

Your social security rights in Belgium



Social Europe



European Commission



The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC).

The MISSOC-Network, coordinated since 1990 by the European Commission, comprises up to two official representatives of the public administrations of 31 European countries (the 27 EU Member States, Switzerland, Liechtenstein, Norway and Iceland). MISSOC produces regularly updated information and analyses which are mainly used by officials, researchers and people moving within Europe. More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide does not provide an exhaustive description of the social security arrangements applicable in this country. For more detailed information on social security in this and other European countries, please refer to the MISSOC Comparative Tables, the MISSOC Charts and Descriptions of the Organisation of Social Protection and to the MISSOC Annex on Social Protection for the Self-employed, all available at the abovementioned link.

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Chapter I: Introduction, organisation and financing

Introduction

The Belgian social security system for employed persons comprises the following branches:

- Sickness and maternity benefits;
- Benefits for accidents at work and occupational diseases;
- Death benefits;
- Invalidity benefits;
- Old-age and survivors' benefits;
- Unemployment benefits;
- Family benefits.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

How to register for social security?

As soon as you take up employment in Belgium, your employer must register you with the social security system. You yourself need not apply to any institution.

The only exception to this rule concerns insurance for health care and benefits. In order to be covered against these risks, you must join a mutual insurance fund (*mutualité/ziekenfonds*) of your own choice or register with a regional office of the Auxiliary Fund for Sickness & Invalidity Insurance (*Caisse auxiliaire d'assurance maladie-invalidité/Hulpkas voor ziekte- en invaliditeitsverzekering/Hilfskasse für Kranken- und Invalidenversicherung – CAAMI/HZIV/HKIV*). In Belgium, the mutual insurance funds are grouped together in the national unions of Christian, socialist, neutral, free and liberal mutual insurance funds.

You are free to change to a different mutual insurance fund on the first day of any calendar quarter. The new fund you wish to join may refuse your application, however, especially if you have been insured for less than 12 months, but it will give you all the information you need in this regard.

In the following, mutual insurance funds and the regional offices of the Auxiliary Fund will be referred to as “health insurance funds”. The mutual insurance funds are non-profit-making associations of individuals aimed at promoting physical, psychological and social well-being. The Auxiliary Fund for Sickness & Invalidity Insurance is a public social security institution.

Appeals

If you disagree with a decision taken by a social security institution, you can lodge a written appeal within three months from the date on which you were notified of the decision. If you live in Belgium, you must either send your appeal by registered letter to the clerk of the labour court (*Grefte du Tribunal du travail, Griffie van de Arbeidsrechtbank*) in your district of residence or personally present it to that office.

If you live outside the country, you must send your appeal to the labour court of the district of your last place of residence in Belgium or, if you have never lived or been resident in the country, to the labour court of the district where you last worked in Belgium.



Organisation of social protection

In proper terms social security is a federal affair which is subject to the competence of the Minister in charge of social affairs (*Ministre des Affaires sociales*), of the Minister of Employment (*Ministre de l'Emploi*), of the Minister of Public Service (*Ministre de la Fonction publique*), the Minister of Pensions and Large Cities (*Ministre des Pensions et des Grandes villes*), of the Minister dealing with Middle Classes questions (*Ministre des Classes moyennes*), of the Secretary of State of social affairs in charge of people with disabilities (*Secrétaire d'Etat aux Affaires sociales chargé des personnes handicapées*) and of the Secretary of State of Social Integration and of the fight against poverty (*Secrétaire d'Etat à l'Intégration sociale et à la Lutte contre la Pauvreté*).

The National Social Security Office (*Office national de Sécurité sociale*) is a public institution of social security which has the task of collecting contributions (with the exception of employment injuries) and allocating the funds between the central institutions responsible for the administration of the different branches of social security through the so-called "Global Management".

Sickness, maternity, invalidity

The fields of sickness, maternity and invalidity are run by the National Institute for Sickness and Invalidity Insurance (*Institut national d'assurance maladie-invalidité, INAMI*), which above all distributes the financial resources between the different insurance funds responsible for the benefits (mutual insurance funds, which are affiliated to one of the five national unions, regional offices of the Auxiliary Fund for Sickness and Invalidity Insurance or the Health Insurance Fund of the Belgian National Railway Company Holding, SNCB-Holding). The choice of insurance fund is free with the exception of the employees of the National Railway Company of Belgium.

Old-age and survivors

The fields of old-age and survivors' pensions are run by the National Pension Office (*Office national des pensions*), which is in charge of the assessment and payment of pensions. The application for a pension will be made via the local administration of the town in which the applicant is resident.

Employment injuries and occupational diseases

The field of employment injuries is run by the Employment Injuries Fund, whose main task is to grant benefits in the form of damage compensation to sailors, seamen and employees whose employers do not meet their obligations. The Employment Injuries Fund carries out technical and medical control, and ratifies the agreement settling the employment injury between the victim and the insurance fund. The employers have to take out insurance against the risks of accidents at work with a registered insurance fund or a common insurance fund to the benefit of their staff.

The Occupational Diseases Fund is a public social security institution which is solely responsible for administering the whole field of insurance against occupational diseases. This fund also implements the legal regulations in the field of prevention. This institution comprises also the Asbestos Funds for the payment of indemnities to victims of asbestos.

