



Federal Public Service
Social Security

SOCIAL SECURITY

Everything you have always wanted to know

January 2011





Preface

Everyone has already heard of social security. The purpose of this brochure is to clarify the Belgian social security system and to give some information on the international aspects of social security Belgium is involved with.

Concretely, we distinguish two systems in our social protection system: the 'classical sectors' of social security and 'social assistance'.

The classical social security contains seven sectors:

1. old-age and survivor's pensions;
2. unemployment;
3. insurance for accidents at work;
4. insurance for occupational diseases;
5. family benefits;
6. compulsory insurance for medical care and benefits;
7. annual vacation.

For self-employed persons, there is also a social insurance in case of bankruptcy and a scheme for maternity benefits in favour of self-employed women.

When we refer to '**social assistance**', or the 'residuary systems' we mean concretely:

- integration income (and social assistance in the broad sense);
- income guarantee for the elderly;
- guaranteed family benefits;
- benefits for disabled persons.

Grossly, the entire classical social security system is divided into three systems: a system for **salaried persons**, (such as bank employees, workers in a car assembly plant), a system for **self-employed persons** and a system for **civil servants** (of the Belgian federal government). In this brochure, our starting point will always be the system for salaried persons; then, we will point out the differences with the other systems. Indeed, most people are subject to the system for salaried persons.

It is worth noting that we have generally limited ourselves to the general conditions and rules. However, exceptions are always possible. At the end of this brochure, you will find the addresses and telephone numbers of the major social security institutions you can address your questions and problems to.

This brochure has been updated until 1 January 2011.

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Introduction

A. The importance of social security

The basic concept underlying our social security system is solidarity. This **solidarity** operates between:

- the employed and the jobless;
- the young and the old;
- the healthy and the ill;
- people with an income and people without;
- families without children and those with children;
- etc.

This solidarity is guaranteed because:

- working people have to pay social security contributions based on their salary;
- the social security system is largely financed by the community, i.e. all the citizens as a whole;
- the trade unions, the health insurance funds (or 'mutual insurance funds') and the employers' organisations co-decide about various aspects of the system.

Concretely, social security intervenes in three events:

- in case of wage loss (unemployment, retirement, incapacity for work) you will obtain a **substitution income**;
- if you are to bear specific 'social charges', such as raising children or sickness costs, you will receive **a supplement to your income**;
- if, independent of your own will, you do not have a professional income, you will receive **assistance allowances**.

B. A little history

The Belgian social security system was not built in one day. Rather, it is the result of several evolutions that have occurred during the past 150 years. Some features of the various periods of the past are still present in the current system.

The beginning of our social security system can best be set in the period of the first industrial revolution and the rise of capitalism. **Poverty**, until that period usually solved within the family or with charities, **is finally considered a problem of society**. That consciousness led to the creation of so-called 'Civil Hospices' and of 'Offices of Benevolence', the predecessors of our current public centres for social aid (OCMW - CPAS). Secondly, the industrial revolution has given rise to specific risks, as the workers were forced to work in the mills: sickness, incapacity for work, unemployment, etc. In order to insure themselves against these new risks, the workers created their own 'Societies for Mutual Assistance'. These voluntary mutual insurance funds protected the affiliated workers against the new social risks. They procured, for instance, benefits in case of unemployment or incapacity for work of the breadwinner or if he became too old to continue to work, etc. Under the influence of the emerging trade unions, these local Societies for Mutual Assistance were transformed into health insurance funds (ziekenfonds - mutualité). Next to the

initiatives of the workers themselves, several christian-inspired employers created family benefit funds, providing indemnity for workers with children. These were private initiatives; there was no question of government contributions yet.

Due to the huge crisis which led to the national strikes of 1886 it became clear that **government intervention was absolutely necessary**. From 1891 onwards, the government starts to subsidise the 'mutualities'. This government intervention has had positive effects, both financially and structurally. The various local 'mutualities' were grouped, bringing about a more efficient management. Belgium saw the creation of the 'national unions' that we still know today. Still, the unions remained a form of voluntary insurance and the workers had no obligation to participate.

The first compulsory insurance was only created in 1903: the insurance against accidents at work. Between the two World Wars, the whole of compulsory insurances has expanded strongly. Salaried persons were compulsorily insured for old-age and survivor's pensions, occupational diseases, family benefits and paid leave (today known as annual vacation). Self-employed persons were only compulsorily insured for family benefits from 1937 onwards. The 'social risks' (sickness, invalidity and unemployment) remained within the subsidised private sphere of 'mutualities' and trade unions. Another milestone between the World Wars was the first law ensuring a guaranteed income for disabled persons.

During World War Two, representatives of the workers' trade unions, the employers' organisations and some high officials met to conclude a 'draft agreement for social solidarity'. In 1944, the three parties involved signed the 'social pact'. The **social pact** had two major pillars: the **social peace** between trade unions and employers' organisations and the concept of **solidarity** (the social insurance was to improve the living conditions of the workers). In fact, the social pact was the mere technical co-ordination of what had grown in an unstructured way before. Yet, the social pact brought some important **innovations**:

- all social insurances (including unemployment, sickness and invalidity insurance) were made obligatory for all workers;
- benefits went up;
- the National Office for Social Security (RSZ - ONSS) was created as a central body to collect the social contributions;
- social security was controlled with equal representation, i.e. by both the workers and the employers.

The social pact contained no clauses about accidents at work and occupational diseases, for these two risks were countered with private insurances, nor about the disability policy, which was financed with tax money. Bear in mind that the social pact only applied to salaried persons and not to self-employed persons.

Already in 1937, there was an obligatory family benefit scheme for the self-employed. Other insurances, like those against old age and for medical care, became obligatory only much later. In 1956, the pension insurance became obligatory and eight years later, the self-employed, too were obliged to insure themselves against the 'big risks' in medical care. Only in 1967, the **'social scheme of the self-employed'** was created, integrating all the existing systems. Since 1971, the self-employed are also insured for benefits in case of incapacity for work.

During the period after World War Two, which was primarily characterised by economic expansion, the entire social security system grew enormously. On the one hand, social security was aimed

at new social categories (e.g.: the self-employed); on the other hand, the existing benefits (pensions, unemployment benefits and family benefits) were also subject to a positive evolution. This brought along changes in the financing as well: the government's financial input increased.

Gradually, our social security system evolved from a simple insurance against social risks to a guarantee for subsistence security for everybody. The 1974 law on the subsistence minimum is to be seen in that context.

When the crisis hits in the mid-1970s, the unemployment grows, the number of beneficiaries increases and it gets difficult to contain the costs of social security. The only solution was to increase the revenue side and to cut down on social benefits. As from 1982, a crisis policy is pursued. Different categories in the unemployment schemes were introduced then. The cut-down in benefits particularly struck couples living together, single persons and young persons during their 'waiting period' (the period before you can receive unemployment benefits).

To enhance the competitiveness of companies, the employers' social security contributions were drastically lowered over the last few years and partly replaced by 'alternative financing sources' (from VAT revenues).

However, as far as the benefits are concerned, minimum pensions have been raised and the legislations on the 'integration wage' (the former 'subsistence minimum') and the 'income guarantee for the elderly' (the former 'guaranteed income for the aged') have been changed. Moreover, since 2008, self-employed persons are also entitled to reimbursements for "small risks".

Finally, in 2009, equal treatment for women and men has been completed as to pension age for salaried persons and self-employed persons. From now on the normal pension age is established at 65 years for both men and women.

C. Ideological background

Social security in the various countries is based on two systems, following the reflections of **two pioneers**: Bismarck and Beveridge.

Bismarck, Germany's Chancellor at the end of the 19th century, elaborated a social security system in which the financing is borne by both employees and employers, completed with a government contribution for pensions. Benefits are salary-linked, for the aim was to guarantee that all workers could maintain their living standard if particular risks would appear. The Bismarck system is a form of solidarity between the workers.

Lord Beveridge, who lived in the first half of the 20th century, stated that not only the workers, but also the total population was entitled to subsistence security. Regardless of the type of employment, he provides - by means of taxes - the same lump sum benefit for every citizen, in case of unemployment, sickness, pension, etc.

The Belgian system combines features of both tendencies. For instance, pensions (except for the minimum and maximum amounts) are established through the social contributions you have paid for them (Bismarck), but (almost) everyone is entitled to reimbursement of hospital costs (Beveridge). The social assistance systems are to be seen in the light of the Beveridge concept as well.

The various social security systems existing in our neighbouring countries are often (partly or completely) based upon the Bismarck system (Germany) or are inspired by the basic ideas of Beveridge (United Kingdom).

D. Organisation

In the organisation of the Belgian social security system, a first distinction should be made between the **three systems**.

In the system for **salaried persons** - the largest of the three - the National Office for Social Security (RSZ - ONSS) is the central institution. The RSZ - ONSS collects both the employers' and the employees' social security contributions. Payment of benefits is made by payment institutions, called semi-public institutions ('parastatal'). Every social security sector has a specific semi-public institution:

RKW - ONAFTS	National office for family allowances
RVA - ONEM	National employment office
RVP - ONP	National pension office
RIZIV - INAMI	National institute for sickness and invalidity insurance
FAO - FAT	Fund for accidents at work
FBZ - FMP	Fund for occupational diseases
RJV - ONVA	National office for annual vacation

Self-employed persons are insured for five social security sectors (medical care, incapacity for work or invalidity, maternity insurance, family benefits, pensions and bankruptcy). Self-employed persons join and pay social contributions to a social insurance fund for self-employed people or to the National Auxiliary Fund for Social Insurance of the Self-Employed, controlled by the National institute for the social insurances of self-employed persons (RSVZ - INASTI). Social insurance funds are also charged with paying other benefits to self-employed persons (family benefits, maternity aid, benefits from the insurance for bankruptcy and unconditional pensions).

The RSVZ - INASTI has two major tasks:

- a) collect the social contributions;
- b) coordinate the payment of benefits (except for medical care and invalidity benefits).

Civil servants can be divided into two categories: staff of local and provincial authorities and that of other administrations. The first category of civil servants depends of the National Social Security Office for the Local and Provincial Administrations (RSZPPO - ONSSAPL). For the other civil servants, the authority that employs them shall be responsible for the collection and payment of contributions, except for the contributions for medical care, which are allocated to the salaried persons' scheme.

E. The Charter of the socially insured

Since 1st January 1997, a new law, solemnly called 'the Charter of the socially insured' has come into force. The charter contains a number of important principles concerning the **rights and obligations** of the population (the socially insured) in their contacts with the social security institutions. Most rights and obligations have existed for a long time already, but the charter gives them a more systematic character. **The main purpose of the charter is to protect the population through a whole set of rules to be respected by all social security institutions.** All of them, that also means the semi-public institutions for salaried persons, self-employed persons and civil servants, but also the institutions for social assistance.

Here, we limit ourselves to the major principles of the charter without discussing the exceptions further.

In the first place, the social security institution is obliged to inform the population about its rights as clearly as possible. On the one hand, the socially insured might ask specific questions to an institution, on the other hand the social security institution is obliged to take initiatives to inform the population. If it appears that someone is entitled to a particular benefit, the institution shall be obliged to grant it.

An application for benefits must be answered by the social security institution in a term as short as possible. Within four months, the social security institution should inform the applicant of its decision and then, within four months, pay the benefit. In case of delay, the social security institution must pay interests to the entitled.

With every decision, the institution must inform the socially insured of all the possibilities for appeal, the reasons for a decision, the reference number of the file, etc.

The term for appeal for a body of law (mostly the labour court) against a decision of a social security institution is at least three months now.

The Social Charter clearly illustrates the government's willingness to inform its citizens more and better. At the end of this brochure, you will find a list with the addresses and telephone numbers of most of the administrations and public social security institutions you can address your questions and problems to.

F. Indexation of the social benefits

The automatic adaptation of the social benefits to the evolution of the consumer price index aims to avoid the inflation to erode the purchasing too much. The law of 2 August 1971 is the reference law with regard to the indexation of the social benefits.

The benefits are raised when the measured increase of the cost of life reaches 2 %. The impulse for the indexation is given each time an index, the so-called "levelled health index", reaches an amount called "pivot index". The levelled health index is the mathematic average of the health indices of the month in question and the three preceding months. The amounts that are paid out every month are adapted as from the month following the month in the course of which the pivot index was reached.

For example, the average of the indices of May, June, July and August 2010 reached the pivot index. The monthly social benefits were thus raised the following month, i.e. in September 2010.

G. E-government

Electronic government consists in the development of services by the public authorities making maximum use of the possibilities offered by the new information and communication technologies.

E-government in the social security sector has to result in:

- a reduction in the number of declaration forms that have to be filled in;
- a reduction of the number of times the social security institutions have to ask for information from the employers and the employees;
- a reduction of the time that is needed to fill in the remaining declaration forms by reducing the number of sections that have to be filled in.

The simplification is implemented through different channels:

- the immediate declaration of employment (called DIMONA for Déclaration Immédiate de l'emploi – Onmiddellijke Aangifte van tewerkstelling) ;
- the declaration of social risks (DSR);
- the electronic and multifunctional social security declaration (called DmFA for Déclaration multifonctionnelle – Multifunctionele aangifte);
- the various services the Crossroads Bank for Social Security provides to the social actors, aimed at automating the rights and obligations of the socially insured as much as possible.

Financing

The financing in the three systems is organised differently. We will discuss these modes of financing one by one.

A. Salaried persons

In the salaried persons' scheme, both employees and employers have to pay contributions to the RSZ - ONSS. Until 1994, the contributions were determined separately for each social security sector. Then, the RSZ - ONSS would pay the competent semi-public institutions the right percentage for the sector(s) under their management. Since 1st January 1995, however, an **overall financial management** (termed 'globaal beheer' - 'gestion globale') has entered into force. This overall financial management finances the sectors according to their treasury needs, and no longer with fixed percentages.

Yet, there is a difference between the scheme for manual workers and that for employees. Annual vacation benefits for employees (white collars) are paid directly by the employer, whereas the annual vacation of manual (blue collar) workers is paid by the National office for annual vacation or a vacation fund with specific social contributions paid by the employer to the RSZ - ONSS first. These contributions consist of a quarterly 6% contribution calculated on 108% of their gross wage, and an annual contribution of 10.27% calculated on 108% of their gross wage of the previous year. Usually (especially from an international point of view) the annual vacation sector is not considered a part of social security.

The table below lists the **contribution percentages** applicable on 1 January 2011. A distinction is made between employers' and employees' contributions.

Sector	Employee contribution (%)	Employer's contribution (%)	Total (%)
1. Sickness and invalidity			
- medical care	3,55	3,80	7,35
- invalidity benefits	1,15	2,35	3,50
2. Unemployment	0,87	1,46	2,33
3. Pensions	7,50	8,86	16,36
4. Family benefits	0,00	7,00	7,00
5. Accidents at work	0,00	0,30	0,30
6. Occupational diseases	0,00	1,00	1,00
Total (= 'global contribution')	13,07	24,77	37,84

There are often uncertainties about the gross salary on the basis of which you have to pay contributions. **Salary** denotes 'any advantage in money or that can be expressed in money, granted by the employer to the employee as a counterpart for labour, and to which the employee is directly or indirectly entitled through his contract with the employer.' This also means that commissions, fees, benefits in kind, etc. are considered to be salary, and that contributions will be due.

There are some other social security contributions as well.
Employers also have to pay e.g.:

- The wage moderation contribution that amounts to 5.67% of the worker's wage plus 5.67% of the employers' contributions due. For certain categories of salaried workers, no wage moderation contribution has to be paid however.
- The contribution for paid educational leave (0.05%).
- The contribution for the closure of companies, consisting of:
 - a general contribution:
 - of 0.24% for companies that employed on average less than 20 persons during the reference period
 - of 0.25% for companies that employed on average 20 persons or more during the reference period
 - and a special contribution of 0.30%.
- An increase by 0.40% of the wage moderation contribution for the employees subject to the laws concerning the annual vacation for salaried workers.
- A contribution of 0.05% for childcare.
- A contribution of 0.10 % for high-risk groups.
- A special unemployment contribution of 1.69% for employers employing on average ten or more persons during a reference period that starts with the fourth quarter of the year -2 and ends with the third quarter of the year -1.
- As from 1 April 2007, a contribution of 0.01% of the total payroll is reserved for financing the Asbestos fund.
- As from 1 January 2010, the employers to whom the law on accidents at work of 10 April 1971 applies have to pay a specific employers' contribution of 0.02% to cover the costs resulting from the under-declaration of accidents at work, which causes a transfer of costs to the sector of sickness and invalidity.

However, numerous measures to promote employment reduce the amount of the social security contributions in favour of certain target groups: older employees, long-term job-seekers, first employments, young employees, low salaries, high salaries and employees benefiting from the collective labour time reduction or from the four days/week system in their company.

There is also a system for **structural reduction** of the social security contributions, aiming to permanently reduce the employer's social security contributions and thus to improve the competitiveness of the companies.

Still, employers and employees are not alone to finance our social security. The federal government annually pays a fixed amount to the RSZ – ONSS (5,850,002,000 € in 2009) and to the RSVZ – INASTI (1,270,904,000 € in 2009). Since a couple of years, Belgium also uses alternative financing sources to fund its social security system.

B. Alternative financing

Besides the classical mode of financing the social security, there is also an alternative financing. The aim is dual: limit government subsidies and reduce employers' contributions. Instead of taxing labour, the government seeks alternative means to finance the whole of social security.

Alternative financing consists partly of a percentage of VAT revenue. In 2009, 8,540,122,450 € of total VAT revenue was transferred to the social security scheme for salaried persons, 778,955,568 € to the social security scheme for self-employed persons and 1,580,247,000 € to the health insurance scheme. In addition, an amount of 1,625,840,143 € from other tax receipts, such as excise duties and personal and corporate income taxes, was transferred to social security as alternative financing.

C. Self-employed persons

The self-employed pay their quarterly social security contribution to the social insurance fund they are affiliated with. The contribution is calculated on the self-employed person's net professional labour income in the third calendar year ('**reference year**') preceding the year for which the contribution is due. These were the amounts in 2011 (income of 2008):

Professional income per bracket	Amount of the contribution
Up to 12,129.76 €	667.14 € per quarter
Between 12,129.76 € and 52,378.55 €	22% of net professional income
Between 52,378.55 € and 77,189.40 €	14.16% of net professional income
More than 77,189.40 €	0 €

The above-mentioned amounts concern the general category of the self-employed persons (main activity).

Starting self-employed persons who do not have a 'reference year' shall pay contributions on a provisional basis.

