employer or con	npany	· 	House number	Box
Name of employer or con Street name	npany Town or city		House number	Box
Name of employer or con Street name Postal code	npany Town or city		House number	Box
Name of employer or con Street name Postal code	npany Town or city	·	House number	Box
Name of employer or con Street name Postal code Country Do you receive an allowa	npany Town or city nce? If so, please enter	additional	House number information here:	Box
Name of employer or con Street name Postal code Country	npany Town or city Town or city nce? If so, please enter	additional	House number information here:	Box

Are you unemployed? YES NO



Children's details

Child 1

First name						
Surname						
Date of birth	/	/	Gender	MALE	FEMALE	
Relationship of t	the app	licant to the	e child (e.g. pa	rent or step	p-parent)	
Relationship of t	he par	tner to the o	child (e.g. pare	ent or step-	parent)	
Child 2						
First name						
Surname						
Date of birth	/	/	Gender	MALE	FEMALE	
Relationship of t	he app	licant to the	e child (e.g. pa	rent or step	p-parent)	
Relationship of t	he par	tner to the o	child (e.g. pare	ent or step-	parent)	
Child 3						
First name						
Surname						
Date of birth	/	/	Gender	MALE	FEMALE	
Relationship of t	he app	licant to the	e child (e.g. pa	rent or step	p-parent)	
Relationship of t	he par	tner to the o	child (e.g. pare	ent or step-	parent)	
Child 4						
First name						
Surname						
Date of birth	/	/	Gender	MALE	FEMALE	
Relationship of t	he app	licant to the	e child (e.g. pa	rent or step	p-parent)	
Relationship of t	he par	tner to the	child (e.g. pare	ent or step-	parent)	



Are there children who already receive family benefits from a country other than Belgium?

YES	NO

Name(s) of child/children

Name and address of the institution paying the family allowance

File number _____

Are there children with additional support needs?

YES NO

Name(s) of child/children

Are there children who have lost one or both parents?

NO YES, 1 parent

Name(s) of child/children

Name of one deceased parent

Date of birth ____ / ____ / ____

YES, both parents

Name(s) of child/children

Name of one deceased parent

Date	of	hirth	/	/
Ducc	01	Dirtin	 /	/

Name of the other deceased parent

Date of birth _____ / _____ / _____



Are all the children for whom you are applying being raised in your family?

YES	NO
ILJ	NO

Name(s) of the child/children who is not/are not being raised in your family

If NO, please state the exact circumstances below.

This child is/these children are being raised in the family **of the other parent** Name and surname of the parent

Date of birth of this parent	/	/
This parent is employed	YES	NO

This child is/these children are being raised **in a foster family** Name and surname of the guardian

Date of birth of the guardian	/	/
The guardian is employed	YES	NO
Guardian's relationship to the	child	
The guardian is employed	YES	NO

This child is/these children are being raised **in an institution** Name of the institution

Address of the institution

Phone number of the institution _____

Date of placement ____ / ____ / ____



Payment of the child benefit direct to your account is secure and free of charge.

I, the undersigned,

First name
Surname
Date of birth / /
would like MyFamily to pay the child benefit ('Groeipakket') into
IBAN
BIC
in the name(s) of
(*) Notify MyFamily immediately if you no longer have access to this account. and provide a new account number immediately. A Belgian bank account is always checked at the bank.
Date / /
Signature of parent(s)/guardian(s)



If the account is not Belgian, the bank must complete the following declaration.

We confirm that the bank account number

IBAN BE							
BIC BE							
in the name(s) of							

Date _____ / _____ / _____

Signature of parent(s)/guardian(s)

Notify us immediately if:

- Something changes in your family situation
- Your employment or payment in Belgium ceases

There are five payers of the child benefit. More information can be found at **www.groeipakket.be**. MyFamily handles your data with care. More information can be found at **www.myfamily.be/privacy-statement/**.

Stamp

I/my partner and I would like to hav YES NO	e MyFamily pay the child benefit
Date / /	
Name and signature	Name and signature of the
of parent/guardian	other parent/guardian
l	

Do you want to be part of our family? We welcome you with open arms!

Your family can count on MyFamily MyFamily • Brouwersvliet 4 box 3 • 2000 Antwerp

myfamily.be



Flemish payer Every child is entitled to a child benefit. You choose which payer you want to use. After a year, you can switch payer. www.groeipakket.be