Family benefits

The implementation of legislation is carried out on the one hand by the National Family Benefits Offices for Employees (*Office national d'allocations familiales pour travailleurs salariés*) and the special Compensation Funds for Family Benefits and, on the other hand, by the independent Compensation Funds. The main tasks of the National Office are to distribute the financial resources between the different compensation funds and to act as a compensation fund for employers insured with the Office. Furthermore the Office has



been allocated the supervision of the compensation funds. For some occupations special funds have been created (public funds), which the corresponding employers should join. The independent Compensation Funds are institutions which have been set up on the employers' initiative and are managed by them. They are approved by the King and can only be responsible for the granting of statutorily provided benefits.

Unemployment

The field of unemployment is run by the National Employment Office (*Office national de l'emploi*) and its regional units, which will decide on the concerned person's entitlement. The payment of benefits is made either by the registered trade union organisation of which the employee is member or by the auxiliary fund for payment of unemployment benefit that has received the application.

See also: [Annex I: Useful addresses and websites](#)

Financing

Most of the social security branches are financed through the "overall financial management" (*gestion globale*), i.e. a part of the overall social security contribution, of the overall State subsidies and of the alternative financing (VAT) is allocated to the branches according to their treasury needs.

You will have to pay a percentage of your salary as your social security contribution. Your employer will withhold this from your salary and pay it to the National Office of Social Security (*Office national de sécurité sociale* / *Rijksdienst voor sociale zekerheid* / *Landesamt für Soziale Sicherheit – ONSS/RSZ/LSS*). The only contribution that you may have to pay yourself is whatever your health insurance fund may charge for certain supplementary benefits. There will be no supplementary contributions if you join the Auxiliary fund for Sickness and Invalidity Insurance, since it provides compulsory insurance only.

The basic contribution paid by employers and employees amounts to 37.84 percent, next to a 'wage moderation' contribution which may vary. The sickness and maternity, invalidity, old-age and survivors, and unemployment schemes are also financed through other special contributions.

Employment injuries are covered through insurance paid by the employers.

Your right to social security benefits when moving within Europe

Social security systems in European countries are different, which is why EU provisions have been designed to coordinate them. Common rules ensuring access to social benefits are important to avoid European workers being put at a disadvantage when exercising their right of free movement. These rules are based on four principles.

- When moving within Europe, you are always insured under the legislation of one single member state: generally, if you are active, it will be the country where you work; if you are inactive, the country where you reside.
- The principle of equal treatment ensures that you have the same rights and obligations as nationals of the country where you are insured.
- When necessary, periods of insurance acquired in other EU countries can be taken into account towards the award of a benefit.
- Cash benefits can be "exported" if you live in a country other than the one where you are insured.



You can rely on the EU provisions on social security coordination in the 27 EU Member states, Norway, Iceland, Liechtenstein (EEA) and Switzerland (31 countries altogether).

Some general information on the EU provisions is provided at the end of each chapter. Further information about the coordination of social security rights when moving or travelling in the EU, Iceland, Liechtenstein, Norway or Switzerland can be found at: <http://ec.europa.eu/social-security-coordination>.



Chapter II: Healthcare

When are you entitled to healthcare?

The health insurance system covers everyone who is legally in Belgium: employees, the unemployed, pensioners, the self-employed, civil servants, the disabled, domestic workers, students, individuals registered in Belgium and their dependants.

To be entitled to healthcare:

- you must be registered with a health insurance fund;
- your contributions may not be lower than a fixed minimum amount.

The eligible dependants are the spouse, cohabitant, children under 25 years of age (6 categories) and ascendants (in some cases parents-in-law) whose professional or replacement income is lower than € 2,191.85 per quarter.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

What is covered?

Benefits for preventive care and treatment are reimbursed according to a schedule of pre-set statutory rates.

Medical and dental care

In principle, your health insurance fund will reimburse 60-75 percent of the fees charged for healthcare services, such as for GP or specialists' consultations or visits.

Dental care comprises preventive and conservative treatment, extractions, dental prosthesis and orthodontic treatment. There is a refund of the cost of treatment, the cost of dental plates, etc.,

Medicines

For prescription drugs, you will have to pay a certain amount per prescription. This will vary depending on the product. The portion of the price covered by your health insurance depends on the category to which the specific drug belongs (A, B, C, Cs, Cx or dispenser's preparation). Normally, if you have a prescription, all you will have to pay the pharmacist is that portion of the price not covered by your health insurance fund.

Patients in a general hospital pay € 0.62 per day for medicines. For a refund of the cost of preparations by a pharmacist, a maximum share of € 1.10 or € 2.20 per insured person is set. The charge is reduced for those benefiting from the preferential scheme.

Hospitalisation

On admission to hospital, you will have to make a flat-rate prepayment, followed by a *per diem* charge for each day as an inpatient (€ 14.14 per day). You will also be charged a flat-rate daily amount for the drugs used during your hospital stay.

Where the patient is hospitalised within a psychiatric home for more than five years, the charge is € 23.57 per day. There is a fixed contribution by the insurance fund for approved homes for the aged, protected homes, nursing homes, psychiatric homes, and day-care centres. The admission fee is € 41.41.



There is a reduction for dependent children of ordinary beneficiaries, those benefitting from the preferential scheme and the unemployed found to qualify for 12 months as an unemployed single or as an unemployed with a dependant, including their dependants.