Persons who have a self-employed **additional job** next to their principal occupation (e.g. as a salaried person) and retired people who still have a professional activity pay no contributions or only a reduced contribution as long as their annual income does not exceed a particular amount established every year.

D. Civil servants

For civil servants who are not employed by a local or provincial administration, the authority that employs them finances the social allowances itself. These civil servants only have to pay a personal contribution of 7.5% for survivor's pensions and 3.55% for the medical care sector. The second contribution is raised with an employer's contribution (3.86%) and is transferred to the RSZ - ONSS.

The National Office for the social security of the local and provincial administrations (RSZPPO - ONSSAPL) is competent for the members of the staff of the provincial and local administrations. The employers enumerated in article 32 of the coordinated laws on family benefits are legally affiliated with the RSZPPO - ONSSAPL. This office collects the following contributions:

- The social security contributions due by virtue of the law of 29 June 1981 concerning the general principles of the social security scheme for salaried workers. For the statutory staff members, only the contribution for the sickness and invalidity insurance (sector medical care) is due, the employer's contribution amounts to 3.80% and the employee's contribution to 3.55%. For the contractual staff members, contributions are due for the sickness and invalidity insurance (sector medical care and invalidity benefits), for the pension scheme and for the unemployment scheme: here the employer's contribution amounts to 16.47% and the employee's contribution amounts to 13.07%.
- The specific social security contributions for the local sector. These are exclusively employer's contributions due for the sectors family benefits (5.25%) and occupational diseases (0.17%).

The RSZPPO - ONSSAPL also collects:

- the wage moderation contribution that amounts to 5.67% of the employee's wage and to 5.67% of the total amount of the payable employer's contributions;
- the child care contribution (employer's contribution: 0.05%);
- the pension contribution due by the administrations whose statutory staff members are affiliated with the common pension scheme of the RSZPPO - ONSSAPL or with the scheme of the administrations newly affiliated with the Office, for the statutory staff members of the local administrations affiliated with these schemes. The contribution rate is fixed annually by the RSZPP - ONSSAPL and amounts for 2007 to 7.5% (employee's contribution) and 20% (employer's contribution) for the common pension scheme and to 7.5% (employee's contribution) and 27% (employer's contribution) for the scheme of the administrations newly affiliated with the Office.

The (non-statutory) contractual staff members of local and provincial administrations are subject to the general salaried persons' scheme.

Statistics and budgets

In the course of his life, every citizen will be entitled to social security benefits. And he will also contribute to the financing of social security. The sums committed to exercise this collective solidarity represent a high proportion of the State’s budget.

In the interests of brevity, only the benefits regarding a great number of citizens have been dealt with.

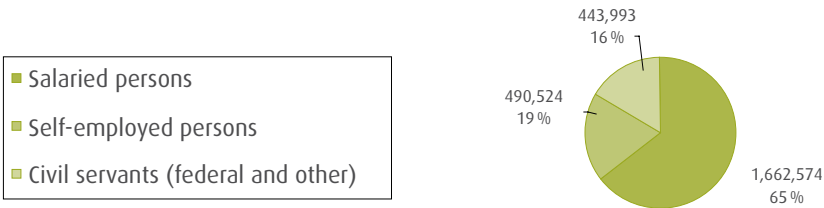
A. Statistics – number of persons entitled to the main social benefits

Pensions – 2009

Retired people (retirement pension and survivor’s pension):

- Salaried persons: 1,662,574 beneficiaries (+ 26,122 compared to 2008)
- Self-employed persons: 490,524 beneficiaries (+ 3,735 compared to 2008)
- Civil servants (federal and other civil servants): 443,993 beneficiaries (+ 10,034 compared to 2008)

Number of pensions

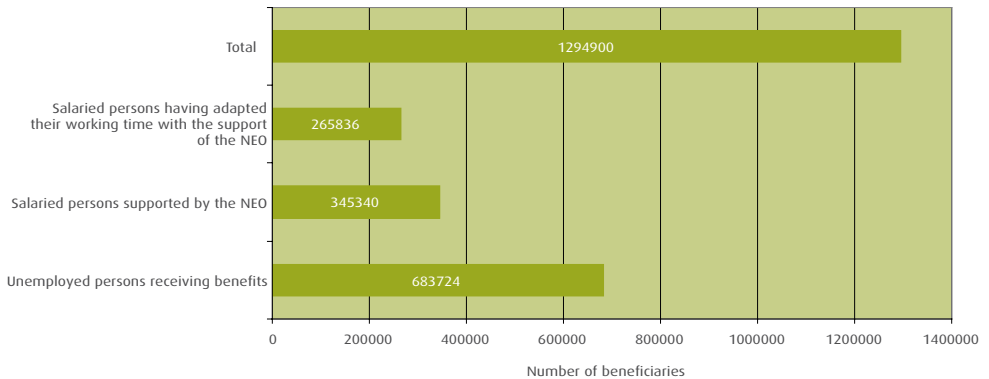


However, the total amount of retired people belonging to the three schemes is not equal to the sum of the three schemes. Indeed, many retired people have had a mixed career (i.e. a pension for the part of their career as a self-employed person and a pension for the part of their career as a salaried person).

Unemployment benefits – April 2010

- Unemployed persons receiving benefits: 683,724 beneficiaries
 - Salaried persons supported by the National employment office: 345,640 beneficiaries
 - Salaried persons having adapted their working time with the support of the National employment office: 265,836 beneficiaries
- That makes a total of 1,294,900 beneficiaries.

Unemployment - april 2010



Family benefits – on 1 January 2010

- Number of children qualifying for family benefits in the salaried workers' scheme and in the civil servants' scheme: 2,425,544
- Number of children qualifying for family benefits in the self-employed persons' scheme: 206,558

Medical care

- Beneficiaries in the general salaried persons' scheme: 6,405,630 entitled persons and 3,087,434 dependants (on 30 June 2009)
- Other beneficiaries (self-employed persons' scheme, ...): 696,955 entitled persons and 353,845 dependants (on 30 June 2009)
- Number of days with benefits in 2008 (primary incapacity, general scheme): 28,580,101 days
- Number of invalid persons (general scheme) as of 31 December 2008: 232,153 persons

Beneficiaries of other benefits

- Beneficiaries of the integration income (in December 2009): 96,362
- Beneficiaries of the income guarantee for the elderly (in January 2009): 86,199
- Beneficiaries of the income substitution benefit and of the integration allowance (ARR/AI) (in December 2009): 152,694
- Beneficiaries of the allowance for help to the aged (APA) (in December 2009): 138,626

B. Committed budgets (for the year 2009 or 2010)

Pension budgets

Retired people (retirement pensions and survivor's pensions)

- Salaried persons: 1,374,727,124 € of monthly expenditure for January 2009
- Self-employed persons: 211,591,830 € of monthly expenditure for January 2009
- Civil servants (federal and other civil servants): 10,342,859,492 € yearly, situation for 2010, including pensions, arrears and holiday allowances paid in May.

Breakdown men / women (for salaried persons and self-employed persons): monthly expenditure for January 2009

- Men: 845,014,549 € for 840,104 persons, i.e. an average pension of 1,005 € (944 € in 2008)
- Women: 741,304,405 € for 945,350 persons, i.e. an average pension of 784 € (732 € in 2008)

Breakdown according to the family situation (for salaried persons and self-employed persons): monthly expenditure for January 2009

- Married person, «family rate » retirement pension: 419,620,880 €
- Married person, « single person's » retirement pension: 391,018,751 €
- Unmarried person, « single person's » retirement pension: 274,650,949 €
- Retirement pension and survivor's pension: 301,085,690 €
- Survivor's pension: 199,942,683 €

Budget of the National Institute for Sickness and Invalidity Insurance for 2010

Medical care and benefits: 29,553,364,000 €, of which:

- Medical care: 24,249,164,000 €
- Benefits for incapacity for work, maternity, paternity and adoption: 5,601,565,000 €, of which 4,982,418,000 € for the general scheme and 319,147,000 € for the self-employed persons' scheme

Budget of the Fund for Accidents at Work for 2008

Accidents at work (benefits): 202,288,620.33 €

Budget of the Fund for Occupational Diseases for 2008

Occupational diseases (social benefits): 351,834,500 €

Budget of the National Employment Office for 2008

- Unemployment benefits: 9,474,800,000 € allocated to the three groups of beneficiaries (unemployed persons receiving benefits – 6,783,030,000 €, salaried persons supported by the National employment office – 1,939,750,000 €, and the salaried persons having adapted their working time with the support of the National employment office – 752,020,000 €)
- Conventional early retirement pensions: 1,499,300,000 €

Various assistance schemes

- Income guarantee for the elderly: 33,902,823 € (monthly expenditure for January 2010)
- Benefits for disabled persons
 - income substitution benefit and integration allowance: 1,082,210,625.78 €
 - allowance for help to disabled persons: 431,599,520.83 €
 - arrears: 169,595,642.23 €
- Integration income (2009):
 - right to social integration: 577,920,916 €
 - right to social assistance: 236,643,711 €

The Belgian social security scheme for salaried persons

A. Scope of application

Unless stated otherwise by an international agreement, salaried persons employed in Belgium with a labour contract at the service of an employer in Belgium or an operational office in Belgium, will in principle be subject to the Belgian social security scheme for salaried persons.

Social security for salaried persons applies to any salaried person and employer who are linked with a labour contract. The existence of a labour contract is crucial.

A **labour contract** is a contract in which a person (the employee) agrees to provide labour in exchange for a salary, to the profit and under the authority of another person (the employer). The employer's authority implies the power (i.e. the possibility and the right) to guide and to supervise the employee. Still, the employer does not have to exercise that authority permanently. It is enough for the employer to have the right to give the employee instructions about the organisation and the execution of the work agreed upon.

In the field of social security, the operational office of a company is the office, which usually pays the employee's wage, which exercises direct authority over the employee and to which the employee reports about his activities.

The Belgian social security scheme for salaried persons is 'of public order', so it is impossible to deviate from it with special agreements, which would be null and void by law.

Almost every international agreement creates the possibility to post workers abroad. **Posting** means that the employer may send an employee, who usually works in his company, abroad for a well defined short-term mission (particularly to a country Belgium has concluded a social security agreement with). During the posting period, the employee remains exclusively subject to the social security scheme he was already subject to before the posting (see the chapter 'International aspects of social security').

B. Social security contributions

When paying the salary, the employer should deduct the contributions due by the employees (personal contributions). The employer adds the contributions he is due (the employer's contribution). **For some categories of employees, contributions are calculated on the basis of a lump sum amount instead of on the gross salary** (for instance for fishermen at sea, sports people and people working in the catering industry). The lump sum amount varies with the profession.

The employer cannot reclaim contributions from the employee that he himself has forgotten to deduct from his employee's wage earlier.

The employer is to pay the total amount of employer's and employee's contributions to the National Office for Social Security (RSZ - ONSS), acting as a collecting institution for social security contributions, or to the National Office for Social Security for Provincial and Local Administrations (RSZPPO - ONSSAPL).

C. Extension of the salaried persons' scheme

For the sake of social protection, the salaried persons' scheme has been extended to those employees who are not linked with a labour contract and who are employed in specific circumstances, e.g. certain researches with a doctoral scholarship or the doctors who follow the training to become specialists and artists under certain conditions.

D. Non-submission to the salaried persons' scheme

Even if a labour contract exists, some categories of employees are **not subject** to the general social security scheme for salaried persons, such as:

- employees who perform a social-cultural activity for a maximum of 25 days per year (in specific circumstances);
- students who work under an employment contract for students during maximum 46 working days, split up into two periods of employment: a first period of 23 days during the months July, August and September and a second period of 23 days during the first, the second and the fourth quarter of the year, only during the periods during which they are not obliged to attend courses in their educational establishment. For the 23 days of employment during the months July, August and September, a solidarity contribution of 5% at the expense of the employer and of 2.5% at the expense of the employee is due. Moreover, within the framework of the employment contract for students, a special contribution of 12.5% is due on the wage of the students who are employed outside the period July – September: 8% at the expense of the employer and 4.5% at the expense of the employee.

E. Merchant seamen

For historical reasons¹ and because of the exceptional circumstances under which the profession is exercised, the merchant seamen are withdrawn from the general scheme for salaried workers. For this category of employees, there is a separate social security scheme with its own administrative and financial structure. The Relief and provident fund for seafarers sailing under the Belgian flag (HVKZ – CSPM) collects and distributes the social security contributions of the ship-owners (employers) and the seamen (employees) and also pays out the benefits of the sickness and invalidity insurance to the seamen. The HVKZ – CSPM, a public social security institution, is managed with parity of representation.

¹ The law of 21 July 1844, on the basis of which the Relief and provident fund for seafarers sailing under the Belgian flag (HVKZ – CSPM) was founded, is the oldest social security law in the Belgian history.

The various sectors of social security

Family benefits

Salaried persons, self-employed persons and civil servants are all entitled to family benefits. Persons who are not entitled to family benefits from any Belgian, foreign or international scheme, there is a 'guaranteed family benefit' in the social assistance system (see the chapter 'Social assistance').

Family benefits comprise the ordinary child's allowance, the orphan's allowance, the lump sum allowance for children placed with private persons, the additional allowances (social allowances, allowances for children suffering from disorders or handicapped children, age allowances, the allowance for single-parent families and the yearly age allowance), the maternity fee and the adoption fee. (The amounts are mentioned in D. Benefit types.) **Three persons are involved in the family benefit system: the beneficiary, the qualifying child and the allottee.** We discuss these three here.

A. Beneficiary

The beneficiary opens the entitlement to family benefits through his labour as a salaried or self-employed person or civil servant. People who do not work anymore, whether they are unemployed, retired, ill, disabled, interrupting their career or in detention, are also entitled to family benefits, on particular conditions. If they meet some other conditions, the unemployed, the retired and the disabled can obtain a supplementary allowance to their ordinary family benefits. Furthermore, also on specific conditions, entitlement to family benefits is granted to abandoned spouses, widows or widowers (with a survivor's pension), students, pupils, young jobseekers in their waiting period, persons with a contract for professional training in a company and the disabled.

Suppose there are several beneficiaries within the same family, then a **hierarchy** is followed to determine the final beneficiary:

1. the orphan;
2. the person taking care of the child's upbringing has a priority over he who does not;
3. father > mother > stepfather > stepmother > eldest beneficiary
4. in case of joint parental authority, a father outside the family always has priority over a mother within the family.

An important remark is that the definition of the beneficiary is always **to the benefit of the child**. Given the fact that one obtains less allowance for the first child in the self-employed persons' scheme than in the salaried persons' scheme, a 'salaried worker-mother' (if she has more than a half-time employment) shall receive priority over a father who is self-employed. In other words, the salaried persons' scheme has a priority within specific boundaries. The appointment of the eventual beneficiary is important for the payment of family benefits.

In the **salaried persons'** scheme, every employer has to join a family benefit fund. If he omits to do so within 90 days after the start of his activity, he shall automatically be affiliated with the National Office for Family Benefits for Salaried Persons (RKW - ONAFTS). In some cases, the employer cannot choose a private family benefit fund, but then the RKW - ONAFTS is the credit institution (for instance for staff in the hotel and restaurant sector, artists). The RKW - ONAFTS is also competent for people who might obtain entitlement to family benefits, even though they are not longer linked with a labour contract (students and disabled). For the retired, the abandoned spouse, etc., the formerly competent family benefit fund - before they arrived in their situation - is responsible for paying the family benefits. The employer pays the contributions for the family benefit sector.

Self-employed persons join a social insurance fund or with the National Institute for the Social Insurances of Self-employed Persons (RSVZ - INASTI). For widows, widowers and orphans of a deceased self-employed, the social insurance fund he was last affiliated with shall be responsible for payment.

Civil servants of local and provincial administrations receive their family benefits from the RSZPPO - ONSSAPL. For the other categories of civil servants, the administration employing them, together with the Central Service for Fixed Expenses (CDVU - SCDF) or, in certain cases, the National Office for Family Benefits for Salaried Persons (RKW - ONAFTS), is responsible for the payment of family benefits.

B. Allottee

The allottee is the person who receives the family benefits. In the salaried persons' scheme, the family benefits are paid to:

1. the mother;
2. the person who really takes care of the child's upbringing (can also be an institution);
3. the qualifying child itself, if it is married, if it is emancipated, if it is 16 years old and no longer lives with the person by whom he or she is actually raised or if it is allottee for one or more children itself. The child can designate his father or mother as allottee (can be important to determine the children's rank in the family and thus for the amount of the benefits).

In the **self-employed persons'** scheme, family benefits are in the first place paid to the father. If wanted, they can be paid to the mother instead. If the parents divorce, the mother shall have priority to receive the family benefits.

In the **civil servants'** scheme, family benefits are paid to the mother or the person taking care of the child's upbringing.

C. Qualifying child

The third distinctive person - and the most important, else there cannot be any family benefits - is the qualifying child. **A qualifying child has to meet particular conditions.**

In the first place, there must be a degree of **kinship** between the qualifying child and the beneficiary. This means that you are entitled to family benefits for:

- your children;
- adopted children or foster children;
- grandchildren, great-grandchildren, nephews and nieces;
- brothers and sisters (at least if some particular conditions are being met);
- children placed in a family and children over whom you exercise parental authority by virtue of a judicial decision.

The qualifying child must always have such a link of kinship with the beneficiary himself, with his spouse or with the person with whom he forms a household or with whom he legally cohabits.

Conditions with regard to education and age are imposed. From a legal point of view, due to the compulsory school attendance, a child is entitled to family benefits until 31st August of the calendar year in the course of which it reaches the age of 18. There are many extensions of this rule.

In the civil servants' scheme, until February 2010 child benefits were paid out until the end of the month in which the child reached the age of 21 (and not until 31 August of the year in which the child reaches the ages of 18).

The child did not have to justify his situation (certificate from school, apprenticeship contract, ...), but had to remain dependant of the beneficiary.

As from 1 March 2010, every child as to justify its situation in order to remain its entitlement to family benefits as from 31 August of the calendar year it reaches the age of 18.

You are entitled to family benefits until the age of 25, when you belong to one of the following **categories**:

- apprentice boys or girls;
 - children who go to school or follow a training period for appointment in a function (candidate-bailiff);
 - students who prepare a paper at the end of their college studies;
 - during the waiting period, i.e. the period between the diploma and the first unemployment allowance (you have to be registered as unemployed).
- A disabled child is always entitled to family benefits until the age of 21.

It should be noted that family benefits are not due for children who are raised or educated outside the Kingdom.