Physiotherapy and nursing care

Physiotherapy is reimbursed only if prescribed by a doctor. Then, generally, your health insurance will cover up to 60 percent of a physiotherapist's charges.

Health insurance covers 75 percent of the cost of nursing care for recipients not benefitting from the preferential scheme who call on a non-contracted care provider.

Prostheses, spectacles, hearing-aids

A full refund of fees is fixed by agreement.

Other benefits

Other benefits may be provided as laid down in byelaws of an insurance fund.

A flat-rate contribution from a special solidarity fund of the National Institute for sickness and invalidity insurance (*Institut National d'Assurance Maladie-Invalidité, INAMI, Rijksinstituut voor ziekte- en invaliditeitsverzekering*), is charged for certain expensive treatments not provided in the official list of reimbursable services.

Increased reimbursement

Some insured persons and their dependants are entitled to a higher reimbursement rate because of their financial situation. These include pensioners, widows, orphans, people on disability allowances or social assistance, etc.

How is healthcare accessed?

Medical and dental care

As a general rule, you may go directly to the doctor or dentist of your choice, to whom you must pay the required fees yourself. The doctors can be registered with the College of Physicians (*Ordre des médecins/Orde der geneesheren*) and approved by the Minister of Public Health (*Ministre de la Santé publique/Minister van Volksgezondheid*). However, there is a free choice of doctor, just as there is free access to specialists.

The fees will be reimbursed on production of a certificate from the doctor or dentist attesting to the treatment provided. If you choose to go to a doctor or dentist who is not bound by the statutory rates, you yourself must pay any amount charged in excess of those rates. Your health insurance fund will be able to give you a list of the practitioners who charge the statutory rates.

Medicines

For medicines, you will have to pay the pharmacist that portion of the price not covered by your health insurance fund.

Hospitalisation

If you have to be hospitalised, you must first consult your health insurance fund, which will tell you what to do. This is not necessary for emergency hospitalisation.



Your right to healthcare benefits when moving within Europe

If you are staying or residing in another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you and your family may benefit from the public healthcare services provided there. This does not necessarily mean that treatment will be free of charge; it depends on the national rules.

If you are planning a temporary stay (holidays, business trip, etc.) in another EU country, Iceland, Liechtenstein, Norway or Switzerland, apply for a European Health Insurance Card (EHIC) before leaving. Further information about the EHIC and how to apply for one is available at: <http://ehic.europa.eu>.

If you are planning to move permanently to another EU country, further information on your rights regarding healthcare is available at <http://ec.europa.eu/social-security-coordination>



Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

All workers bound by a labour contract and categories assimilated thereto, are entitled to sickness benefits, if:

- they are registered with a health insurance fund with proof of payment of minimum amount to contributions;
- they have worked for 120 days within the six calendar months before being certified ill. Some periods of inactivity, e.g. paid leave, sickness absence, etc., are counted as working periods;
- they are certified as being unable to work.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

What is covered?

During a first period, benefits are paid by the employer:

- White-collar workers receive 100 percent of earnings during a period of one month.
- Blue-collar workers receive 100 percent (during the first seven days of incapacity), 60 percent (from the eighth until the fourteenth day of incapacity) or via a supplementary allowance.

The compensation insurance starts when the guaranteed salary period paid by the employer is over. This means after two weeks of incapacity for workers and one month for employees.

The compensation rate is 60 percent of earnings. The ceiling taken into account for the compensation is € 120.7356 per day for incapacities occurred since 1 January 2009.

If you are still unable to work after a year, you will be entitled to invalidity benefit. See [Chapter V: Invalidity benefits](#).

How are sickness cash benefits accessed?

If you cannot work because of illness, you must provide the medical adviser of your health insurance fund with a medical certificate completed by the doctor who is treating you. You must do this within two days of becoming incapacitated. If you send it later, your entitlement to benefit will only start at the later date.

Your health insurance fund's medical adviser will estimate the duration of your illness. He or she is entitled to call you in to check your condition at any time.



Your right to sickness cash benefits when moving within Europe

As a general rule, sickness benefits in cash (i.e. benefits normally intended to replace an income which is suspended due to sickness) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying.*

When moving to another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, whenever certain conditions have to be fulfilled in order to become entitled to sickness benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment that you have completed under the legislation of any of the above-mentioned countries. This thus guarantees that people will not lose their sickness insurance coverage when changing employment and moving to another state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

All female employees bound by a labour contract and categories assimilated thereto, are entitled to maternity benefits. Note that you do not have to be working to be entitled to maternity benefits: unemployed and disabled women are also covered.

You must have paid a minimum amount of contributions (in the current or in the previous year) to be entitled to benefits in kind. The minimum in 2010 is € 4,162.47 (up to 21 years of age) and € 5,549.96 (21 years and older). There is also a qualifying period of six months with 120 working days.

For maternity benefit (*indemnité de maternité/moederschapsuitkering*), one must also have paid contributions for six months.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

What is covered?

Pregnant women are entitled to 15 weeks' maternity leave, or 17 weeks in the event of a multiple birth.

Antenatal leave, which an expectant mother must apply for, cannot begin earlier than six weeks before the probable date of delivery, or eight weeks if she is expecting a multiple birth. Of these six (or eight) weeks, five (or seven) at most may be taken, at her discretion, before or after the birth. The week immediately preceding delivery is compulsory. The part of the optional prenatal leave that has not been used up before delivery can be taken after the postnatal leave or at the time when the child comes home after a long period of hospitalisation.

Postnatal leave is granted for a period of nine weeks following the birth.

The amount of maternity benefit is calculated as follows:

- for gainfully employed women, 82 percent of pay (no ceiling) for the first 30 days and 75 percent (subject to ceiling) from the thirty-first day onwards or in the event of an extension;
- for unemployed women the basic allowance amounts, during the first 30 days, to 60 percent of the lost salary. The amount of the basic allowance equals the amount of the unemployment benefit to which a worker would be entitled if not in the maternity protection period. She can also claim an additional allowance which amounts to 19,5 percent of her ceiled lost salary. As from the thirty-first day, the additional allowance amounts to 15 percent of the lost ceiled salary.
- disabled women are entitled to 79.5 percent of pay, subject to a ceiling of € 95.98, for the first 30 days, and 75 percent, subject to a ceiling of € 90.55 , thereafter.

Benefits in kind are injections, pre- and post-natal care, monitoring and assistance during labour and delivery in a hospital or day-hospital or at home. See: [Chapter II: Healthcare](#).

Fathers are entitled to ten days paternity leave on the birth of their child.



In case of extended hospitalisation or the death of the mother, the father can ask to convert the maternity leave into a paternity leave.

Both parents are entitled to adoption leave in the case of adoption of a child.

How are maternity and paternity benefits accessed?

For antenatal leave, the expectant mother must stop work (or, where appropriate, notify the unemployment office) seven days before the probable date of delivery. She must provide her health insurance fund with a medical certificate stating that she is expected to give birth at the end of the compulsory period of antenatal leave.

Your right to maternity and paternity benefits when moving within Europe

The coordination provisions cover maternity and equivalent paternity benefits. Whenever certain conditions have to be fulfilled in order to become entitled to benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment completed under the legislation of another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland.

As a general rule, benefits in cash (i.e. benefits intended to replace suspended income) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying*. Benefits in kind (i.e. medical care, medicines and hospitalisation) are provided according to the legislation of your country of residence as if you were insured there.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

A worker who, as a result of sickness or infirmity, cannot earn more than one-third of the normal earnings of a worker in the same category and with the same training is considered an invalid. The minimum level of incapacity for work is at least 66 percent.

If you have received sickness benefit for one year and are still unable to return to work, you may be entitled to invalidity benefit. This entitlement ceases, however, once you reach retirement age (currently 65 for women and men).

To be entitled to invalidity benefit, you must, moreover:

- be registered with a health insurance fund;
- have worked for 120 days within a six-month period. Some periods of inactivity, e.g. paid leave, sickness absence, etc., are counted as working periods;
- be certified as having been unable to work for a year;
- prove that the minimum contributions have been paid.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

What is covered?

Invalidity benefit amounts to 65 percent of your previous earnings if you have dependants. If you have no dependants, this amount is reduced to 55 percent for a single person or 40 percent for a cohabitant.

The lump sum allowance for the help of a third person is a supplement granted to the person who is incapacitated for work, at the least from the fourth month of incapacity; this amounts to € 12.99.

The amount of benefit is subject to a ceiling. The ceiling is set at € 120.7356 for invalidities that occurred after 1 January 2009.

How are invalidity benefits accessed?

See: [How are sickness cash benefits accessed?](#)

Your right to invalidity benefits when moving within Europe

The competent institution of the country where you claim an invalidity pension will take account of periods of insurance or residence completed under the legislation of any other EU country, Iceland, Liechtenstein, Norway or Switzerland, if this is necessary for the calculation of invalidity benefits.



Invalidity benefits will be paid regardless of where you reside or stay in the European Union, Iceland, Liechtenstein, Norway or Switzerland.* Necessary administrative checks and medical examinations will normally be carried out by the competent institution in the country where you reside. Under some circumstances, you may be required to return to the country which is paying your pension for such examinations, if your state of health allows you to do so.

Each country applies its national criteria when determining degree of invalidity. Therefore, it may be the case that certain countries will consider a person to have a degree of invalidity of 70 percent, while others will not consider the same person to be invalid at all under their legislation. This is a result of the fact that the national social security systems are not harmonised, but only coordinated by the EU provisions.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

In principle, everyone who has worked in Belgium under an employment contract is insured for old-age benefits. There are special rules for part-time domestic staff.

All employed persons are entitled to an early retirement pension on reaching the age of 60, provided they have an adequate insurance history and after 35 years of professional activity. Normal retirement age for men and women is 65. An exception to this rule is made for miners, seamen and aircrew of civil aviation who can retire earlier.

Men in receipt of a contractual pre-retirement pension are not entitled to a retirement pension before the age of 65. Women in the same situation are currently not entitled to claim their retirement pension before the age of 65 as well.

You will not receive a retirement pension if you are already receiving sickness, invalidity or involuntary unemployment benefit under Belgian or foreign social security legislation, or if you are receiving an allowance for cessation of work or a supplementary allowance under contractual pre-retirement arrangements.