However, this principle is tempered by general measures taken notably for children temporarily staying outside the Kingdom, when the stay does not exceed 2 months in the course of one calendar year or six months for health reasons, for children who stay abroad during the school

holidays and for children receiving a grant for taking courses abroad. There are also general measures for the children who have already obtained a secondary education diploma in Belgium and who pursue non-higher education in a country outside the European Economic Area (the general derogation is limited to maximum one school year), for the children who haven't obtained a higher education diploma in Belgium or in another country and who pursue higher education in a country outside the European Economic Area and for the children who have already obtained a higher education diploma and who pursue higher education in a country outside the European Economic Area (the general derogation is limited to maximum one academic year).

The children of Belgian or foreign beneficiaries raised in a member state of the European Economic Area may receive family benefits in pursuance of the European community regulations.

The children of Belgian or foreign beneficiaries raised in other states with which Belgium has concluded social security agreements also receive family benefits at the rates and under the conditions laid down in these agreements.

In cases worthy of considerations, the Minister of Social Affairs or the civil servant of the Federal Public Service Social Security appointed by him can grant exemption from the condition of being raised or the condition of taking courses within the Kingdom.

D. Benefit types

The family benefit system distinguishes between six types of allowances:

1. maternity fee;
2. adoption fee;
3. ordinary family benefit;
4. lump sum allowance for children placed with private persons;
5. orphan's allowance;
6. supplementary allowances.

You receive a maternity fee for the birth of every child qualifying for family benefits. The maternity fee will also be granted in favour of a child for whom a declaration of stillborn child is drawn up by the registrar. You can demand the fee from the sixth month of pregnancy onwards, and it can be granted two months before the supposed date of birth mentioned in the medical certificate that should be enclosed with the application form. The amount of the maternity fee depends on the **child's rank** in the family. For the first-born child of the father or the mother (rank 1), the fee amounts to 1,152.57 € and to 867.17 € for the other children (amounts on 1 January 2011). In case of a multiple birth, the parents receive a maternity fee of rank 1 for all these children.

The **adoption fee** is granted for the adoption of a child on particular conditions. The fee is equal to the maternity fee for a first child, i.e. 1,152.57 € (on 1 January 2011). The adoption fee and the maternity fee are due by the instance ensuring the payment of family benefits to the new parents.

The **ordinary family benefit** is determined by the rank of the child compared to the other qualifying children educated within the same family. The amounts are the following:

- rank 1	85.07 € per month for salaried persons and 79.57 € for self-employed persons
- rank 2	157.41 € per month
- rank 3 and following	235.03 € per month

(Amounts on 1 January 2011)

If a child no longer qualifies for family benefits because it no longer fulfils the required conditions, the other children go up one place in the ranking (a child of rank 2 becomes a child of rank 1, etc.).

When a child is placed with a private person through the agency or by order of a public authority, the allottee who received family benefits for this child receives, under certain conditions, a lump-sum benefit. This lump-sum benefit amounts to 57.08 € (on 1 January 2011). In the scheme for self-employed persons, the lump-sum benefit amounts to 29.03 € for the first child and to 57.08 € as from the second child (on 1 January 2011).

Orphans always receive 326.82 € (on 1 January 2011). They continue to be entitled as long as their surviving parent has no new partner living together with the family.

As to the supplementary allowances, there are five possibilities:

1) Age allowance

Depending on the child's age, you will receive a supplementary allowance to the ordinary family benefits. We distinguish between three age groups: from 6 to 12, from 12 to 18 and those from age 18 onwards. Transitional measures apply in favour of children born before 1991.

2) Supplement for single-parent families

The ordinary family benefits for a person who raises his child alone are increased with a supplement of 43.31 € for the first child, 26.85 € for the second child and 21.65 € for the third child and each of the following children, on the condition that this person does not form a de facto family, that he is not married, unless the marriage is followed by a divorce, and that his professional and/or replacement income does not exceed a certain amount (2,102.22 € per month and 1,681.78 € net per month for a self-employed person, amounts on 1 January 2011).

If this person already receives a social supplement on the basis of the situation of the beneficiary, the social supplement for the third child and for each of the following children is replaced by the supplement for single-parent families.

3) Yearly supplement to the family allowance

The ordinary family benefits and the orphan's allowance for July are increased with a yearly age supplement. This supplement varies between 26.01 € and 77.295.77 € depending on the age (amounts on 1 January 2011).

4) Social supplements

Those entitled to a retirement pension, fully entitled unemployed from their seventh month of joblessness onwards and disabled employees from their seventh month of disablement, who are entitled to family benefits, receive a social supplement. Under certain conditions, these persons retain their rights to the social supplement when they start an activity as a salaried worker. This supplement also depends of the child's rank in the family. The supplement for the first child amounts to 43.31 € (unemployed persons and pensioners) and to 93.18 € (invalid persons). The supplement for the other children varies between 4.71 € and 26.85 €.

5) Supplementary allowance for children suffering from disorders and for disabled children aged up to 21 years

Children who suffer from a disorder with consequences for their physical or mental incapacity (pillar 1), for their degree of activity and participation (pillar 2) or for their family environment (pillar 3) give right to an allowance until the age of 21, in function of the gravity of the consequences of the disorder.

As of 1 January 2011, this allowance amounts to:

When the child scores at least 4 points in the first pillar and a maximum of 5 points for the three pillars of the medical-social scale	74,60 €
When the child scores at least 6 points and a maximum of 8 points for the three pillars of the medical-social scale	99,36 €
When the child scores at least 9 points and a maximum of 11 points for the three pillars of the medical-social scale.	231,86 €
When the child scores at least 12 points and a maximum of 14 points for the three pillars of the medical-social scale or when it scores at least 4 points in the first pillar and at least 6 points and a maximum of 11 points for the three pillars of the medical-social scale.	382,73 €
When the child scores at least 15 points and a maximum of 17 for the three pillars of the medical-social scale	435,19 €
When the child scores at least 18 points and a maximum of 20 points for the three pillars of the medical-social scale	466,28 €
When the child scores at least 21 points for the three pillars of the medical-social scale	497,36 €

Children suffering from a physical or mental incapacity of at least 66 % according to the former evaluation system give right to a supplementary allowance until the age of 21, depending of the degree of self-reliance of the child.

As of 1 January 2011, this allowance amounts to:

When the child scores 0, 1, 2 or 3 points for self-reliance	382,73 €
When the child scores 4, 5 or 6 points for self-reliance	418,95 €
When the child scores 7, 8 or 9 points for self-reliance	447,86 €

Unemployment

The sector “unemployment” is principally discussed as to its major function of providing the worker with a replacement income in case of involuntary loss of salaried employment. However, the sector has a much larger action radius: support in case of temporary unemployment, support in case of partial or total interruption of work (career interruption/time credit), support in case of partial resumption of work; it also provides support to persons who are in training and to baby minders; it also fosters the resumption of work for high-risk groups (activation) and supports the development of neighbourhood services (local employment offices and services cheques).

In principle, the sector of unemployment is exclusively aimed at salaried employees. Self-employed people cannot resort to the unemployment scheme, as they do not pay any contributions for it. However, self-employed persons who cease work, but who have worked as salaried persons before (or who have been unemployed), can still be entitled to unemployment benefits on particular conditions. Although they do not contribute to the unemployment scheme either, permanently appointed civil servants benefit from a specific scheme which enables them (under certain conditions) to be entitled to unemployment benefits in case of dismissal. For the military, there is a similar scheme.

All salaried work which is subject to social security contributions for the sector of unemployment can thus open the entitlement to unemployment benefits. This is e.g. not the case for "occasional work", for student work and for domestic staff work (when the domestic worker does not live in the house of his employer and does not work more than four hours a day in the service of one employer or at least 24 hours per week in the service of several employers).

A. Eligibility and granting conditions

The mere fact that a person is subject to the social security scheme for salaried persons does not grant entitlement to unemployment benefits. The person concerned must also prove a **sufficient number of worked days or assimilated working days during a particular reference period**. This **reference period** is the period preceding the application for unemployment benefits. Both the required number of working days and the duration of the reference period depend on the age at the time of application. This is shown in the table below:

Age group	Number of worked or assimilated working days	Reference period
Younger than 36 years	312 days	18 months
From 36 to 49 years	468 days	27 months
50 years and older	624 days	36 months

If a person does not meet the conditions of his/her age group, but rather the conditions of an older age group, the conditions are also considered as met. From the age of 36, it is still possible, under certain conditions, to take into account the working days or the assimilated working days from the 10 years preceding the reference period.

The reference period mentioned in the table can be extended for several reasons (e.g. in case of a self-employed activity, force majeure, career interruption or time credit).

Assimilated working days are e.g.: sickness days compensated by the sickness and invalidity insurance, days covered by holiday allowances, days of strike, the period covered by damages for breach of contract etc.

Work performed abroad can, under certain conditions, also be taken into account for the calculation of the number of working days as a salaried worker to be proved in the above-mentioned reference period.

Persons who voluntarily did part-time work have to prove the same number of half-time working days in the above-mentioned reference period, extended with six months. There are exceptions where the voluntary part-time worker is assimilated with a full-time worker.

In order to be entitled to unemployment benefits, some **specific granting conditions** have to be met as well. We list them right below.

1) The person is not allowed to receive any salary

A worker who still receives notice compensation or a compensation for breach of contract from his former employer cannot obtain unemployment benefits during the period covered by this compensation. The worker cannot receive benefits for the vacation days covered by a vacation fee either.

2) The person is not allowed to perform work

An unemployed person may only work for his own account within the limits of the normal management of his own property and his work may not qualify for the economic traffic of goods and services. An unemployed person should neither do any labour providing him with a wage or any other material advantage for him or his family. For instance, he cannot build his own house. Work performed on behalf of others is presumed to be remunerated, unless the person concerned is able to prove the contrary. A voluntary activity (e.g. performed on behalf of a private person or an association) can be authorized if a prior request is made. Provided that they are officially declared beforehand, some incidental activities may be authorized too, if they have been performed at least three months before the application for unemployment benefits and during a salaried occupation. Furthermore, these incidental activities have to take place outside the normal working hours (before 07.00 a.m. and after 18.00 p.m.) and some activities are totally excluded (hotel and catering business, insurance business, ...).

3) The unemployment must be independent of the person's will

In most cases, persons who caused their unemployment themselves can only obtain allowances after a period of exclusion.

4) The person must be available for the labour market

This means that the unemployed person has to be registered as a jobseeker with the VDAB (Flemish Region), the FOREM (Walloon Region), ACTIRIS (Brussels Region) or the ADG (German speaking Community) and that the person has to accept every job considered as appropriate. This also means that the person has to seek for a job actively. Since 2004, the behaviour of the person as a jobseeker is followed-up on a systematic base and those who do not actively seek for a job may be sanctioned. This follow-up procedure has replaced the system of suspension of unemployment benefits on the basis of long-term unemployment.

5) The person must be fit for work

The person must be fit for work. If the person concerned is not fit for work, sickness or invalidity allowances can be granted.

6) The person must reside in Belgium

In order to receive benefits, the person must usually and effectively reside in Belgium. However, from the age of 60 onwards, older unemployed persons who have the maximal exemption can reside abroad on a temporary basis, provided that they keep their main residence in Belgium (and thus live there for most of the year).

7) As far as age is concerned

A young worker may not receive benefits as long as he is subject to full or partial compulsory school attendance, except in the case of temporary unemployment.

An unemployed person who has reached the legal pension age (65 for both men and women) is no longer entitled to unemployment benefits, starting from the 1st day of the month following the month in which he has reached that age.

There are a [lot of exceptions](#) to these conditions. Some of these have already been mentioned. For instance, early retirees do not have to hold a control card, they can keep the allowances in case of incapacity for work. Under certain conditions, they are also allowed to exercise a non-profit activity for their own account (e.g. rebuild their own house) or to start an additional job during the early retirement period. Under certain conditions, older unemployed persons can also be exempted from these conditions.

B. Benefits

1) Unemployment after a full-time employment

In case of full unemployment, a full-time employee can receive unemployment benefits for all weekdays, except for Sundays.

A full-time position requires two conditions to be met: the normal contractual labour time corresponds to the maximum weekly labour time in the company and the salary corresponds to the wages for a full working week.

Eligible workers (cf. above) who receive a salary at least equalling the average minimum monthly income are also considered as full-time workers. The unemployed person who receives unemployment benefits as a full-time worker can maintain this right, even after a part-time resumption of work. For this purpose, the person simply must file an application for the acknowledgement as a part-time worker with maintained rights at the beginning of this part-time employment. Moreover, during this part-time job and on particular conditions, the person can receive an additional allowance (the income guarantee allowance) in addition to his salary.

The worker who works part-time and does not meet the conditions to be assimilated to a full-time worker or to remain one, may be admitted and receive allowances as a voluntary part-time worker. In case of full unemployment, he then receives half benefits, the amount of which is proportional to the weekly contractual working time. It must be a part-time employment of at least 12 hours a week or of at least one third of a full-time employment. In case of a resumption of work for less hours, the worker may maintain a certain amount of half benefits for the number of days that were not performed.

2) The amount of the benefits

The amount of the benefits depends on the family situation, the duration of the joblessness and the last wages received as a salaried worker.

Three categories of workers can be distinguished in the unemployment scheme:

- **worker with a family.** In case of unemployment, he loses the only family income although he has dependants;
- **worker living alone.** He loses his only income, but he does not have any dependants;
- **cohabitant worker.** He does not lose the only family income.

The workers with a family receive 60% of their last wages during the whole duration of their unemployment.

The workers living alone receive 60% of their last wages during the first year of unemployment and 53,8% afterwards.

The cohabitant workers receive 60% of their last wages during the first year of unemployment. During the three following months, they receive 40% of these wages. This period is extended with 3 months per year of salaried work. Afterwards, they receive a lump sum allowance of 456.04 € per month (on 1 January 2011). The cohabitants who worked for 20 years as salaried workers or who have a rate of permanent incapacity for work of at least 33% when switching over to the lump sum allowance can maintain their allowance at 40%.

The table below shows the % of the wages that the different categories of unemployed persons can claim during the various compensation periods.

Categories \ Periods	1st period (= 1st year of unemployment)	2nd period (= first 3 months of the 2nd year, which may be extended)	3rd period (= after the 2nd period)
Workers with a family	60 %	60 %	60 %
Workers living alone	60 %	53,8 %	53,8 %
Cohabitant workers	60 %	40 %	lump sum allowance

The unemployment benefits are calculated on the basis of the wages received by the worker during his last salaried job of at least 4 consecutive weeks with the same employer.

These wages are limited. A wage limit of 2,250.63 € per month applies for the first 6 months of the first compensation period. This wage limit is reduced to 2,097.62 € per month during the next 6 months of the first compensation period. After these first compensation period, a basic wage limit (1,960.18 €) per month is applied (amounts on 1 January 2011).

Seniority supplement

After their first year of unemployment, older unemployed persons of at least 50 years can receive a seniority supplement if they meet the following conditions:

- the person must prove former employment of at least 20 years as a salaried worker;
- the person must not receive a conventional early retirement pension or an early retirement pension as a frontier worker and must not have renounced a conventional early retirement pension.

The amount of the seniority supplement is determined on the basis of the family category to which the unemployed persons belong and on the basis of their age.

Apart from the benefits mentioned up to here, there also [tideover benefits](#). These benefits are granted to young people who are eligible for the unemployment scheme after their studies and after their waiting period. In this case, they receive tideover benefits (lump sum), the amount of which depends on their age and their family situation (cf. below, D.).

3) Procedure

Unemployment benefits are not granted automatically. The persons concerned must file an application with a credit institution of their choice. These institutions are either those created by each trade union (CSC, FGTB or CGSLB) or the public "Auxiliary Fund for the Payment of Unemployment Benefits" (HVW - CAPAC).

C. Exclusions and sanctions

Some unemployed persons may be excluded from receiving benefits or get sanctions. **These are the major reasons to get excluded from the unemployment scheme or to be sanctioned:**

a) Voluntary unemployment

Unemployment is voluntary in case of:

- abandonment of an appropriate employment without a legitimate reason;
- dismissal as a consequence of a wrong attitude on behalf of the employee;
- no-show without a valid justification for a job interview with an employer after a request of the employment services or refusal of an appropriate job offer;
- refusal or failure of an integration route;
- for dismissed workers who are at least 45 years old and who have at least one year of seniority in the company: the refusal of taking part in an outplacement programme which they asked for or which the employer was compelled to offer them; the fact of not having formally reminded the employer in due time of his obligation to offer an outplacement programme; the fact of not having been registered in due time with the compulsory employment cell within the framework of the active management of restructuring operations.

b) Unavailability for the labour market

- as a consequence of a regulation or a factual situation, such as prenatal or postnatal leave;
- when an unemployed person sets conditions for resumption of work that are not valid according to the appropriate job criteria;
- the negative assessment of the unemployed person's efforts to search a new job.

c) The **omission** of an obligatory declaration, a late declaration, an incorrect or incomplete declaration or the use of wrong documents can lead to the recovery of unduly received benefits and to an exclusion from the entitlement to benefits for a certain period.

When fraudulent intentions are established, legal proceedings may be undertaken.

Before any decision imposing a sanction or exclusion is taken, the unemployed person is called in by the unemployment bureau in order to explain his defence. During this hearing, the unemployed person is informed of the facts he is blamed for and can refute them, give arguments and add new pieces to the file. On this occasion, he may be represented or assisted by a trade union delegate or a lawyer.

When the director decides to impose a sanction or exclusion, this decision is notified to the person concerned. This decision has to be motivated de facto and de jure and has to mention the procedure that has to be followed to lodge an appeal if the unemployed person contests the decision. As from the notification of the decision, the unemployed person has three months to lodge his appeal.

D. Early retired and young people having left school

Early retirement is reserved for older employees dismissed by their employer, to whom a collective labour agreement is applied, who have reached the required age and who can prove sufficient former employment as a salaried worker. Regardless of their family situation, if they leave for early retirement, they are entitled to unemployment benefits until their actual retirement, amounting to 60% of their ceiled wages. They also obtain a supplementary indemnity paid by their former employer.

Young people who have completed their studies do not immediately receive an allowance. They first have to achieve a qualifying period (they have to register as a jobseeker and be available for the labour market). During this qualifying period, they still obtain family benefits. After the qualifying period, the duration of which is determined on the basis of their age, they can file an application for tideover allowances. If all conditions are fulfilled (e.g. having completed the required studies and having validly achieved the qualifying period), they can receive a lump sum tideover allowance, which is also determined on the basis of their family situation and their age.

E. Employment measures

Several measures have been taken over the past few years to promote employment and reduce joblessness. These measures aim first at encouraging employers to recruit more workers from specific categories by granting them a **reduction of social security contributions** such as the so-called "social Maribel", the first job's agreements.