Pensioners are entitled to work, subject to an earnings ceiling. For people under 65, when the pension has started from 2009, accumulation with income from work is authorised if annual professional earnings do not exceed € 7.421,57 per year for an employee (gross wage). This amount is increased to € 11.132,37 where there is a dependent child. Before beginning work as a pensioner you must notify the National Pension Office (*Office national des pensions, Rijksdienst voor Pensioenen/Landespensionsamt, ONP/RVP/LPA*), by registered letter. And you must inform your employer, also by registered letter, that you are receiving a pension. For more information, contact the National Pension Office (see [Annex I](#)).

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

What is covered?

The benefits comprise:

- a retirement pension for employed persons;
- a heating allowance for retired miners;
- a holiday allowance and supplementary holiday allowance.

The amount of your retirement pension depends both on your period of employment in Belgium (including paid leave, sickness absence and any periods of unemployment) and on your earnings during that time, adjusted for the cost of living at the time when the pension is calculated.

For both men and women, the retirement pension is calculated by applying, for each year worked one forty-fifth of the full pension rate. Special conditions apply to seamen and miners.

The pension amounts to up to 60 percent of your average pay over your working life, and 75 percent if you have a dependent spouse.



The guaranteed minimum old-age pension for a complete career is €15,369.88 (household) or €12,299.77 (single) per year, calculated pro rata if the career is at least equivalent to two-thirds of a complete career.

The maximum pension depends on annual earnings ceiling. On 1 September 2010, the maximum pension for an employee (single person) amounts to €22,956.00.

How are old-age benefits accessed?

Pension applications must be submitted to the municipal administration at your place of residence. If you live in another EU Member State, you must send your application to the local pension institution in that country. To avoid delays in the processing of your file, you are advised to submit your application one year before reaching retirement age.

Your pension can be paid either by postal order, which can be sent to you at home, or by transfer into your post office or bank account.

Your right to old-age benefits when moving within Europe

The EU provisions for old-age pensions exclusively concern state pension schemes and not company, occupational or private ones. They guarantee that:

- In each EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured, your insurance record is preserved until you reach the pensionable age in that country.
- Every EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured will have to pay an old-age pension when you reach the pensionable age. The amount you will receive from each of the member states will depend on the length of your insurance coverage in each state.
- Your pension will be paid wherever you reside in the EU (plus Iceland, Liechtenstein, Norway and Switzerland).*

You should submit your claim to the pension insurance institution of the EU country (or Iceland, Liechtenstein, Norway or Switzerland) in which you live, unless you have never worked there. If this is the case, you should apply to the country where you last worked.

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Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

The **surviving spouse** of an insured employed person is entitled to a survivor's pension (*pension de survie/overlevingspensioen*) as from the age of 45. There is no age threshold where the surviving spouse has a dependent child or has a degree of work incapacity of at least 66 percent, or if the deceased had worked down the mines for 20 years. In addition, the marriage must have lasted at least one year, or have produced a child, or death must have been due to an accident or occupational disease occurring after the date of the marriage, or the spouse must at the time of death have had a dependent child for whom he/she was receiving family benefits.

The surviving spouse must have ceased all work with the exception of authorised work. For people under 65 receiving only a survivors' pension, when the pension has started from 2009, accumulation with income from work is authorised if annual professional earnings do not exceed € 17,280 per year for an employee (gross wage). This amount is increased up to € 21,600 in where there is a dependent child. Before beginning work as a pensioner you must notify the National Pension Office (*Office national des pensions, Rijksdienst voor Pensioenen/Landespensioensamt*, Tour du Midi/Zuidertoren, B-1060 Brussels), by registered letter. And you must inform your employer, also by registered letter, that you are receiving a pension. For more information, contact the National Pension Office.

The surviving spouse must also not have remarried.

Conditions for the **divorced spouse** are that she/he may not have lost parental authority, or be convicted for making an attempt on the spouse's life, or have remarried. Other conditions (age, accumulation, etc.) are the same as those for an old age pension. See Chapter VI [When are you entitled to old-age benefits?](#).

A **surviving partner** receives no benefits.

Furthermore, you will not receive a survivor's pension if you are already receiving sickness, invalidity or involuntary unemployment benefit under Belgian or foreign social security legislation, or if you are receiving an allowance for cessation of work or a supplementary allowance under contractual pre-retirement arrangements.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

What is covered?

The surviving spouse is entitled to 80 percent of the actual or hypothetical old-age pension of the insured person, calculated at the rate for a married couple where the spouse is dependent.

For the divorced spouse, the pension is calculated as the old-age pension, but only on the basis of 62.5 percent of the income, minus the personal income. Periods outside marriage and periods covered by a personal pension are not taken into account.

The guaranteed minimum survivor's pension for a complete career is € 11,868.82 per year, calculated pro rata if the career is at least equivalent to two-thirds of a complete career.



The maximum pension depends on annual earnings ceiling. From 1 January 2010, the maximum pension for a surviving spouse of an employee amounts to € 22.956,00, which corresponds to the maximum old-age pension for a single person.

A tide-over pension can be granted or maintained temporarily for a widow(er) who is not or no longer entitled to a survivor's pension, respectively. In particular, a 12-month grant can be provided to spouses who do not qualify for a survivor's pension. The pension can also be maintained over a maximum of 12 months when, being under 45, the surviving spouse does not qualify any more for the early grant of a survivor's pension. In this case, after 12 months a reduced pension amount is paid.

Death grant

Where the death of an insured person is unrelated to his or her working life, a grant towards funeral expenses is paid. This is a lump-sum benefit not linked to the consumer price index, and currently amounts to EUR 148.74.

For death grants relating to accidents at work and occupational diseases, see [Chapter VIII](#).

How are survivors' benefits accessed?

Pension claims must be submitted to the municipal administration at your place of residence. If you reside in another EU Member State, you must apply to the local pension institution in that country.

An application for a survivor's tide-over pension must be made within 12 months from the date on which the spouse died. Note: the surviving spouse of a pensioner does not need to apply for a survivor's pension or a tide-over pension, as one or the other will be granted automatically.

The pension can be paid either by postal order, which can be sent to you at home, or by transfer into your post office or bank account.

Your right to survivors' benefits when moving within Europe

In general, the rules which apply to pensions for surviving spouses or orphans and death grants are the same as the ones applying to invalidity and old-age pensions (see chapters [Chapter V: Invalidity benefits](#) and [Chapter VI: Old-age pensions and benefits](#)). Namely, survivors' pensions and death grants have to be paid without any reduction, modification or suspension regardless of where the surviving spouse resides in the European Union, Iceland, Liechtenstein, Norway or Switzerland*.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

Accidents at work

An accident at work is defined as “any accident that happens to a worker during the course and by the fact of the performance of his contract of employment and which causes an injury”.

All employees, including apprentices/trainees and domestic workers, are insured against accidents at work or on the way to and from work.

Occupational diseases

All employees are insured against occupational diseases, as are unemployed and disabled people undergoing vocational training or rehabilitation. There is a list of recognised illnesses that can be consulted at the Occupational Illnesses Fund (*Fonds des maladies professionnelles – FMP / Fonds voor de beroepsziekten – FBZ / Fonds für Berufskrankheiten – FBK*) website at the following address: http://www.fmp.fgov.be/fr/listes_fr01.htm (in Dutch, French and German). If a particular occupational disease is on the list and the victim is employed in a sector where he or she is exposed to that risk, the illness will be recognised as an occupational disease. In addition, a person suffering from a disease not on the list is also entitled to prove exposure to a certain risk and to prove a causal link between this exposure and the disease. Employers must be insured with the Occupational Illnesses Fund, which grants the benefits concerned.

What is covered?

Accidents at work

An accident at work gives rise to the following entitlements:

- cash benefit for temporary or permanent total or partial loss of working capacity, and, if necessary, an allowance for assistance from a third party;
- reimbursement of medical and related costs;
- reimbursement of travelling expenses;
- special benefits in the event of death.

Cash benefit for incapacity for work

During a period of *temporary total incapacity*, the victim of an accident at work will receive 90 percent of average daily pay. A cash benefit is also paid for *temporary partial incapacity*. If the victim returns to partial employment, he or she will receive benefit equal to the difference between the pay received before the accident and that received after returning to work.

If the victim of such an accident does not return to work after a certain time, the incapacity may be confirmed as being long-term (this is known as “consolidation”).

After such confirmation, an annual allowance is paid for a period of three years. During this period, the case can be re-examined. The amount of the allowance depends on the



degree of incapacity and the pay to which the worker was entitled for the year preceding the accident (basic pay).

At the end of these three years, the allowance is converted into a life annuity. One-third of the capital sum may be paid out on request if the degree of incapacity is more than 19 percent.

In the case of care by another person, a supplementary allowance (*allocation complémentaire/aanvullende uitkering*) is given, at a maximum of 12 times the average monthly guaranteed income, according to the degree of need, index-linked from the beginning of the period of compensation and terminated as of the 91st day of hospitalisation.

Accumulation with new earnings from work is fully permitted. There are however limitations to accumulation with benefits for sickness, invalidity, retirement and other pensions for employment injuries and occupational diseases.

As regards **payment of these benefits**, cash benefit for temporary incapacity is paid on the same dates as regular pay. After "consolidation", the benefit is paid monthly or quarterly, depending on the particular case.

Healthcare

The victim of an accident at work is entitled to reimbursement of the costs of hospitalisation, physiotherapy, medical, surgical and dental care, drugs and orthopaedic appliances. None of these costs are borne by the victim. Reimbursement is made on the basis of the schedule of statutory charges applying in the health insurance system, and the insurer must pay the portion of cost normally borne by the patient.

The insured person's travelling expenses and those of members of his or her family may also be covered in certain conditions.

Fatal accident

If an employee is killed in an accident at, or on the way to or from, work, the following benefits are payable:

- a grant for funeral expenses equal to 30 times the victim's average daily pay;
- reimbursement of all costs (including administrative formalities) relating to the transfer of the deceased to the place of interment;
- a life annuity payable to the surviving spouse of the insured, equal to 30 percent of the pay of the deceased;
- a temporary allowance for any children of the insured, amounting to 15 percent (half-orphans) or 20 percent (full orphans) of the pay of the deceased. This is paid until the age of 18 or until the entitlement to family benefits has ended.

Fatal accident annuities and allowances are paid monthly or quarterly.

Occupational diseases

The benefits paid for occupational disease are:

- cash benefit for temporary or permanent partial or total incapacity, including in serious cases an allowance for assistance from a third party;
- allowances for temporary or permanent cessation of work as a precautionary measure. The FMP/FBZ/FBK may authorize a person to stop working if a doctor finds that he or she has a predisposition to an occupational disease or identifies the first



symptoms of such a disease. In this case, the insured is entitled to cash benefit for temporary total incapacity, and to retraining;

- an allowance in the event of the death of the insured as a result of the occupational disease;
- reimbursement of medical and related costs. The insured person has a free choice of doctor, and will be reimbursed for all costs incurred, at the prescribed rates;
- reimbursement of travelling expenses incurred in relation to the treatment of the occupational disease.