Other measures were taken within the framework of the **activation of unemployment benefits** and the elimination of the so-called "employment pitfalls". This means that new types of benefits have been created or that rules for the application of existing benefits have been adapted in order to foster as much as possible resumption of work and to increase the employment rate of certain target groups, among others by means of the following measures: the "Activa" job scheme and its recent variant, i.e. the win-win plan, the neighbourhood services and service jobs, the occupational transition programmes and the local job agencies, the work resumption supplement, the possibility of holidays for the young and the elderly in case of incomplete entitlement to holidays, the training allowance, the training period allowance and the business establishment allowance.

Moreover, the three Regions in Belgium have set up some reemployment programmes which are particularly oriented towards the **long-term unemployed persons**.

Old-age pensions

Pensions! Nowadays you are almost inevitably confronted with them! The pension problem is one of the major worries of our social security system. What will the future bring us?

A. More and more retired people

The entire pension problem and its announced aggravation cannot be tracked down to one basic cause. Indeed, we can point out various factors that mutually reinforce their influence on pensions. In the first place, **life expectancy has grown**. People live longer thanks to the new medical techniques. Of course, that also means they are entitled to receive a pension during an ever longer period.

Secondly, **employees stop their career earlier and earlier**. As a result of several types of new measures designed to discharge the older active population for the sake of the employment of young people, the true pension age no longer corresponds with the legal pension age..

Moreover, as **study periods** at the beginning of the professional career **become ever longer**, the active population who pay contributions to finance the pensions keeps on diminishing. In addition, **birth rates** in Belgium **are going down** for some decades already.

Finally, the **increasing employment of women** will also influence the growth of pension costs, since working women also create their own personal pension. Because of this, a couple living together receives two single persons' pensions instead of one family pension - which is more expensive.

As a summary, we could say that the '**degree of dependency**' (i.e. the ratio of the number of retired to the number of actives) will increase.

Below we shall list the specific regulations of the entire pension sector. Our starting point is the salaried persons' scheme, and then we will indicate the differences with the other schemes. But first, we should explain the difference between retirement pensions and survivor's pensions:

- a **retirement pension** is a benefit you obtain after a given age through former employment;
- a **survivor's pension** is a benefit you obtain through the employment of the deceased spouse.

We will discuss these two pension types separately.

B. Retirement pensions

To obtain a retirement pension, you have to meet a number of conditions. First, you must have reached a given age and second, you can no longer exercise a professional activity.

B.1. Pension age

The normal pension age for women is established at 65 years for both men and women. From January 1991 until June 1997, every salaried person had the possibility to take retirement at the age of 60. Women would have to prove 40 years of salaried service for a full career, men 45 years. To solve this problem of unequal treatment of men and women, it was decided to establish the normal pension age for both men and women at 65 years, after a long **transition period** that came to an end on 1 January 2009. In other words, both men and women shall have to work 45 years to be entitled to a full pension.

The possibility to take retirement earlier than the normal pension age remains available. For male and female workers, this is possible at the age of 60, if the career counts at least 35 years.

The pension age for **self-employed persons** is 65 for both women and men. Just like the salaried workers, self-employed persons may also anticipate their pension as from the age of 60 years onwards. In case of anticipated pension and unless the career counts at least 42 years, the pension amount is reduced by 25% if the pension starts before the age of 61, by 18% if the pension starts as from the age of 61 and before the age of 62, by 12% if the pension starts as from the age of 62 and before the age of 63, by 7% if the pension starts as from the age of 63 and before the age of 64 and by 3% if the pension starts as from the age of 64 and before the age of 65.. Just like in the scheme for salaried workers, the required number of career years (for both men and women) has been established at 35 years since 2005.

The normal pension age for **permanently appointed civil servants** is equal for men and women: 65 years. Civil servants can request to be retired as from the age of 60, provided they have at least five years of service and that they can assert services or qualifying periods accomplished after 31 December 1976.

For certain categories of civil servants, the age limit may be higher (for magistrates e.g.) or lower (for certain military personnel).

Contractual civil servants receive the same pension as salaried workers.

The table below gives a summary of the pension ages applied in the three sectors.

Salaried workers		Self-employed persons		Civil servants	
Normal	Anticipated	Normal	Anticipated	Normal	Anticipated
65	60	65	60	65	variable

In the salaried workers' scheme, this pension system is not obligatory. In other words, if his employer agrees, a salaried worker may continue to work after his 65th birthday. In that case, he shall have to pay the same contributions as the other active persons, including pension contributions. **Civil servants**, on the other hand, have to retire at the latest when they reach the age of 65 (with a few exceptions, cf. above).

Apart from this age condition, you may only combine the pension with a professional activity under strict conditions. A professional activity is defined as follows: “any activity that may yield professional revenues within the meaning of the law on the income taxes”. Still, this does not mean you cannot exercise any activity whatsoever, like in the unemployment scheme, but the income from this activity may not exceed a certain annual financial limit. The financial limit depends on the status, the family situation and the nature of the pension granted.

The table below lists the financial limits for 2011:

Employment as a		Avant l'âge normal de la pension	A partir de l'âge normal de la pension
salaried person (private or public sector) (gross amounts)	- basis	7.421,57 €	21.436,50 €
	- with at least 1 dependent child	11.132,37 €	26.075,00 €
self-employed person (net amounts)	- basis	5.937,26 €	17.149,19 €
	with at least 1 dependent child	8.905,89 €	20.859,98 €

If one exceeds these limits with at least 15%, the payment of the pension is suspended for the entire calendar year concerned.

If one exceeds these amounts by less than 15%, the pension amount is reduced proportionally to the excess for the calendar year concerned.

The pension will not be paid out either if you e.g. receive a sickness, invalidity or unemployment benefit.

There are fundamental differences between the salaried persons' scheme, the public sector scheme and the self-employed persons' scheme as to the way to calculate a pension. Moreover, a pension may be composed of pensions from the different systems, if the person has worked in several social security schemes during his/her career.

Per career year, the following formula is applied:

$$\frac{\text{Annual salary adapted to the inflation} \times 60\% \text{ (single person) or } 75\% \text{ (family)}}{45}$$

The results are added up and give the gross pension amount.

Depending on the family situation, you will receive a pension equal to 75% or 60% of the calculation result. If you are head of the household, i.e. that your spouse depends on you (no personal pension and no or limited professional revenues), you will be entitled to 75%, else only to 60%.

B.2. Career

“Career years” are years qualifying for the calculation of a pension. Apart from the proven activity years, there are also assimilated periods, with or without payment of contributions. Periods that are assimilated, without payment of contributions, to periods of employment as a salaried person are, among others: periods of unemployment, sickness and invalidity periods, holiday periods, military service, etc. To assimilate other periods, you have to file an application with the National Pension Office (RVP - ONP). The study periods after the 20th birthday can also be regularised by means of an application with the National pension office (ONP-RVP) within 10 years after the studies and with payment of a personal contribution.

The number of career years that is taken into account for pension calculation should never exceed 45 for both women and men. If you have more career years, the least favourable years will not be taken into account.

B.3. Gross salaries

Apart from the number of career years, gross salaries also play a major part in determining the pension amount. Here, we distinguish between the **real salaries** (salaries on the basis of which the pension amounts were calculated), **fictitious salaries** (which are related to inactivity periods that are assimilated) and **lump sum salaries**.

For career years in the period before 1955 (manual workers) or before 1958 (employees), account shall be taken of a lump sum salary. A lump sum salary may also be used for disabled persons or salaried persons with an accident at work or an occupational disease if that is more favourable than their real salary.

The whole of these salary information is registered on a **personal account** per salaried worker, which is kept up-to-date by the non-profit organisation Sigidis. Every year, each worker will receive an excerpt of his personal account.

The salaries taken into account for the pension calculation are subject to two treatments. First, they are adapted to the consumer price index. Then, they are also adapted to the general welfare level, in order to keep track of the general wealth increase in the population. This process is called “revaluation”.

A maximum limit (ceiling) has also been set. The annual gross salary is only taken into account up to this ceiling: the limit is now established at 47,960.29 € for 2010. This means that the pension itself is limited to a certain maximum amount. There is also a right to a minimum income. If the person concerned would obtain too low a pension, it can be supplemented. This brings us to the income guarantee for the elderly, which belongs to the field of social assistance.

The pension calculation of self-employed persons is based on a real or fictitious (for the assimilated periods) lump-sum professional income. For the career years before 1984, a fictitious lump-sum income (a fixed amount) per year is taken into account. For the years after 1983, the actual income, up to a maximum of 52,378.55 € (amount on 1 January 2011), is taken into account. This actual income is multiplied by a conversion factor that consists out of three elements. Firstly, the coefficient for revaluation with regard to the index number that applies at the moment the pension starts, i.e. 60% or 75%. Secondly, the harmonisation coefficient,

expressing the ratio between the expenditure for pension benefits and the total expenditure for the social scheme for self-employed persons and showing the relation between the obtained pension contribution rate and the pension contribution rate in the salaried workers' scheme. Just like for salaried persons in the private sector, the self-employed persons' pension is also determined on the basis of their family situation.

The pensions of civil servants are not calculated in the same way. Instead of all the gross salaries earned during the entire career, only the average non-indexed salary of the last five years is taken into account (except for the military, for whom this is the last earned salary). This reference salary is multiplied by the number of credited years of service divided by 60. For certain categories of personnel (e.g. teachers, magistrates, ...), the fraction 1/60 is replaced by another fraction.

Certain periods of absence are only taken into account up to a certain percentage of the actually performed services. Moreover, certain periods of career interruption can only be taken into account against payment of the necessary contributions.

If the possession of a diploma (for post-secondary studies) was a condition for recruitment or for a later promotion, these study years are taken into account for the calculation of the pension (no contributions have to be paid).

The pensions in the public sector are limited to 2 types of maximum amounts: the relative maximum that equals $\frac{3}{4}$ of the reference salary on the basis of which the pension was calculated and the absolute maximum that equals a fixed maximum gross amount of 5,921.68 € per month (amount on 1 January 2011).

A pension supplement is granted to the civil servants who have continued their career after the age of 60. This supplement increases per month of actual service after the age of 60. For pensions that started as from 1 January 2007 with actual services after 31 December 2005, the age supplement can exceed the relative maximum for up to 9/10 of the reference salary.

It is not always allowed to accumulate a public-sector retirement pension with other allowances or benefits.

A retirement pension may e.g. be accumulated with a benefit for primary incapacity for work, an invalidity benefit, and unemployment benefit or similar advantages granted by virtue of a foreign legislation or by an institution of international public right. This does not change the amount of the retirement pension, but it may influence the amount of the replacement income.

However, it is not allowed to accumulate a public-sector **retirement pension** with a career interruption benefit (except for the "thematic" career interruptions, such as career interruption for palliative care, parental leave or career interruption to take care of seriously ill family members up to the second degree of kinship in the context of which the granted benefit is, with regard to accumulation, equated to an income from a professional activity), a bonus in the context of half-time early retirement or a supplementary allowance granted in the context of a conventional early retirement pension. The payment of the retirement pension is then suspended for the calendar months in question. When the replacement income is renounced, the retirement pension can be paid out again.

A pension bonus is also granted to salaried persons and self-employed persons who continue their professional activity after the age of 62 or after a professional career of at least 44 years.

To conclude, note that every system holds rules to avoid “small pensions” for people who received a low salary during their career. For the pensions of salaried persons, the legislation provides a minimal pension entitlement per career year, as long as the retired person has a career of at least 15 years and every year of employment equals at least a third of a full-time position. Minimal pension entitlement also applies to those who have worked during a period equalling to at least two thirds of a full career.

C. Survivor's pensions

A survivor's pension is only granted to widows or widowers, according to the professional past of their deceased spouse. Just like with retirement pensions, you have to meet a few [conditions](#) to be entitled.

- **In the first place, you should have reached a given age.** In principle, you have to be 45 years for entitlement to a survivor's pension (for the survivor's pension of civil servants, there are specific rules for persons under the age of 45 years). If, however, you have a dependent child or if you have an incapacity for work of at least 66%, this age condition is not required.
- **Secondly, you must have been married to the deceased.** The marriage should have lasted at least one year or a child should have been born in the marriage. If you have other dependent children as well - for instance from a former marriage - the marriage requirement is not compulsory, either. If the decease was the result of an accident or an occupational disease that took place after the marriage, the prescribed marriage duration does not have to be respected, either. If, however, the surviving spouse remarries, the survivor's pension is suspended.
- **Pour les bénéficiaires d'une pension de survie, une limite est également fixée aux activités professionnelles,** mais, pour les bénéficiaires de plus de 65 ans, cette limite est nettement plus élevée que pour les bénéficiaires d'une pension de retraite de moins de 65 ans.
- **For the beneficiaries of a survivor's pensions, there is also a limit to the professional activities,** but for persons younger than 65, this limit is distinctly higher than for those receiving a retirement pension who are younger than 65.

A survivor's pension cannot be accumulated with certain social benefits, it can only be accumulated with a benefit for sickness, invalidity or complete involuntary unemployment during a period of 12 months.

If the deceased spouse was a salaried worker or a self-employed person, there are two possibilities.

If the deceased spouse was not retired yet, the survivor's pension is calculated as follows:

Per career year, the following formula is applied:

$$\frac{\text{Annual salary adapted to the inflation} \times 60\%}{\text{The number of years between the 20th anniversary and the decease}}$$

The results are added up (cf. retirement pension).

The shorter the period taken into account, the higher the amount this calculation can result in, because the recent salaries, which are usually higher, are taken into account. As a consequence, a limitation is applied, fictitiously supposing that the career is complete and taking into account a (relatively low) lump-sum salary for the fictitiously added years.

The salary taken into account for career years fulfilled by the deceased spouse or assimilated depends on the status in which he or she was employed.

If the deceased spouse (male or female) already benefited from a retirement pension, the entitled shall receive a survivor's pension for salaried workers equal to 80% of the retirement pension at family rate of the deceased spouse (equivalent to a single person's pension).

It could be that the surviving spouse was already entitled to a retirement pension. He or she may combine this retirement pension with a survivor's pension, up to a maximum of 110% of the survivor's pension. However, if the survivor's pension is derived from an incomplete career, the ceiling is established as if the career were complete.

Obviously, a survivor's pension is only reserved to spouses who were married on the date of the decease. Still, divorced spouses can apply for an old-age pension on the basis of the professional activity that their former spouse exercised during the years of their marriage (this rule does not apply to civil servants).

There are also rules for minimum pensions, which resemble those for retirement pensions.

If the deceased spouse was a permanently appointed civil servant, the survivor's pension is calculated as follows: 60 % of the average salary of the 5 last years of service, multiplied by a fraction of which the numerator is the number of months of credited services and the denominator the number of months between the 20th birthday and the decease, with a maximum of 480 months.

However, the survivor's pension is limited to 50% of the maximum salary applicable in the last rank of the deceased spouse and on the basis of which the survivor's pension is calculated, multiplied by the above-mentioned fraction. Please note that the conditions are different when there was a previous marriage that ended in a divorce. The survivor's pension is suspended in case of a new marriage.

It is not allowed to accumulate a public-sector **survivor's pension** with a benefit for primary incapacity for work or an unemployment benefit granted under a Belgian or foreign legislation. The payment of the survivor's pension is then suspended during for calendar months in question. Accumulation with an invalidity benefit or a supplementary allowance in the context of a conventional early retirement pension (under Belgian legislation) is not allowed either.

By way of derogation from this principle, accumulation is allowed for a limited period of 12 months, whether continuous or split, over the entire duration of the pension, irrespective of whether the replacement income was received for all the working days of the month. If, during these 12 months, the amount of the survivor's pension exceeds the amount of the income guarantee for the elderly, the survivor's pension is reduced to this amount.

It is not allowed to accumulate a public-sector **survivor's pension** with a career interruption benefit (except for the "thematic" career interruptions, such as career interruption for palliative care, parental leave or career interruption to take care of seriously ill family members up to the second degree of kinship in the context of which the granted benefit is, with regard to accumulation, equated to an income from a professional activity) or a bonus in the context of half-time early retirement. The payment of the survivor's pension is then suspended for the calendar months in question. When the replacement income is renounced, the retirement pension can be paid out again.

Medical care

What exactly is medical care? What is reimbursed and how much for whom? We will try to provide answers to all these questions.

A. The entitled

The compulsory insurance for medical care is not only destined to salaried or self-employed persons and civil servants, but also to the unemployed, the retired, the persons who are entitled to the integration wage, the disabled, students, orphans, non-accompanied under-aged foreigners, etc. as well as to their dependants who qualify to be dependants: spouses, couples living together, children, grandchildren, great-grandchildren, etc.

These are the conditions to be considered a dependant:

- the gross income should not exceed 2,191.85 € per quarter (for the fourth quarter of 2010);
- the person belongs to the family of the entitled to health insurance, with the exception of divorced or separated spouses (living apart or judicially separated), of children under 25 years and spouses who have another main place of residence because the spouse or the entitled person is obliged to have his main place of residence at a specific place by virtue of a regulatory provision.

In fact, we could say that the entire Belgian population is entitled to medical care, with a few exceptions. However, an entitled person should meet a number of **conditions** to open the right to health insurance benefits.

- All the persons entitled to the compulsory insurance for medical care must affiliate or register with a health insurance fund** (either a mutual insurance fund or a regional service of the Auxiliary fund for sickness and invalidity insurance or the Health insurance fund of the Belgian national railway company Holding (NMBS - SNCB)). The choice is free, except for permanent staff of the Belgian railways;
- The right to health care opens only if **contributions** have been paid and equal a minimum amount. If contributions do not equal the minimum amount, payment of additional contributions shall be required to preserve entitlement to medical care.
- In principle, you do not have to achieve a **six-month qualifying period** before medical care can be reimbursed by the insurance for medical care, unless in exceptional cases explicitly mentioned in the regulation and never when the above-mentioned contribution obligation has not been fulfilled.

B. Types of medical care

Medical care covers both preventive and curative care required for maintaining and repairing a person's health. Medical care is divided into **27 different categories** of medical dispensations, the most important of which are:

- a) ordinary medical care, among others visits and consultations of general practitioners and specialised practitioners and the care provided by physiotherapists;
- b) dental care;
- c) deliveries;
- d) dispensation of pharmaceutical products (chemist's preparations, pharmaceutical specialities, generic drugs, ...);
- e) hospital care;
- f) care required for revalidation.

All the medical dispensations that can be (partly or completely) reimbursed are listed in a so-called nomenclature of medical dispensations. The nomenclature is a list which does not only mention the relative value of dispensations, but also specific rules of application, requirements about the competence of care providers, etc. There is also a list with pharmaceutical specialities that are reimbursed.

Just like salaried workers and civil servants, self-employed persons are entitled to medical care as well, which includes the "small risks" since 2008.

C. Reimbursement rates

C.1. Medical treatment

If you go to a doctor or receive other medical treatment, you first have to pay the full amount in exchange for a medical receipt or certificate. Then, you take the certificate to your **insurance institution (health insurance fund)**, which partly refunds you.

The **insurance refund** in the cost of medical treatment varies **primarily** with the nature of the treatment, the status of the insured and the care provider's capacity. In most cases, the amount is not refunded entirely. Often, you have to pay a sum yourself, called **personal fee or patient fee**. Generally, the personal fee or patient fee amounts to 25%, but it may be higher or lower depending of the type of treatment.

However, there are different ways to obtain a scheme of higher reimbursements for medical care for certain categories of persons. This scheme is known under different names, as the rules have changed through the years: "preferential scheme", "WIGW/VIPO status", "RVV/BIM status" or "OMNIO status".

First way : on the basis of a granted social benefit (RVV/BIM status):

- Persons entitled to an integration income from the Public social welfare centre
- Persons entitled to similar aid from the Public social welfare centre
- Persons receiving the income guarantee for the elderly, persons receiving the guaranteed income for the elderly or persons conserving the entitlement to the annuity bonus

- Persons entitled to one of the benefits for disabled persons in accordance with the law of 27 February 1987
- The non-accompanied foreigners younger than 18
- Disabled children with a physical or mental incapacity of at least 66%.

Second way : on the basis of a personal situation and an income screening performed by the insurance institutions (also RVV/BIM status):

- Orphans, invalids, pensioners and widows (former WIGW/VIPO status)
- Persons who have been unemployed for at least 1 year
- Residents of at least 65 years old
- Recognised disabled persons (who do not receive benefits)
- Permanent civil servants who are granted leave of absence for sickness or infirmity since one year and military who are discharged from office due to health reasons since one year
- Single-parent families

The family that is taken into account consists of the entitled person, his spouse or life partner and their dependants.

The taxable gross family income of the family of the entitled person must be under 15,364.99 €, increased by 2,844.47 € per dependant (maximum amounts on 1 January 2011).

Third way : on the basis of an income screening performed by the insurance institutions (OMNIO status). For families with modest incomes.

The family that is taken into account for the OMNIO status is the "National Register family", as it is composed on 1 January of the year for which the right to the OMNIO status is examined. The family income must be under 15,063.96 €, increased by 2,807.26 € per extra person (taxable gross family income 2010 on 1 January 2011).

The persons entitled to higher reimbursements receive e.g. higher reimbursements for medical care and medicines and a more favourable scheme for the advance payments and the personal fee (patient fee) in case of hospitalisation.

C.2. Pharmaceutical costs

If you have a prescription of an acknowledged practitioner, you do not have to pay the full amount at the chemist's, but the reimbursement rates are applied directly (**third payer's scheme**). This however only applies on the condition that you are insurable and that the prescribed medicine is covered by the insurance for medical care. Beneficiaries of the preferential category are also entitled to higher reimbursement rates.

Pharmaceutical dispensations include pharmaceutical specialities and magistral preparations, i.e. drugs prepared by the chemist himself. On the basis of their social and pharmaceutical utility, reimbursable pharmaceutical specialities are divided into **five reimbursement categories**.

The reimbursement category that is granted indicates to which extent the compulsory insurance contributes towards the expenses. Since 1 April 2010, the patient fee of the (not-hospitalised) patient is calculated on the basis of the reimbursement rate of the medicine ex-factory.

For the calculation, the following maximum patient fee amounts are taken into account:

	Patient fee for the preferential category (outpatients)	Patient fee for ordinary beneficiaries (outpatients)
A category (specialties necessary for life)	No patient fee (2)	
- B category (therapeutically important pharmaceutical specialties)	15 % - Max. 7,30 €	25 % - Max. 11,00 €
- B category: large packages	- Max. 9,00 €	- Max. 13,70 €
C category (medicines for symptomatic treatment)	50 %	
	- Max. 9,00 €	- Max. 13,70 €
Cs category	60% - Unlimited patient fee	
Cx category	80% - Unlimited patient fee	

A large package is a package containing more than 60 units.

However, in addition to this patient fee, a supplement (the difference between the price that has to be paid and the reimbursement) of maximally 10.80 € can also be charged in the context of the reference reimbursement.

Magistral preparations are subdivided according to their social and therapeutic utility. For ordinary beneficiaries, the reimbursement rates are expressed in lump sum amounts and vary between 0 €, 1.10 € or 2.20 €, and 0 €, 0.30 € or 0.60 € for beneficiaries of the preferential scheme.

In case of hospitalisation in a general hospital, a lump sum of 0.62 € per care day is invoiced for the reimbursable pharmaceutical specialties. Magistral preparations are included in the day care price.

C.3. Hospital costs

In case of a stay in a general hospital, the patient fee is a lump-sum amount, in addition to the medical drugs (amounts on 1 January 2011):

Beneficiaries	1er jour (*)	À partir du 2ème jour	A partir du 91ème jour
Ordinary beneficiaries without dependants	41,70 €	14,43 €	14,43 €
Ordinary beneficiaries with dependants (including those who have to pay alimony due to a judicial decision or a barrister's statement, and their dependants)	41,70 €	14,43 €	5,12 €
Dependent children of ordinary beneficiaries	32,39 €	5,12 €	5,12 €
Beneficiaries of the VIPO-status and their dependants	5,12 €	5,12 €	5,12 €

Beneficiaries in a situation of controlled unemployment and who have been fully unemployed since at least twelve months, either with a family or single, as well as their dependants	32,39 €	5,12 €	5,12 €
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(*) Lump sum amount of 27.27 € included

For the first day, a lump sum amount of 27.27 € shall be charged per hospital stay, regardless of any technical medical care being administered. The lump sum amount is not charged to preferential scheme beneficiaries.

As from the 91st day, all categories of beneficiaries, except for ordinary beneficiaries without dependants, pay a patient fee of 5.12 €.

In case of a stay in a psychiatric clinic, the beneficiary's patient fee during the first five years is the same as for a stay in a general hospital. Starting from the sixth year, the patient fee shall be 24.04 € for ordinary beneficiaries without dependants, 14.43 € for beneficiaries of the preferential scheme and the unemployed without dependants or who do not have to pay alimony due to a judicial decision or a barrister's statement and 5.12 € for all other beneficiaries.

C.4. Other health care institutions

In addition to a stay in a (general or psychiatric) hospital, medical care administered in rest and care homes (MRS), psychiatric care homes (MSP), rest homes for the elderly (MRPA) and/or common residences for elderly people, day care centres and protected living schemes open entitlement to a lump sum reimbursement.

D. Maximum billing (Maximumfactuur – Maximum à facturer – MaF)

A part of the costs for medical care is reimbursed by the mutual insurance funds. However, the amount that remains to be paid after the reimbursement by the mutual insurance funds (i.e. the personal share or patient fee) can still be high in case of a long-term or serious illness. Maximum billing provides a solution to this problem.

Maximum billing gives the beneficiary and his family the guarantee that only a fixed amount (this amount is determined on the basis of the family's incomes) of the medical costs has to be paid.

The family consists in principle out of one person who usually lives alone or out of two or more persons who usually live together at the same place. The composition of the family is thus determined by the information from the National Register of physical persons.

Medical costs include:

- the patient fees for medical care provided by doctors, dentists, physiotherapists, nurses and other care providers
- the patient fees for pharmaceutical specialities of categories A, B and C and for magistral preparations (prepared by the chemist himself)
- the patient fees for technical care (such as operations, x-rays, lab tests, technical tests, ...)

- the personal shares in the day charges in a general hospital (entire stay) and in a psychiatric hospital (only for the first 365 days)
- the lump-sum personal share for medicines during hospitalisation
- enteral nutrition via catheter or gastrostomy for persons younger than 19
- material for endoscopy and viscerosynthesis
- delivery margins (supplements) for implants.

As soon as the amount of the personal share of a beneficiary or a member of his family for certain types of medical care reaches a fixed ceiling, the costs for further care are entirely reimbursed by the **mutual insurance funds**. The fixed maximum amount varies in function of the beneficiary's social category, his age or in function of the family income. This maximum amount is, as from 1 January 2009, reduced by 100 € for the family when one family member has individually paid 450 € of patient fees during each of the two preceding calendar years (maximum billing for chronic diseases).

There are different types of maximum billing:

- social maximum billing
- income-based maximum billing
- maximum billing on the basis of individual entitlement

Social maximum billing

The contribution of the insurance is set at 100% of the reimbursement basis as soon as the total amount of the personal shares (for medical care that has been provided during the current year) that the family has actually paid reaches 450 €. This advantage is only granted to persons entitled to higher reimbursements, their life partners and their dependants. As from 1 January 2009 however, this amount is 350 € when one family member has individually paid 450 € of patient fees during each of the two preceding calendar years (maximum billing for chronic diseases, cf. above).

Maximum billing on the basis of individual entitlement

There is a special solution for children under the age of 19.

Children who are younger than 19 years and who have actually paid 650 € of personal shares on 1 January of the year in which maximum billing is granted can be individually eligible for maximum billing, and this without taking into account the income of their family.

For children who have individually paid 450 € of patient fees during each of the two preceding calendar years, the maximum amount is increased to 550 € as from 1 January 2009.

Income-based maximum billing

Here, the family as it is registered in the National register is taken into account. All families are eligible for income-based maximum billing. The amount of the actually paid personal fees differs according to the net yearly family income.

Income categories (in €) (2010)	Amounts of the personal fees (in €)	Reduced amounts for chronic diseases
Protected status (social maximum billing)	450	350
Income-based maximum billing		
Up to 16,457.15	450	350
Between 16,457.16 and 25,299.79	650	550
Maximum billing on the basis of individual entitlement Children under the age of 19	650	550
Between 25,299.80 and 34,142.46	1.000	900
Between 34,142.47 and 42,616.66	1.400	1.300
As from 42,616.67	1.800	1.700

This maximum amount is reduced by 100 € for the family when one family member has individually paid 450 € of patient fees during each of the two preceding calendar years. For income-based maximum billing, the amounts are thus respectively 350 €, 550 €, 900 €, 1,300 € and 1,700 €.

Sickness benefits

When ill, you will not only obtain reimbursement of your sickness costs, but you shall also be entitled to benefits covering your income losses. Such regulations only apply for diseases and accidents **in the private sphere**. Diseases and accidents that may be considered occupational diseases or accidents at work will be discussed later.

As to sickness benefits, a distinction should be made between salaried persons, civil servants and self-employed persons. Our starting point is the salaried persons' scheme. Then, we will indicate the major differences with the other two systems.

A. Salaried persons

Generally, we could say that an employee who opens the right to reimbursement of medical costs is also entitled to benefits in case of disease. Still, a beneficiary has to satisfy some **conditions** to use his entitlement to sickness benefits.

- a) Entitled salaried persons must have worked **120 days or assimilated days** (paid vacation days and sickness leave days) during a period of 6 months prior to obtaining the benefits.
- b) Entitled salaried persons have to prove that they have paid **sufficient social contributions for the sickness benefits sector**. The contributions must reach a particular minimum amount or be completed with personal contributions.
- c) The entitled persons satisfying the preceding conditions maintain their entitlement to benefits until the end of the quarter following the quarter in which they finished their waiting period.

Incapacity for work consists of two periods: the primary incapacity for work and the period of invalidity.

If there is no **presumption of capacity for work** (e.g. in case of a hospital stay), the incapacity for work should be declared to the insurance institution by means of a **medical statement**, which is filled out, dated, undersigned and mentions the reason for the incapacity. Then, the advising practitioner of the insurance institution shall establish the **degree of incapacity**. He can also request the person concerned present himself for a medical examination to establish the incapacity for work and the duration (beginning and end).

A.1. Primary incapacity for work

The compensation paid by the insurance starts after the possible granting of the guaranteed salary by the employer (which is generally to be paid during a month for the employees and during two weeks for the workers). Primary incapacity for work lasts maximum one year and starts at the beginning of the incapacity for work. During this period, you will receive 60% of your salary from the insurance institution (limited to 116.2662 € for incapacities prior to 1 January 2005, 118.5915 € for incapacities that occurred between 1 January 2005 and 31 December 2006 and 119.7775 € for incapacities that occurred between 1 January 2007 and 31 December 2008 and 120.7356 € for incapacities that occurred from 1 January 2009). In principle, no benefits are awarded for the periods covered by the guaranteed salary at the employer's expense.

For an unemployed person, the amount of benefits for primary incapacity for work during the first six months equals the unemployment allowance he would normally have received if he had not been in a state of incapacity for work.

As soon as you return to work, the period of primary incapacity for work comes to an end. Nevertheless, if you become ill again within two weeks, the period of incapacity shall be considered uninterrupted (falling ill again).

A period of maternity leave interrupts the period of primary incapacity for work.

A.2. Invalidity

The invalidity period begins after a year of primary incapacity for work. The invalidity is established by the Medical Invalidity Council of the RIZIV - INAMI, on the basis of a report by the advising practitioner of the insurance institution. The end of the invalidity is established by the advising practitioner or the practitioner-inspector or the Medical Council for Invalidity.

To establish the amount of the **invalidity benefits**, the family situation, the starting date of the incapacity and the possible loss of the sole income are taken into account. A beneficiary with dependants is entitled to an indemnity rate of 65% of his lost income (also limited to 116.2662 €, 118.5915 €, 119.7775 € or 120.7356 €, according to the date on which the incapacity occurred (cf. above)). For beneficiaries without dependants, the indemnity rate is lowered to 55 % (single persons) or 40% (cohabitants) of the same ceiled income, depending on whether or not they suffer a loss of their sole income.

Only in the following situations, the single persons' rate (55%) is granted to the entitled person:

- when the entitled person proves that he lives alone or that he only lives together with persons who do not receive an income and who are not considered as dependants,
- when the entitled person lives together with a person who receives a replacement income of which the amount is comprised between 821.17 € and 948.62 € per month,
- when the entitled person lives together with a person who receives a monthly professional income or a professional income combined with a replacement income, of which the amount is comprised between 821.17 € and 1,415.24 €.

The invalidity period is not interrupted by a resumption of work during less than three months (falling ill again). A period of maternity leave interrupts a period of invalidity. Payment of these benefits always takes place between the third last day of the current month and the fifth day of the following month. During the period of incapacity for work, you are not allowed to work, unless to a limited extent if you officially applied for it with your advising practitioner and if you received his permission beforehand.

Sometimes, a benefit may be refused (e.g.: for the period in which you are entitled to your salary, etc.) or reduced (e.g.: when at the same time you receive an ordinary, a special or a supplementary indemnity for the disabled, etc.).

B. Self-employed persons

Just like salaried persons, self-employed persons have to join an insurance institution and fulfil a 6- month waiting period during which they pay contributions for the benefits sector.

A self-employed should, within 28 calendar days after the start of his incapacity for work, send a statement of incapacity for work, completed and signed by the treating practitioner to the advising practitioner at his insurance institution. The advising practitioner can decide to have the self-employed present himself for a control of his incapacity for work.

In the first year, the evaluation of the incapacity for work depends of the self-employed person's occupation before he entered a state of incapacity for work. Later, any professional activity the self-employed person could reasonably exercise taking into account his situation, his health condition and his professional training will be considered.

In the self-employed persons' scheme, there can be **three periods of incapacity for work**:

- a non-indemnified period of primary incapacity for work of one month;
- an indemnified period of primary incapacity for work of eleven months;
- an invalidity period, starting after one year of primary incapacity for work.

Self-employed persons do not receive a percentage of their lost salary, but a lump-sum amount which varies according to their family situation and according to whether or not they have stopped their company:

	With dependants	Single persons	Cohabitants
Non-compensated period of one month	0 €	0 €	0 €
Compensated period of incapacity for work (without stopping the activity)	48,39 €	37,10 €	30,23 €
General invalidity	48,39 €	37,10€	30,23 €
Invalidity on stopping of activity	49,26 €	39,42 €	33,80 €

The amounts listed above are amounts per day and are applicable on 1 January 2011.

In 2007, the category of entitled cohabitants was introduced in the scheme for incapacity for work for self-employed persons.

This means that three kinds of benefits are applicable according to the family situation:

- persons with dependants;
- single persons;
- cohabitants.

C. Federal civil servants

The sickness risk for federal civil servants is covered with a specific scheme, in which a credit of sickness leave days is built up. Per 12 months in service, 21 days of sickness leave are granted, with a minimum of 63 days for the first three years in service. During his sickness leave, the civil servant continues to receive 100% of his salary.

If all the **days of sickness leave** are taken, the civil servant shall be declared in a state of 'release from duty' because of his sickness (invalidity). In that case, he receives a tideover benefit equal to minimum 60% of his last 'active salary' (the salary he last earned when he was in service), regardless of his family situation.

If the disease of the civil servant is acknowledged as a serious illness and lasts long, he shall receive a monthly tide-over benefit equal to his last active salary.

When the civil servant has taken all the sickness days he was entitled to due to his career, he can also be declared in a state of definitive incapacity for work. Then, he is put to early retirement and he receives an annual fee depending of his salary and his family burden.

Maternity benefits

Pregnant women are entitled to a maternity leave and an allowance during that leave. Here too, major differences exist between the various systems.

Periods of maternity leave are not considered periods of incapacity for work. Maternity leave gives pregnant women the opportunity to rest and to provide them with a substitution income.

A. Maternity protection

A.1. Salaried women

The maternity protection distinguishes between two periods:

- the prenatal rest period, which may last 6 weeks maximum before the presumed date of giving birth (8 weeks in case of a multiple birth), 5 weeks of which are optional (7 weeks in case of a multiple birth), which may be transferred until after the birth, and 1 week is obligatory with an interdiction to work;
- the postnatal rest period, during 9 weeks after giving birth. That period could be completed with the 5 (or 7) remaining weeks of the prenatal rest period. In case of a multiple birth, the 9 week postnatal rest period may be extended with 2 weeks.
A pregnant salaried woman or a salaried woman who has given birth or is breastfeeding can apply for a maternity benefit on specific conditions.

In case of decease or a stay in hospital of the mother, the father can take the rest of the mother's postnatal rest period, at least if he is entitled to benefits (see before).

The amount of maternity benefits is established at a **rate of the ceiled salary** (120.7356 €), except for the benefit for the first 30 days of the female employee's maternity leave.