The benefits are calculated and paid in the same way as for accidents at work.

How are the benefits in respect of accidents at work and occupational diseases accessed?

Accidents at work

Your employer must take out a policy with a recognised insurance company or mutual insurance fund.

The employer must notify any such accident to the insurer, and in certain cases the occupational safety inspector, within eight days. There are special forms for this, or it can be done electronically. The employee concerned, or a member of his or her family, can also give such notification of the accident if the employer fails to do so. If possible, a medical certificate should be attached to the notification.

The degree of permanent incapacity, basic pay and the date of "consolidation" are recorded in an agreement between the insurer and the victim of the accident and certified by the Industrial Accidents Fund (*Fonds des accidents de travail – FAT / Fonds voor Arbeidsongevallen – FAO / Fonds für Arbeitsunfälle – FAU*).

If the victim does not agree with the insurer's assessment, he or she can appeal to the labour court.

In principle, the victim can choose the doctor or hospital, unless the employer or the insurer has its own approved medical/pharmaceutical service or hospital. These services are provided entirely free of charge.

For any further information, please contact your employer's insurer. If you have any difficulty, contact the Industrial Accidents Fund (see [Annex I](#)).

Occupational diseases

Claims must be submitted to the Occupational Illnesses Fund FMP/FBZ/FBK) by the insured or his or her nominee (e.g. the health insurance fund). The application is made using a standard form supplied by the FMP/FBZ/FBK. If there is a change in the person's state of health, the degree of incapacity may be re-assessed by the FMP/FBZ/FBK, either at the request of the person concerned or *ex officio*.

Your right to benefits in respect of accidents at work and occupational diseases when moving within Europe

The EU provisions on benefits in respect of accidents at work or occupational diseases are very similar to the provisions on sickness benefits (see sections II and III). Within the European Union, Iceland, Liechtenstein, Norway or Switzerland, if you reside or stay in a country other than in the one in which you are insured against accidents at work, you are



normally entitled to receive healthcare there in respect of an accident at work or an occupational disease; benefits in cash will normally be paid by the institution by which you are insured, even if you reside or stay in another country.*

Whenever certain conditions have to be fulfilled in order to become entitled to benefits in respect of accidents at work or occupational diseases, the institution where you are insured must take account of periods of insurance, residence or employment that you have completed under the legislation of other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland. This guarantees that people will not lose their insurance coverage when changing employment and moving to another country.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IX: Family benefits

When are you entitled to family benefits?

You are entitled to family benefits if you are an employed person or are unemployed, disabled or receiving a pension.

There has to be a family or legal relationship between you and the child or children concerned. When several persons are entitled to family benefits for the same child, there are certain rules of priority to be observed.

For self-employed persons, special provisions may apply. For more details, please contact the institutions referred to in [Annex I](#).

Age limit

Up to 31 August of the calendar year in which a child reaches the age of 18, entitlement to family benefits is not subject to any qualifying condition. After that, family benefits can be granted for children:

- up to the age of 25, if they have a recognized apprenticeship contract;
- up to the age of 21, **if they suffer from a complaint** affecting them in terms of mental or physical disability or personal activity and participation, or affecting their family circle;
- up to the age of 25, for students, graduate students preparing a thesis and trainees;
- up to the age of 25, for those who have finished their studies or training and have registered as job-seekers, but only for a maximum of 180 or 270 days after completion of the study or training program.

A child must be brought up in Belgium and follow his/her studies there and not abroad.

Parental benefit

Belgian legislation also provides for parental benefits. To obtain these benefits, the condition is that you are a parent who works full-time or part-time in the private or public sector and who interrupts his/her career to take care of his/her small child.

Moreover, you must:

- be on leave (maximum three months when interrupting a full-time job; maximum six months in case of part-time job) since the child's birth or adoption, and before the child reaches the age of six (eight in case of adoption, or physical or mental incapacity of at least 66 percent);
- justify 12 months of work during the 15 months preceding the announcement to the employer.

What is covered?

You are entitled to child benefits for each child who meets the above conditions. The amount increases with the number of children, but for the third child and any subsequent children the amount per child is the same. If you want to know how much you are entitled to for your children, you can use the electronic calculator provided on the website of the national family benefits office (*Office national des allocations familiales pour travailleurs salariés – ONAFTS / Rijksdienst voor Kinderbijslag voor Werknemers – RKW / Zentralanstalt für Familienbeihilfen für Arbeitnehmer – ZFA*): <http://www.onafts.fgov.be/Fr/compute.php>.



Entitlement to basic child benefit is determined quarterly, based on the beneficiary's situation in the reference month. The reference month is the second month of the preceding quarter for those who are already entitled to family benefit or the first month of entitlement for those becoming entitled to these benefits for the first time.

You are entitled to age supplements when your children reach the ages of six, 12 and 18.

Special supplements are paid for disabled children and for children of unemployed persons (after seven months of full unemployment), pensioners, disabled persons in paid employment and female workers on maternity leave (after seven months of incapacity). Increased family benefits are paid for half-orphans whose surviving parent (father or mother) has not remarried or set up a household.