Situation of the entitled person	During the first 30 days of the maternity leave	As from the 31st calendar day of the period of maternity leave
With employment contract	82% of the non-ceiled gross salary	75% of a non-ceiled gross salary
Incapacity for work and no employment contract	79.5% of the ceiled lost salary	75% of the ceiled lost salary
Unemployed	60% (= basic allowance (*)) + 19.5% (additional allowance) = 79.5%	60% (= basic allowance (*)) + 15% (additional allowance) = 75%

(*) The basic allowance amounts to 60% of the ceiled salary. For unemployed persons, the basic allowance is equal to their unemployment benefit (when the period of the incapacity for work is less than 7 months).

A.2. Self-employed women

Self-employed women and helping women are entitled to an uninterrupted maternity leave of maximum 8 weeks (9 weeks in case of a multiple birth). It is not obligatory to take all the weeks. Since 1 January 2009, only three weeks must be taken, i.e. one week before giving birth and two weeks after. As far as the optional five weeks (or six weeks in case of a multiple birth) are concerned, the mother can take them whenever she wishes starting from three weeks before the presumed date of giving birth till 23 weeks after giving birth. Moreover, since 1 January 2010, the period of maternity leave can be extended when the newly born child must remain hospitalised longer than 7 days after birth. In such case, the period maternity leave is extended with duration equal to the number of full weeks the child remains hospitalised after these first seven days. However, the duration of the extension can never exceed 24 week. This extension starts on the day that follows the two weeks of obligatory postnatal maternity leave. The period of optional postnatal maternity leave then starts on the first day that follows the end of the period of extension.

These leave weeks have to be taken in periods of seven consecutive calendar days. During that period the self-employed woman is entitled to a lump-sum amount of 383.24 € per week (amount on 1 January 2011).

A.3. Civil servants

Just like female workers in the private sector, female federal civil servants are entitled to 15 weeks of maternity leave (19 weeks in case of a multiple birth). In this period, they continue to receive 100% of their salary.

The last two weeks of the postnatal maternity leave can, upon request of the female civil servant, be changed into postnatal rest days, when she can extend the work interruption after the ninth week with at least two weeks.

The maternity leave may be extended when the child is hospitalised within the period of seven days after its birth. In such case, the maternity leave will be extended with the number of full weeks the child remains hospitalised after these first seven days. However, the maternity leave cannot be extended for more than twenty-four weeks.

In case of decease or hospitalisation of the mother, the father can take up the remaining part of the mother's maternity leave.

B. Paternity leave

On the occasion of the birth of his child, each employee has the right to be absent from work for 10 days. These 10 days have to be taken up within four months after the birth and they can be taken up in one or in several periods.

The employee receives his normal salary during the first three days of his absence. The next seven days he has the right to a paternity fee. The amount of this fee is fixed at 82 % of the lost salary. However, this wage is ceiled to a maximum amount.

The employee concerned has to file an application with the mutual insurance fund and thereto has to produce an excerpt from the birth certificate. The employee receives an information leaflet on the allowances of his mutual insurance fund.

Federal civil servants also have the right to ten days of paternity leave (leave because of certain circumstances), which are entirely paid by the employer.

Accidents at work

All salaried persons are covered against accidents at work and accidents on the way to and from work. Self-employed persons are not subject to these regulations. Civil servants have their own specific scheme.

Every employer should contract an **insurance** against accidents at work with a competent insurance institution. The Fund for Accidents at Work (FAO - FAT) supervises the insurance institutions technically as well as medically. In some cases (ship-owners, seamen, employees for whom no insurance for accidents at work has been contracted), the FAO - FAT itself acts as an insurance company. The FAO - FAT also pays the supplementary allowances.

The employer must declare every accident at work within 8 days to the insurance institution. The declaration can be done by means of a special form or via e-mail. If the employer does not declare the accident, the employee or a member of his family can always declare it.

A. Risks covered

Both accidents on the workplace and accidents to and from work are subject to the legislation for accidents at work.

An accident at work in the strict sense of the word is every accident occurring to an employee during and because of the execution of his labour contract and causing injury. The cause of such an accident must be a '**sudden event**', for instance stumbling over a log of wood. One single external cause is sufficient to open entitlement to indemnities. If the victim can prove that there has been a sudden event and that it caused an injury, this combination is considered an accident at work. When this accident occurred during the execution of the employment contract, it is assumed to be an accident at work.

Accidents on the way from and to work are also considered to be accidents at work. The concept 'way from and to work' means the normal route the employee has to use to move from the threshold of his residence to his work and vice versa. That is not necessarily the shortest route: interruptions and detours are possible under certain conditions.

B. Reimbursed damage

B.1. Medical and related costs

A victim of an accident at work is entitled to the reimbursement of the costs for hospital care, physiotherapy, medical, surgical, dental and pharmaceutical care as well as orthopaedic equipment. Care costs are reimbursed according to the applicable fares of sickness insurance and the insurance institution has to pay the patient fee. No costs can be charged to the victim. In principle, the victim is free to choose the treating practitioner or hospital. However, if the employer or the insurance institution has an own acknowledged medical, pharmaceutical or hospital service, the victim shall have no freedom of choice. Those company services are totally free.

B.2. Indemnity for loss of income

Not only medical costs are reimbursed. During the period of incapacity for work caused by an accident at work, the victim is entitled to indemnities. We must distinguish between two periods: temporary incapacity for work and permanent incapacity for work.

During the period of **temporary full incapacity for work**, a victim receives 90% of his average day salary. This average day salary corresponds to 1/365th part of the basic salary. That is why a victim of an accident at work does not only receive a daily indemnity for all working days, but also for all Saturdays, Sundays and official holidays of the entire year. The basic salary is the salary the employee was entitled to during the year preceding the year of the accident at work. This basic salary, indexed on 1 January 2011, amounts to a fixed maximum of 37,545.92 €.

Temporary partial incapacity for work is also reimbursed. Yet, emphasis here is put on resuming work and the reintegration of the employee in his working environment. Work can be partially resumed on the advice of the prevention counsellor-labour doctor and with the victim's agreement. Then, the victim shall receive an indemnity equal to the difference between the salary he earned before the accident occurred and the salary he obtains by resuming his work.

The period of temporary incapacity for work can end in two ways: the victim is declared either cured or in a state of permanent incapacity for work.

The period of permanent incapacity for work starts at the moment of 'consolidation'. Consolidation is the assessment that the injury caused by the accident at work shows some degree of stability. The incapacity for work is expressed as a percentage indicating to which extent the victim's capacity to work has decreased as a result of the accident (the victim is reimbursed for the loss of economic abilities, not for the physical injury). The degree of permanent incapacity, the basic salary and the date of consolidation are written down in an agreement between the insurance institution and the victim, which will then be "ratified" by the FAO – FAT.

As from the date of consolidation, the victim receives an annual allowance, depending of the salary and the degree of incapacity for work laid down in the above-mentioned agreement.

In case of a minimal incapacity for work, the allowance is reduced. If the incapacity degree is below 5%, the allowance is halved, if it is more than 5% but less than 10%, the allowance is reduced by a quarter.

The annual allowance is raised if the victim requires the regular help of a third person ('a third party'). The allowance maximally amounts to twelve times the guaranteed average minimum monthly salary.

During three years after the ratification of the consolidation agreement by the FAO – FAT, both parties, i.e. both the insurance institution and the victim, can request a revision of the degree of incapacity. After these three years have expired - the so-called **review term** - the situation is assessed definitively, and the victim shall receive an annuity, which is also calculated on the basis of the salary and the degree of incapacity for work. However, if the **degree of incapacity for work** has been established at more than 19%, the victim can request a third of the annuity to be paid as a single capital. The allowance or the part of the allowance up to a 20% degree of incapacity for work is not taxable.

B.3. Travel expenses

Under certain conditions, the travel expenses of the victim and of his family members can qualify for reimbursement. A distinction is made according to the urgency, the purpose of the travel, who is travelling, the means of transportation used, etc.

B.4. Mortal accident at work

If an employee dies as a consequence of an accident at work or an accident on the way to or from work, the following allowances may be paid:

a) **an indemnity for funeral costs**

It amounts to 30 times the average day salary of the victim.

b) **an allowance for the transport of the deceased**

The expenses (also for administrative formalities) for the transport of the deceased to the place where he is to be buried are completely reimbursed.

c) **an annuity for the spouse or the legal cohabitant**

The spouse or the legal cohabitant is entitled to an annuity of 30% of the basic salary earned by the deceased. In some cases, parents or grandparents can also apply for an annuity.

d) **a temporary pension for the children**

Full orphans each receive 20% of the basic salary of the deceased victim (with a maximum of 60% for all children together).

Children who have lost one parent each receive 15% of the basic salary of the deceased victim (with a maximum of 45% for all children together).

The temporary pension is paid until the age of 18 or as long as the child is entitled to family benefits. In some cases grandchildren, brothers or sisters are also entitled to a temporary pension.

C. Payment of the indemnities

The indemnity for temporary incapacity for work is paid on the same day as the salary. After the 'consolidation', the indemnity is paid every month or quarter, depending on the case. Annuities for mortal accidents at work are also paid on a monthly, quarterly or yearly basis.

D. Liability

The indemnity paid to a victim of an accident at work is a lump-sum indemnity based on his salary. The victim has to accept this in any case and cannot file a claim against the employer for indemnification of other damages than those mentioned under B (e.g. damage to goods or moral damage), except in certain cases laid down by law (e.g. when the employer deliberately caused the accident).

The victim can file a claim against a possible third person responsible for the accident. With regard to traffic accidents, the victim can always, in addition to the lump-sum indemnity in the context of the occupational accidents insurance, file a claim for the compensation of the other damage, irrespective of who is responsible for the accident (the employer or a third person).

E. Civil servants

The civil servant scheme with regard to accidents at work is based on other legislation as for salaried persons, but it does show many similarities.

This scheme also makes the same distinction between a period of **temporary incapacity for work** and a period of permanent incapacity for work. The period of temporary incapacity for work is not limited in time and has no influence on the days of sickness leave. During this period, the civil servant receives his full salary. After the 'consolidation', he enters the period of permanent incapacity for work. From that moment onwards, the civil servant is entitled to an annuity. If possible, the civil servant has to be assigned to another job. If he needs the help of a third person, the annuity can be raised with a supplementary allowance calculated on the basis of the guaranteed monthly allowance or the guaranteed average minimum monthly salary, depending on the salary system applicable to the victim.

The starting point for the calculation of the annuity is the victim's wage scale at the moment of the accident.

In case of a mortal accident at work, the person who has paid the funeral shall receive a funeral allowance equal to the last gross monthly salary of the deceased civil servant. Analogically to the private sector, the surviving spouse or cohabitant and the children are also entitled to an allowance.

Allowances for aggravation and decease can also be granted.

F. Self-employed persons

Self-employed persons are not insured for accidents at work, but they can always fall back on the sickness and invalidity insurance from the self-employed persons' scheme.

Occupational diseases

Accidents at work and occupational diseases are often mentioned in the same sentence. Indeed, they both belong to the category of 'occupational risks'. So, it is logical that the scheme for occupational diseases often coincides with the scheme for accidents at work. That is why we will often refer to the preceding chapter.

Every victim or one of his family members can file an application for compensation for damages resulting from an occupational disease with an official form. That form has to be sent to the Fund for Occupational Diseases (FBZ - FMP). The labour doctor has to report every case of occupational disease to the FBZ - FMP. Then, the victim will be asked to introduce a demand for indemnification.

The FBZ - FMP is a public social security institution, responsible for insuring occupational diseases and taking care of the indemnification of victims. There are no private insurers like for accidents at work.

A. Occupational disease

An occupational disease is not easy to define. Indeed, the link between the exposure to a risk and a disease is often not so clear, since the disease might occur way after the exposure.

That is why a list with diseases acknowledged as occupational diseases was drafted, making it easier for a victim to prove his occupational disease. **If the occupational disease occurs on the list of occupational diseases and the victim works in a sector in which he is exposed to a risk that may cause this disease, his disease shall be acknowledged as an occupational disease.** The burden of proof does not lie with the victim, for there is an irrefutable assumption in his favour.

However, the **list system** has disadvantages as well. For example, problems like stress and burnout are not included. That is why a victim has the possibility, for non-listed occupational diseases, to prove exposure to a risk on the one hand and the **causal link** between the disease and the exposure on the other hand. In the end, a commission of the FBZ - FMP decides about the acknowledgement of this disease as an occupational disease, in the specific case of this victim. There, the burden of proof does lie with the victim or his beneficiary.

The FBZ - FMP is not only involved with the curative part of occupational diseases, but it also has prevention tasks. For instance, several measures are taken to drastically reduce occupational diseases (e.g.: vaccination against hepatitis or the designation of lower back pain as a work-related disease for persons with activities that are heavy for the back).

B. Reimbursed risks

In this field, there is some degree of **parallelism** between occupational diseases and accidents at work. The schemes concerning the basic allowances, the assessment of incapacity for work, the allowances in case of decease, the indemnities for incapacity for work and the indemnities for medical care and travel expenses are similar.

There are a few small differences linked to the specific nature of occupational diseases:

- **an occupational disease can be permanent from the very start;**
- **a disease which is not on the list can be reimbursed as an occupational disease** insofar as the causal connection between the occupation and the disease can be proved, since there is also an open system next to the list system;
- **there is no review term for occupational diseases**, because illnesses might evolve, even after a long period;
- **victims are entitled to full reimbursement of costs**, but the FBZ - FMP only refunds the patient fee and the non-reimbursable dispensations pursuant to health insurance **if** they have been included in the specific nomenclature of the FBZ – FMP by royal decree.

C. Civil servants

The specific schemes for occupational diseases in the private sector – such as the list system and the open system – also apply in the public sector, with some characteristics specific to the public sector.

With regard to the occupational diseases, a distinction has to be made between the local and provincial administrations and the other public services, for which the FBZ – FMP can only act as medical expert at their request.

For the local and provincial administrations, the FBZ – FMP is competent as reinsurer with regard to the indemnification and the prevention of occupational diseases. It advises the competent administrations and reimburses the allowances paid.

The same benefits can be granted to the personnel of the provincial and local administrations and to the victims of the public sector.

D. Self-employed persons

Self-employed persons are not insured for occupational diseases (see the chapter 'Accidents at work').

E. Asbestos Fund

From April 2007, it is possible to receive money to make up for a disease due to exposure to asbestos. The Asbestos Fund has been set up within the Fund for occupational diseases, and the victims of mesotheliomas or asbestosis (diffuse bilateral pleural thickenings) can receive compensations from the newly created Fund. In case of the victim's death, the persons entitled receive compensation from the Fund.

Everyone can file a claim for compensation : civil servant, salaried person or unemployed person.

Annual vacation

Today, it seems logical that everybody is entitled to a few weeks of leave every year, but that has not always been the case. From the beginning of the 20th century already, trade unions have fought for paid vacation days for salaried workers. It is the National Office for Annual Vacation (RJV – ONVA) that intervenes for the annual vacation of manual workers and artists. The vacation fee for employees and civil servants is paid directly by the employer. Here, we will discuss the three categories of employees more thoroughly. It is clear that the self-employed, who are not insured for the annual vacation sector, do not receive any vacation fee.

A. Blue-collar workers (and apprentice workers) and artists

The vacation fee for the blue-collar and apprentice workers who are subject to the legal annual vacation scheme for employees, is paid ex-officio by the National Office for Annual Vacation or a special vacation fund. The vacation fee for artists who are not self-employed is paid ex-officio by the National Office for Annual Vacation. The beneficiary does not have to apply for it.

Employers no longer have to take specific steps to affiliate with a vacation fund. As soon as the National Office for Social Security transfers the first declaration of salary and working time data for such an employee to the National Office for Annual Vacation, the employer is automatically affiliated with the vacation fund of the National Office for Annual Vacation or a special vacation fund, on the basis of his activity.

The National Office for Annual Vacation receives the employers' social contributions via the National Office for Social Security and divides them among the special vacation funds. Since both the employer and the employee also have to pay social security contributions during the vacation period and because this payment should not come at the expense of the vacation fund, the social security contributions during the entire year are calculated on the basis of 108 % of the gross salary.

The duration of the vacation period of these employees depends of the number of actual working days and the days assimilated to working days of the worker during the year of service on the basis of which the vacation is calculated (the calendar year previous to the year of payment of the vacation fee). The vacation period in case of full-time employment (231 days and more) counts 20 days in a five-days-a-week scheme or maximally four weeks of vacation in the work system in which he is employed at the time of the vacation.

The vacation fee includes the simple vacation fee (8% of gross wages at 108%) and the double vacation fee (7.38% of gross wages at 108%). The double vacation fee sort of covers the extra expenses made during the vacation period (for instance going on a holiday). A part of the double vacation fee is subject to a 13.07% deduction. The calculation of the amount of the vacation fee takes account of the salary and of a fictive salary for the days that are assimilated to actual working days. For the calculation of the vacation fee of artists, some particularities have to be taken into account.

The vacation fee is paid at the moment of the main vacation, at the earliest on 2 May of the vacation year.

Workers in the private sector and artists who are not self-employed can obtain lots of information, such as their personal details, a simulation (amount, duration, date of payment), paid amounts and, in certain cases, deductions for creditors, via the secured application "My vacation account" (on the website of the National Office for Annual Vacation). It is also possible to enter or change certain data (language, financial account number, other address than the official correspondence address).

B. (White-collar) employees (and apprentice employees)

The vacation fee for (white-collar) employees is [paid by the employer](#). There is no intervention of a social security institution.

(White-collar) employees are entitled to 2 vacation days per complete worked month in the activity year before the year during which the vacation is taken (= holiday year). That corresponds to 24 vacation days (six-days-a-week scheme) and 20 vacation days (five-days-a-week scheme) for a complete year in service or of assimilated periods, or a maximum of 4 complete weeks of paid leave in the scheme of an employee working during his vacation. Just like for (blue-collar) workers, the vacation fee for (white-collar) employees consists of a simple vacation fee and a double vacation fee. In fact, the simple vacation fee is a continued payment of the monthly salary during the vacation period. In addition, they receive a supplement on top of their gross monthly salary at the moment of their main vacation: this is called the "double vacation fee", which covers extra holiday expenses. The double vacation fee corresponds to a supplement of gross monthly salary, and amounts to 12/12ths of 92% of gross salary of the month in which the vacation is taken. If you have not worked a complete year, the double vacation fee is reduced proportionally.

Moreover, in certain situations (at end of the employment contract or in case of career interruption or time credit), the employer pays the employee, at his departure, a departure vacation fee that equals 15.34% of the gross salary the employee earned with him during the current activity year, in certain cases increased with a fictive salary for the days of inactivity that are assimilated to days of normal actual activity.

Moreover, when the employee or apprentice employee has not yet taken his vacation to which he was entitled the previous year, the employer pays him 15.34% of the gross salary the employee earned with him during that activity year, in certain cases increased with a fictive salary for the days of inactivity that are assimilated to days of normal actual activity. The employer has to draw up the vacation certificate(s) and hand these to the employee.

When an employer concludes a new employment contract with an employee that works with him and the result of this new employment contract is a lower number of working hours per week, the employer pays him a departure vacation fee according to the above-mentioned provisions at the same time as he pays the salary for December of the year during which this change in weekly working hours took place. However, the fixed end-of-year premiums are not taken into account for this, i.e. the premiums that are not granted on the basis of an evaluation of the performance of the employee, his productivity, the result of the company or a department or on the basis of any criterion that makes the payment of the premium uncertain and variable.

C. Civil servants

Civil servants are also entitled to vacation and vacation fees. The annual vacation of federal civil servants changes with their age.

- until age 44 = 26 working days;
- from age 45 until age 49 = 27 working days;
- from age 50 until age 54 = 28 working days;
- from age 55 until age 59 = 29 working days;
- from age 60 until age 61 = 30 working days;
- age 62 = 31 working days;
- age 63 = 32 working days;
- from age 64 until age 65 = 33 working days.

The extra annual vacation (> 29 working days) is not reduced.

During the vacation period, a federal civil servant continues to receive his normal monthly salary. Next to that, he receives an extra vacation fee in May. The extra vacation fee consists of a lump sum and a variable part. In 2010, the lump-sum part amounted to 1,062.1504 €. The variable part corresponds to 1.1% of the civil servant's annual gross salary.

Furthermore, since 2002, most federal civil servants receive an extra allowance on top of their vacation fee, the so-called "Copernicus" bonus, so that they can receive a vacation fee equal to 92% of one twelfth of the annual salary.

Lastly, a deduction of 13.07% is operated on the vacation fee and the "Copernicus" bonus.

The social insurance in case of bankruptcy

The social security scheme for self-employed persons provides for a social insurance in case of bankruptcy.

Persons who may benefit from this insurance under certain conditions:

- self-employed persons who have been declared bankrupt
- self-employed persons who are unable to settle their debts because of apparent insolvency and to whom a collective debt settlement applies
- business managers, directors and working partners of a commercial company that has been declared bankrupt.

Persons who have been prosecuted in the context of the bankruptcy or who fraudulently organised their insolvency themselves, are not eligible for the social insurance in case of bankruptcy.

The social insurance in case of bankruptcy:

- secures the rights concerning family benefits and the obligatory insurance for medical care for a period of maximum 4 quarters;
- gives the rights to a monthly allowance during a maximum of 12 months.

On 1 January 2011, this allowance amounts to 1,258.13 € or 964.55 €, depending on whether or not the person concerned has at least one dependant.

As from 1 February 2011, the application for the social insurance in case of bankruptcy must be filed before the end of the quarter that follows the quarter of the declaration of bankruptcy.

The financial intervention is granted as from the first day of the month following the month of the declaration of bankruptcy, or, in the case of discontinuation of the self-employed activity, as from the first day of the month following the discontinuation.

The crisis measures for self-employed persons in difficulties will expire on 31 January 2011.

Aid for self-employed persons after giving birth, after an adoption, in case of serious illness of a child or in case of palliative care

A. Maternity aid after giving birth

This aid aims to improve the situation of self-employed mothers who resume their self-employed activity and who have to run their household and take care of their child at the same time. This maternity aid can be granted to self-employed or helping women who are subject to the social security scheme for self-employed persons and who are at least liable for the minimum social security contributions for a self-employed main activity and helpings spouses subject to the maxi status and who are at least liable for the applicable minimum social security contributions, and who

- have given birth to one or more children since 1 January 2006,
- have paid social security contributions for the two quarters preceding the quarter of the delivery,
- produce a certificate of the local authority proving the registration of the child(ren) in the family of the self-employed woman,
- have to resume their self-employed activity after the maternity leave, until their aid is granted.

This aid entitles the self-employed women to a benefit in the form of 105 free service cheques which allow to appeal to the service of a person (1 cheque per hour) who carries out domestic tasks. The aid has to be applied for to the social insurance fund at the latest before the end of the 15th week after giving birth.

B. Allowance after an adoption

A self-employed man or woman who adopts a child can, under certain conditions, claim an allowance of 383.24 € per week (on 1 January 2011), which equals the amount of the maternity fee. When the child has not yet reached the age of 3 at the beginning of the period, the allowance is granted for maximally 6 weeks. If the child is older than 3 and younger than 8 years at the beginning of the period, the allowance is granted for maximally 4 weeks. The maximum duration of this period is doubled when the child has a recognised handicap.

During this period, the self-employed person may, in his personal capacity, not exercise a professional activity and may not claim any benefit for primary incapacity or invalidity. Moreover, his social contributions have to be paid correctly, as for the entitlement to benefits from the insurance in case of incapacity for work or maternity. The application has to be filed with the insurance institution (health insurance fund).

C. Serious illness of a child or palliative care for a child or the life partner

Since 1 January 2010, a self-employed person who interrupts his activity during at least 4 consecutive weeks in order to care for his seriously ill child, can be exempt of paying contributions for one quarter and he can obtain the assimilation of this quarter for his pension.

Also since 1 January 2010, a self-employed person who interrupts his activity during at least 4 consecutive weeks in order to provide palliative care to his child or his life partner, can obtain a lump-sum allowance of 1,929.10 € (amount on 1 January 2010¹). The allowance is paid out monthly, with three instalments. In this context, the self-employed persons can also be exempt of paying contributions for one quarter and he can obtain the assimilation of this quarter for his pension.

A self-employed person can consecutively make use of both these provisions for the same child, provided that the granting conditions are fulfilled each time.

International aspects of social security

A. Introduction

Our economic and social lives are becoming more and more international.

Would you like to go on holiday, to reside, to work, to find a job or to study in another country? Are you entitled to social security benefits in this other country? After all:

- can you receive health care if you fall ill abroad? Will your health insurance fund reimburse these costs?
- do you preserve your retirement when you go living abroad?
- if you work abroad, in which country will you pay your social security contributions?

Important remark

Before leaving Belgium, if you receive social security benefits, get in touch with the institution that pays you these benefits, in order to know what you have to do. You can find information on https://www.socialsecurity.be/CMS/fr/leaving_belgium/index.html

If you pursue your activity outside the territory of the European Community, you can join the social security scheme of the Overseas Social Security Office (OSSOM) on a free basis.

When you come to live or work in Belgium, you will have to affiliate with a mutual insurance fund or with the "Auxiliary fund for sickness and invalidity insurance". For salaried persons, the employer will take care of the other formalities.

The workers (salaried, self-employed or apprentices) who come to work in Belgium have to be declared electronically to the Belgian competent institutions before the beginning of the activity in Belgium. You will find more information on <http://www.limosa.be>.

B. International agreements on social security

In order to improve movement of people from one country to another, Belgium has undersigned international agreements on social security.

The international agreements on social security are concluded between several countries (multilateral agreements) or between two countries (bilateral agreements).

B – 1 Multilateral agreements

Multilateral agreements are usually concluded within an international organisation :

- the European Union (EU) and the European Economic Area (EEA) (cf. C);
- the International Labour Organisation (ILO – European Convention concerning social security for workers in international transport) – or the Council of Europe (European Convention on Social Security).

B- 2 Bilateral agreements

Belgium has concluded bilateral agreements with the following countries : Algeria, Australia, Canada (as well as a separate agreement with Québec), Chile, Congo (DRC), South Korea, Croatia, the United States of America, India, Israel, Japan, Yugoslavia (this convention still applies to the former Yugoslav Republics of Bosnia-Herzegovina, Kosovo, Montenegro and Serbia), the former Yugoslav Republic of Macedonia, Morocco, the Philippines, San Marino, Tunisia, Turkey and Uruguay.

B – 3 Which are the objectives of the international agreements on social security ?

The international agreements on social security govern the application of the national social security legislations when you move from one country to another.

The international agreements on social security concluded by Belgium generally have the same goals :

- **pursue equality of treatment**: the persons subject to the legislation of the contracting countries shall have the same rights and obligations whenever in the same situation (entitlement to the same benefits, same obligation of co-financing the social security with contributions or taxes, ...) ;
- **determine the applicable social security legislation**: to avoid that a person is subject to several social security legislations or is not subject to any legislation, the agreements lay down rules to determine which legislation will be applied ;
- **maintain acquired rights or almost acquired rights**: insurance periods achieved in the contracting countries are added together in order to open entitlement to benefits or to calculate the amount of these benefits (ex. : old-age pensions) ;
- **ensure exportability of social security benefits**: the conditions of residence for granting the benefits are abolished (ex. : invalidity pensions).

B – 4 Limits to the application of international social security agreements

The international social security agreements determine three limits of application :

- the territorial scope of application (where it is applicable) : the agreement defines the territories to which it applies;
- the material scope of application (to what it applies) : the agreement lists the social security sectors concerned;
- the personal scope of application (to whom it applies): the agreement specifies the persons to whom it applies ; nationals, family members, survivors, stateless, refugees, ...

B - 5 Rules applicable

The international agreements also lay down

- the rules that determine the social security legislation which is applicable and when;
- the conditions for granting benefits;
- the rules which prohibit receiving concurrent benefits of the same kind in different countries.

C. The European Union (EU) – the European Economic Area (EEA) - Switzerland

In view of their importance, we will take the example of the EU, the EEA and Switzerland. The international social security agreements applied in the EU, the EEA and Switzerland are:

- Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems;
- Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.

These Regulations apply to the territories of :

Germany, Austria, Belgium, Bulgaria, Denmark, Cyprus, Spain, Estonia, France, Finland, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, the Czech Republic, the United Kingdom, Romania, Slovakia, Slovenia and Sweden.

These European Regulations apply to all persons who are subject to the social security scheme of one of these countries and who are in a cross-border situation within the EU, as well as to their family members and their survivors. Only Denmark requires that the person concerned has the nationality of an EU member state.

For the other EEA countries (Iceland, Liechtenstein and Norway), as well as for Switzerland, similar rules apply. These rules only apply to subjects of the EU, the EEA and Switzerland.

C - 1. Which social security legislation is applicable ?

- **General rule :**

You will be subject to the social security legislation of the country in which you work, even if you reside in another contracting country or if your employer or the registered office of your company is located on the territory of another contracting country. If you work in several countries, specific rules are applicable (in order to obtain further information, get in touch with, according to the case, the NOSS, the NISSE, the NOSSPLA – cf. chapter “Useful addresses and telephone numbers”).

- **Exception :**

The posting concerns the worker who temporarily pursues his activity in another country than the one where he usually works. During the posting period and under certain conditions, the worker will keep on being subject to the social security legislation of the country where he usually works

C - 2. Granting of the benefits

These are the Belgian social security sectors covered by European regulations:

- a) **sickness, maternity and paternity** benefits in two categories:
 - benefits in kind (medical and dental care, medical drugs, stay in hospital, etc.) which are under certain circumstances administered in the country of work or residence pursuant to this country's legislation;
 - benefits in cash (substitution for income loss, for salary) granted pursuant to the legislation of the country where the employer is subject to social security.
- b) benefits for **accidents at work and occupational disease** are granted, apart from a few exceptions, according to the same rules as in the sickness and maternity insurance
- c) **disability benefits** are granted regardless of the country of residence. There are two types of disability schemes in the member states: invalidity pensions calculated according to the insurance periods, and invalidity pensions that are not linked to insurance periods (like in Belgium). Invalidity benefits are granted proportionally to the insurance periods in every member state or pursuant to the legislation of the member state where the invalidity occurred.
- d) **retirement pensions**. Persons who have worked in various EU member states receive a pension from all these countries, proportionally to the insurance periods they have worked in.
- e) **survivor's pensions** are granted according to the same rules as for old-age pensions.
- f) in principle, it is impossible to apply for **unemployment benefits** in a country where you were not subject to social security before losing your job. In some circumstances, entitlement to unemployment benefits is maintained when you seek a job in another country.
- g) **family benefits** are paid by the country where you are subject to social security. Supplementary benefits may be paid on specific conditions.

More information is available with the competent services (Cf. chapter "Useful addresses and telephone numbers").

If you apply for benefits, you must use the official procedures and forms. An official form contains all the information required to obtain the cooperation of social security institutions in the countries concerned. Such forms are drawn up in the official language of the country concerned.

If you wish to obtain further information, please get in touch with the General Directorate "Strategy and Research" of the Federal Public Service Social Security (Cf. chapter "Useful addresses and telephone numbers").

Social assistance

What if suddenly you are all alone and you are not entitled to any unemployment benefits? What if your old-age pension is insufficient? What if you are disabled and you are unable to work? What if you do not receive any family benefits? What if you slip through the 'social security net'? Fortunately, there is a solution! There is an even larger social security net that, in principle, no one can miss or slip through: social assistance! **In fact, social assistance does not belong to social security in the strict sense, but it is part of the overall social protection for the Belgian population.** That is why we want to discuss it further.

The purpose of social security is in fact to provide a minimum income to the entire population. That type of assistance is financed with taxes and is not salary-based. Besides, there are always specific conditions to be met before you can receive social assistance. Every grant of a social benefit is preceded by a means test. Social assistance consists of the following provisions:

- benefits for the disabled;
- integration income;
- income guarantee for the elderly;
- guaranteed family benefits.

The following pages give a short description of these provisions. It is important to note that there are always plenty of exceptions to the general rules and conditions.

A. Les allocations aux personnes handicapées

The aim of benefits for disabled persons is to grant an income to or to increase the income of disabled persons who, due to their handicap, are not or no longer able to provide themselves with a sufficient income.

The application is always filed by the disabled person (or his proxy) in the **municipality** where the disabled person has his main residence.

Since 1 July 2006, all applications are made electronically.

When the disabled person (or his proxy) visits the municipal administration concerned, the employee electronically introduces the application directly in the database of the **Directorate General Disabled Persons** via a secured internet access. The employee receives the acknowledgement of receipt and the forms (among which the medical forms that have to be filled in by a doctor), pre-completed with the identification data of the disabled person. These documents are then printed and handed over to the disabled person (or his proxy).

The disabled person then has to send all the completed forms back to or hand them in with the Directorate-general Disabled Persons in order to guarantee the follow-up of the file.

For the non-elderly, two benefits can be distinguished:

- the income substitution benefit;
- the integration allowance.

For the elderly, there is also a third allowance, which is the allowance for help to the aged. This allowance is reserved to people older than 65 years. The income guarantee for the elderly and the indemnity for help to the aged will be discussed in part C.

As of September 2010, disabled persons (or their proxy) can consult the status of their applications via the "Handiweb" application.

Handiweb can be consulted via any computer with an internet connection and an e-ID reader.

https://www.socialsecurity.be/site_fr/citizen/Applics/handiweb/index.htm

What information can be obtained via Handiweb?

- the application that are being treated, their status, whether there are missing documents or forms that must be completed and/or sent back by the disabled person;
- the history of the notified decisions;
- the amount of the benefit that will be paid out and the dates of payment;
- the degree of disability as established by the doctor and the score on the personal autonomy scale;
- what persons have to do in case their situation changes;
- what else persons may apply for and how?

Not every disabled person necessarily obtains such an allowance. Some requirements are to be met, either of administrative kind or of medical kind.

These are the general administrative requirements:

1. Your principal place of residence must be in Belgium and you must actually live in Belgium (*);
2. You must be registered in the population register or you must have the Belgian nationality or you must be a person treated as a Belgian citizen (*);
3. You have to be at least 21 years old and younger than 65 years old (*);
4. A means test will be carried out. Both the applicant and the person he forms a household with, must have insufficient means. Still, some incomes are exonerated, depending of the family situation or the type of income (for instance labour incomes, substitution incomes, ...). It is possible that you do not receive the full benefit, but only a part as a completion of your other incomes.

A doctor appointed by the Directorate-general Persons with a handicap examines the person's medical condition: in order to qualify for entitlement, every applicant must have a '**minimum handicap**'.

For entitlement to an income substitution benefit, it is examined to what extent the disabled person, due to his handicap, has fewer possibilities to work in the regular labour circuit. Then, the benefit amount depends of the family situation. The maximum annual fees are (on 1 January 2011):

- for beneficiaries of category C (former category of persons with dependants): 11,851.00 €
- for beneficiaries of category B (former category of single persons): 8,888.25 €
- for beneficiaries of category A (former category of cohabiting persons): 5,925.50 €

(*) Exceptions are possible!

For the integration benefit, the **reduction of autonomy** is taken into account. To this end, a medical-social scale is being used to evaluate the person's abilities to:

- self-mobility;
- eat and prepare food by oneself;
- take care of one's personal hygiene and to dress;
- do maintenance of one's house and keep the household;
- live without supervision, to be aware of danger and to avoid it;
- communication and social contact.

Every criterion is worth a few marks. The total of these marks determines the category you belong to and the benefit you receive. If you obtain less than seven points, you are not entitled to an indemnity. If you satisfy the administrative conditions, the indemnity is as follows (annual amounts on 1 January 2011):

Category I	7 and 8 points	1.082,50 €
Category II	9 to 11 points	3.688,76 €
Category III	12 to 14 points	5.894,18 €
Category IV	15 and 16 points	8.587,07 €
Category V	17 and 18 points	9.741,49 €

The income substitution benefit and the integration benefit can be granted together or separately. The Federal Public Service Social Security pays them every month.

B. The right to social integration – integration income

Every municipal public social welfare centre (OCMW - CPAS) has the duty to offer every person the possibility to lead a decent existence - this is called the **social service of the OCMW - CPAS**. In fact, social service consists of two benefits:

- the right to social integration by means of employment or an integration income, whether or not complemented by an individualised project for social integration;
- social assistance in the broad sense.

If the conditions for the right to social integration are satisfied, it shall have priority over social assistance.

If we speak of 'social service', we often talk about social assistance in the broad sense. Social assistance may take many forms:

- material aid (either financial, if you do not meet the requirements to obtain an integration income, or in kind, for instance food vouchers);
- immaterial aid (like budget counselling, legal advice, etc.).

The OCMW - CPAS itself decides which form of aid would be the most suitable, depending on the personal and the family situation. If you do not agree with the OCMW - CPAS decision, you can lodge an appeal at the labour court.

What is the right to social integration?

The public social welfare centre of each municipality has the mission to guarantee the right to social integration to persons who do not have sufficient means of existence and who satisfy the conditions of the law. There should be aimed for maximal integration and participation in social life. Thereto, the public social welfare centre has three important instruments: employment, an integration income or an individualised project for social integration, or a combination of these instruments.

In all cases, you have the disposal of an income that allows you to live. Employment always means a full-time job to which all rules of labour law apply, including the rules of wage protection. When an employment is not or not yet possible, you have the right to a financial benefit, the so-called integration income. The allowance of the integration income can be followed by the conclusion of an individualised project for social integration between the person applying for assistance and the public social welfare centre. The choice of the most suitable trajectory is made in consultation with the person concerned and is aimed at maximal integration and social participation.

Who has the right to social integration?

In order to be entitled to the right to social integration you should satisfy the following conditions:

1. You should have your **actual place of residence in Belgium**, which means that you should usually and durably reside on the Belgian territory.
2. You should have the **Belgian nationality** or belong to one of the following categories:
 - foreigners registered in the municipal register;
 - recognised refugees and displaced persons;
 - citizens of the European Union or family members accompanying or joining them who have a residence permit for longer than three months.
3. You should have reached the age of **majority**. Minors who are emancipated by marriage, who have one or more dependent children or who are pregnant can also introduce a demand.
4. **You should not have the disposal** of or be entitled to **sufficient means of subsistence**, nor should you be able to acquire such means by means of your own efforts or by any other means. The public social welfare centre examines how many means of existence the applicant has at his disposal. The public social welfare centre also takes the means of subsistence of the spouse or the person with whom the applicant forms an actual family into account. The public social welfare centre can also consider the income of the parents or the children of age with whom the applicant lives together. In principle, all means of existence, of any nature and origin are taken into account. More concretely, the following income types are considered: the professional income, social benefits, incomes from immobile and mobile goods, benefits in kind, etc. A number of incomes mentioned in the regulations are not taken into account: family benefits for children for whom the applicant is the beneficiary, insofar the applicant raises the children and insofar the children depend entirely or partially on the applicant; once-only donations; financial aid from the public social welfare centre; maintenance money received in favour of the unmarried children who depend on the applicant insofar the applicant raises them, etc.

5. **You also have to be prepared to work**, unless this is impossible for health or equity reasons.
6. Finally, **you also have to exercise your rights to allowances** you are entitled to by virtue of the Belgian or foreign social legislation. The right to social integration should be considered as the very last social safety net. When you have really done everything that is in your power to acquire an income in some way, e.g. via unemployment benefits or allowances for handicapped or other persons, only then you have the right to social integration. You obviously also have to fulfil the other conditions.

What rights to social integration apply to applicants aged 25 and older?

When you are 25 years or older and you satisfy the conditions, you have the right to social integration: you will be granted the **integration income** or the public social welfare centre will offer you a **job**. The public social welfare centre can thus provide work to persons entitled to social integration by acting as an employer itself or by looking for an employer or it can reduce the wage costs for employers by paying part of the wages for some forms of employment.

The allowance and the maintenance of the integration income may be complemented by an **individualised social integration project**, on request of the person concerned or the public social welfare centre. Depending on the needs of the person concerned, this project will be focused on professional mobilisation or social integration.

What rights to social integration apply to applicants under the age of 25?

When you are younger than 25 years and you satisfy the conditions, you have the right to social integration, in the first place by **employment** adapted to your personal situation and capacities, within 3 months after your application. The employment will either consist in an employment contract or an individualised project for social integration leading to an employment contract within a certain period. The public social welfare centre can thus provide work to persons entitled to social integration by acting as an employer itself or by looking for an employer or it can reduce the wage costs for employers by paying part of the wages for some forms of employment.

A youngster is entitled to an integration income in 3 special situations:

1. as from the moment of his application until the moment he actually becomes an employee;
2. when he benefits from an individualised social integration project;
3. when he cannot be employed for health or equity reasons.

In these cases, the persons obviously also has to fulfil the legal conditions.

The allowance and the maintenance of the integration income may be complemented by an **individualised social integration project**, on request of the person concerned or the public social welfare centre. Depending on the needs of the person concerned, this project will be focused on professional mobilisation or social integration. When the public social welfare centre, for equity reasons, accepts that the youngster starts, resumes or continues a full-time study in view of increasing his chances for labour market integration, an individualised project for social integration with regard to the study has to be drawn up.

The amount of the integration income

The integration income is a minimum income for persons who do not have the disposal of or who cannot be entitled to **sufficient means of subsistence**, and who are unable to acquire such means by means of their own efforts or by any other means. The amount of the integration income depends on the family situation. There are 3 categories:

Category	Annual amount	Monthly amount
Cohabitants	5.922,53 €	493,54 €
Single persons or homeless persons entitles to an individualised social integration project	8.883,78 €	740,32 €
Persons living together with a dependent family	11.845,05 €	987,09 €

(Amounts on 1 January 2011)

Sometimes you have a specific income, but it may stay below the integration income. In that case, the public social welfare centre pays you the difference, so that your total income equals the integration income.

C. Income guarantee for the elderly and indemnity for help to the aged

There exist two types of benefits for the elderly: the income guarantee for the elderly and the indemnity for help to the aged.

The **income guarantee for the elderly** (IGO - GRAPA) is a kind of integration income granted as from the age of 65 to both men and women.

The conditions you should satisfy for entitlement are almost the same as those for the integration income. Here too, every grant is preceded by a means test. The income guarantee is a lump sum annual amount (amounts on 1 January 2011) of:

- 7,330.63 € for married or cohabiting persons (610.89 € per month);
 - 10,995.95 € for single persons (916.33 € per month).
- Given the individualisation of entitlement, two beneficiaries with the same principal residence shall receive 14,661.26 € (1,221.78 € per month) together.

The **indemnity for help to the aged** is a subdivision of the benefits for the disabled as described above.

To obtain this benefit, you usually have to satisfy the same administrative and medical conditions as for the integration benefit. However, there is an important difference: the **age condition**, as you can only obtain the indemnity for help to the aged as from the day you reach the age of 65. This indemnity cannot be accumulated with an integration allowance or an income substitution allowance.

Beneficiaries who already receive an integration or income substitution allowance, can continue to receive these allowances after their 65th birthday if that scheme is more generous to them.

The final amount of this indemnity depends of the degree of autonomy (see the specific conditions for the integration benefit). With a score of less than 7 points, you do not receive any indemnity. With a higher score, you receive a maximum of (annual amounts on 1 January 2011):

Category of autonomy	Indemnity
Category I (7 and 8 points)	925,06 €
Category II (9 to 11 points)	3.531,18 €
Category III (12 to 14 points)	4.293,35 €
Category IV (15 and 16 points)	5.055,29 €
Category V (17 and 18 points)	6.209,71 €

D. Guaranteed family benefits

Guaranteed family benefits are reserved to children who, on the basis of a Belgian, foreign or international scheme, have no entitlement to family benefits at all. **Guaranteed family benefits are reserved for the most needy families. This breaks the link between labour of the breadwinner and entitlement to family benefits.**

What do the guaranteed family benefits include? The guaranteed family benefits include the child benefits, the age supplements, the maternity fee, the lump-sum special allowance for children placed in an institution to the account of a public authority, the yearly supplement and the age supplement for single-parent families.

Who can file the application? Everyone who pays **all or the largest part of the costs for a child** can apply for guaranteed family benefits, on the condition that he or she lives in Belgium. If the person concerned is neither subject to EC regulations regarding social security nor a stateless, an acknowledged political refugee or a citizen of a State that has ratified the European Social Charter or the (revised) European Social Charter, the applicant must have lived in Belgium for the past five years.

However, the applicant does not have to fulfil the condition of a previous five-year stay in Belgium when the application is made for a child to whom the EU Regulations with regard to social security apply, who is displaced, who is recognised as political refugee or who is subject of a state that has ratified the European Social Charter or the Revised European Social Charter.

The application must be sent to the National office for family benefits for salaried persons (RKW - ONAFTS).

Which are the entitled children? Just like the applicant, the children too must **actually reside in Belgium**. Exceptionally, the child must have lived in Belgium without interruption for the past five years.

Like in the other social assistance schemes, a **means test** is carried out. The means of existence of the person with the dependent child - or his spouse or the person he or she lives together with - should not exceed 3,828.50 € per quarter (amount on 1 January 2011).

The means of existence are raised with 20% for every beneficiary child starting from the second child. Guaranteed family benefits include the maternity fee, the ordinary child's allowance and the age supplement.

The application for guaranteed family benefits and for the maternity fee has to be filed with the National office for family benefits for salaried persons.

The family benefits, increased with the age supplement if applicable, are granted at the earliest as from the month that precedes the date on which the application was filed with one year. The application for the maternity fee has to be filed within one year after the birth of the child.

Useful addresses and telephone numbers

To be able to address your questions about social security to the right institution, please check this list with useful addresses and telephone numbers (updated 1 March 2008). More information can be found online on the portal <https://socialsecurity.be>

A. Federal Public Services (former ministries)

Federal Public Service Social Security

Finance Tower, Boulevard du Jardin Botanique 50, boîte 1, 1000 Brussels

<http://socialsecurity.fgov.be>

Directorate General Social Policy		
- Accidents at work and occupational diseases; annual vacation; family benefits; medical care and benefits; old-age and survivors' pensions; social contributions	02 528 63 00	dg-soc@minsoc.fed.be
Directorate General Strategy & Research (a.o. responsible for international relations) Bilateral relations (Hendrik Hermans) Multilateral relations (Jacques Donis)	02 528 60 30	dgstrat@minsoc.fed.be
Directorate General Self-employed Persons	02 528 64 50	zelfindep@minsoc.fed.be
Directorate General Social Inspection	02 528 62 21	guido.demuynck@minsoc.fed.be
Directorate General Disabled Persons indemnities for help to the aged, income substitution benefit and integration allowance	0800 987 99	Handif@minsoc.fed.be http://handicap.fgov.be
Information officer	02 528 60 31 Only for urgent matters 0477 848 664	social.security@minsoc.fed.be

Federal Public Planning Service Social Integration, Combating Poverty, Social Economy and Large Cities Policy

Boulevard Roi Albert II 30, 1000 Brussels : <http://mi-is.be>

Contact point	02 508 85 86	question@mi-is.be
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Federal Public Service Employment, Labour and Social Dialogue

Rue Ernest Blerot 1, 1070 Brussels : <http://www.emploi.belgique.be>

Directorate Communication	02 233 40 23	information@emploi.belgique.be
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Federal Public Service Personnel and Organisation

Rue de la Loi 51, 1040 Brussels : <http://www.p-o.be>

Contact point	02 790 58 00	fedwebteam@p-o.belgium.be
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B. Public social security institutions

Crossroads Bank for Social Security (KSZ – BCSS)

(www.ksz.fgov.be, servicedesk@ksz-bcss.fgov.be)
Chaussée Saint-Pierre 375, 1040 Brussels, 02-741 84 00

Fund for Accidents at Work (FAO - FAT)

(www.fat.fgov.be, info@faofat.fgov.be)
Rue du Trône 100, 1050 Brussels, 02-506 84 11

Fund for Occupational Diseases (FBZ - FMP)

(www.fmp.fgov.be, secre@fmp-fbz.fgov.be)
Avenue de l'Astronomie 1, 1210 Brussels, 02-226 62 11

National Institute for Sickness and Invalidity Insurance (RIZIV - INAMI)

(www.inami.be, communication@inami.fgov.be)
Avenue de Tervueren 211, 1150 Brussels, 02-739 71 11

National Institute for the Social Insurance of Self-employed Persons (RSVZ - INASTI)

(www.inasti.be, info@rsvz-inasti.fgov.be)
Place Jean Jacobs 6, 1000 Brussels, 02-546 42 11

National Employment Office (RVA - ONEM)

(www.onem.fgov.be, reglement@onem.be)
Boulevard de l'Empereur 7, 1000 Brussels, 02-515 41 11

National Office for Annual Vacation (RJV - ONVA)

(www.onva.fgov.be, communications@rjv.fgov.be)
Rue des Champs Elysées 12, 1050 Brussels, 02-627 97 65

National Office for Family Benefits for Salaried Persons (RKW - ONAFTS)

(www.onafts.be, info.mediation@rkw-onafts.fgov.be)
Rue de Trèves 70, 1000 Brussels, 02-237 21 11

National Office for Social Security (RSZ - ONSS)

(www.onss.fgov.be, contactcenter@eranova.fgov.be)
Place Victor Horta 11, 1060 Brussels, 02-509 31 11

National Pension Office (RVP - ONP)

(www.onp.fgov.be, info@onp.fgov.be)
Tour du Midi, 1060 Brussels, free telephone number: 0800-50 256

National Social Security Office for the Provincial and Local Administrations (RSZPPO - ONSSAPL)

(www.onssapl.fgov.be, com@onssapl.fgov.be)
Rue Joseph II 47, 1040 Brussels, 02-234 32 09

Office for Overseas Social Security (DOSZ - OSSOM)

(www.ossom.be, info@ossom.fgov.be)
Avenue Louise 194, 1050 Brussels, 02-642 05 11

Pension Service of the Public Sector (PDOS – SdPSP)

(www.sdsp.fgov.be, info@sdsp.fgov.be)

Place Victor Horta 40 box 30, 1060 Brussels, 02-558 60 00

Relief and provident fund for seafarers sailing under the Belgian flag (HVKZ – CSPM)

(www.hvkz-cspm.fgov.be, info@hvkz-cspm.fgov.be)

Olijftakstraat 7-13 box 1, 2060 Antwerp, 03-220 74 60

C. Other institutions

- **Public Social Welfare Centre** (OCMW – CPAS): there is one public social welfare centre per municipality. You can find the addresses in the telephone directory or on the website of your municipal administration (mostly www.nameofthemunicipality.be).

- **The mutual insurance funds** are organised in the following national unions:

Alliance Nationale des Mutualités Chrétiennes – Landsbond der christelijke mutualiteiten	Chaussée de Haecht 579, BP 40 - 1031 Brussels Tel.: 02/246.41.11 www.mc.be , alliance@mc.be
Union Nationale des Mutualités Libres – Onafhankelijke ziekenfondsen	Rue Saint-Hubert 19 - 1150 Brussels Tel.: 02/778.92.11 www.mloz.be , info@mloz.be
Union nationale des Mutualités Libérales – Landsbond van liberale mutualiteiten	Rue de Livourne 25 - 1050 Brussels Tel.: 02/542.86.00 www.mut400.be , info@mut400.be
Union nationale des Mutualités Neutres – Landsbond van de neutrale ziekenfondsen	Chaussée de Charleroi 145 - 1060 Brussels Tel.: 02/538.83.00 www.mutualites-neutres.be , info@unmn.be
Union nationale des Mutualités Socialistes – Nationaal Verbond van socialistische mutualiteiten	Rue Saint-Jean 32-38 - 1000 Brussels Tel.: 02/515.02.11 www.mutsoc.be , info@mutsoc.be

You can also affiliate with:

Caisse auxiliaire d'assurance maladie-invalidité – Hulpkas voor ziekte- en invaliditeitsverzekering	Rue du Trône 30A, 1000 Brussels Tel.: 02/229.35.00 www.caami-hziv.fgov.be , info@caami-hziv.fgov.be
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The 4 payment institutions (among which 3 "trade unions") with regard to unemployment benefits are:

C.A.P.A.C.: Caisse Auxiliaire de Paiement des Allocations de Chômage – H.V.W.: Hulpkas voor Werkloosheidsuitkeringen	Rue de Brabant 62, 1210 - Brussels Tel.: 02/209.13.13 www.capac.fgov.be , info@capac.fgov.be
C.G.S.L.B.: Centrale Générale des Syndicats Libéraux de Belgique – A.C.L.V.B.: Algemene Centrale der Liberale Vakbonden van België	Boulevard Poincaré 72-74, 1070 Bruxelles Tel.: 02/558 51 50 www.cgslb.be , cgslb@cgslb.be
C.S.C.: Confédération des Syndicats Chrétiens – A.C.V.: Algemeen Christelijk Vakverbond	Chaussée de Haecht 579, 1030 Brussels Tel.: 02/246 31 11 www.csc-en-ligne.be csc@acv-csc.be

- **Sigedis asbl** (career administration) (for the pensions for salaried workers)
(<http://www.sigedis.be>; info@sigedis.fgov.be)
Tour du Midi, Place Bara 3, 1060 Bruxelles, tel. 02 791 50 00

- **Asbestos Fund** (AFA) (<http://www.afa.fgov.be>, info.fr@afa.fgov.be)
Avenue de l'Astronomie 1, 1210 Bruxelles, tel. 02 226 63 30

- The list of the **social insurance funds** can be consulted at the following url:
http://socialsecurity.fgov.be/docs/fr/specifieke_info/zelfstandigen/lijsst_kassen.XLS or can be
requested with the Directorate General Self-employed Persons of the FPS Social Security, Finance
Tower, Boulevard du Jardin Botanique 50 box 120, 1000 Brussels, tel. 02 528 64 50, zelfindep@minsoc.fed.be

- The list of the **social secretariats** is published in the Belgian law gazette (Moniteur belge/
Belgisch Staatsblad) each year, www.ejustice.just.fgov.be/cgi/welcome.pl (last publication on
23 December 2010, page 81,770). You can also obtain it by contacting the Belgian law gazette
– Moniteur Belge/Belgisch Staatsblad, rue de Louvain 40-42, 1000 Brussels, tel. 0800 98 809.

In case of disputes:

- The list of the **labour courts** can be consulted at the url http://www.juridat.be/cgi_adres/adrf.pl. You can also obtain it by contacting the Belgian law gazette – Moniteur belge/Belgisch
Staatsblad, rue de Louvain 40-42, 1000 Brussels, tel. 0800 98 809

- The **federal ombudsman** is competent for e.g. complaints concerning the social security
institutions (except for pensions): (mediateurfederal.be, contact@mediateurfederal.be)
Rue Ducale 43, 1000 Brussels, tel. 0800 99 961

- The pension ombudsmen are competent for the public or private institutions that grant, pay
or administer the legal pensions. (www.mediateurpensions.be, plainte@mediateurpensions.be)
WTC III, Boulevard Simon Bolivar 30 box 5, 1000 Brussels, tel. 02 274 19 80

To obtain additional brochures:

- write to: Federal Public Service Social Security, Information officer, Finance Tower, Boulevard du Jardin Botanique 50 box 100, 1000 Brussels
- phone to: +32-(0)2-528 60 31
- send an e-mail to: social.security@minsoc.fed.be

You can find more detailed texts on social security in the book "Aperçu de la sécurité sociale en Belgique" / "Beknopt overzicht van de sociale zekerheid in België" (2010). This book of about 600 pages can be consulted online:

<http://socialsecurity.fgov.be/fr/nieuws-publicaties/publicaties/beknopt-overzicht.htm>.

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didier.coeurnelle@minsoc.fed.be, tel.: + 32 2 528 60 31.



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