Former unemployed persons and former invalids who have started a new activity are granted, under certain conditions, the right to a social supplement during a maximum period of eight quarters.

The qualifying conditions for supplements linked to the socio-professional situation of the beneficiary (supplements for children of unemployed persons, pensioners and disabled employees) are the same as for basic family benefits. When a person becomes entitled to a supplementary benefit, because all the legal and regulatory qualifying conditions are met in a particular month, the supplement will be paid on the first day of the following month, for the rest of that quarter and for the following quarter. After that the quarterly entitlement will continue to stand each time the legal and regulatory conditions are met at any time in the second month of the previous quarter.

The supplements for disabled children and the increases in family benefit for orphans are no longer paid starting with the month after the one in which the qualifying conditions are no longer met.

Birth and adoption grant

A birth grant is paid for the birth of a child.

In certain conditions an adoption grant can be paid when a child is adopted.

Parental benefit

In the case of full-time work, the benefit is € 741.40 for a total interruption of work, or € 370.69 (for persons aged less than 50) for a half-time interruption of work.

Supplementary allowances

There are also supplementary allowances for children under the age of 21, with diseases impacting on their physical or mental capacity, on their activity and participation or on their family circle.

How are family benefits accessed?

To receive family benefits, you have to apply to the family allowance fund to which your employer is affiliated. Your employer will give you the address of the fund, and they will give you full information.

Family benefits are paid to the person who is raising the child concerned, i.e. generally the mother. In the case of married children, children who have become independent, children over the age of 16 who have their own place of residence and are no longer part of the household of the person responsible for their education, and children who have



children of their own for whom they are receiving family benefit, the family benefits are paid directly to the child.

Applications for birth grants must be submitted to the competent family benefits fund. You can apply for this any time starting from the sixth month of pregnancy, and the grant can be paid as of the second month before the scheduled date of birth.

For parental benefits, you must inform the employer in time according to the prescribed terms and transmit the necessary documents to the national employment office.

Your right to family benefits when moving within Europe

Characteristics and amounts of family benefits vary considerably from one state to another.* It is therefore important for you to know which state is responsible for providing you with these benefits and what the conditions to entitlement are. You can find the general principles for determining the competent legislation at <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

The country which is responsible for paying family benefits must take into account periods of insurance completed under the legislation of any other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland, if this is necessary to satisfy the conditions governing entitlement to the benefit.

If a family is entitled to benefits under the legislation of more than one country, they will, in principle, receive the highest amount of benefits provided for under the legislation of one of these countries. In other words, the family is treated as if all persons concerned resided and were insured in the state with the most favourable legislation.

Family benefits may not be paid twice over the same period and for the same family member. There are priority rules which provide for the suspension of benefits from one country up to the amount of those paid by the country which is primarily competent for payment.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment benefits

Generally speaking, employed persons are insured against the risks of unemployment, regardless of their daily or weekly working hours. Civil servants can claim unemployment benefit following a unilateral severance of the employment relationship.

To be entitled to unemployment benefit, you must:

- have worked a minimum number of days (between 312 and 624) during a fixed period of time (from 18 to 36 months). The length of this period depends on your age. Periods of work in other EU Member States are normally taken into account, but you must have become unemployed in Belgium;
- have lost your job involuntarily, without receiving compensation;
- be registered as a job-seeker with the competent employment service and reply to every suitable job offer, training offer or, after the age of 45, retraining offer. In Flanders, the competent employment service is the VDAB, in Brussels it is Actiris and in Wallonia, FOREM;
- be actively looking for work; after a certain period of unemployment, you will be summoned for an interview to assess whether you have been trying hard enough; you may also be asked to give a written undertaking in this regard, which will be assessed later;
- be able to work;
- be under the age of 65 (both for men and women);
- have your usual residence in Belgium and actually be living in Belgium.

No unemployment scheme exists for self-employed persons, with the exception of a special bankruptcy allowance. For more details, please contact the institutions referred to in [Annex I](#).

Pre-retirement benefits

Pre-retirement pension on the basis of collective agreements

Pre-retirement pension on the basis of collective agreements (*pré-pension conventionnelle/conventioneel brugpensioen*) is a system that allows certain older workers who are made redundant to obtain a supplementary allowance – in addition to unemployment benefit – payable by the employer or a fund acting on his behalf. Contractual pre-retirement is not early retirement. Contractual pre-retirement only applies to workers in the private sector.

In order to be entitled to this pre-retirement pension, you must:

- be aged 60 (younger age possible in case of long career);
- be made redundant; i.e. your employer must either give you notice or terminate your contract, with a severance payment;
- be entitled to unemployment benefit;
- withdraw from the labour market.

There is an obligation for the employer to replace the pre-retired person.

When laid off from an enterprise recognised as being in difficulties, you must be aged 52. When laid off from an enterprise declared to be in a process of reorganisation, you must



be aged between 52 and 55 (in exceptional cases at the age of 50 after the opinion of a consulting committee). In those cases, there is no replacement obligation.

Part-time allowance for older workers

The part-time allowance for older workers (*prépension conventionnelle à mi-temps/halfijds brugpensioen*) is a complementary indemnity system for certain older employees in the case of benefit reduction for part-time work. This scheme applies only to full-time employees in the private sector who agree to work half time.

In order to be entitled to this benefit, you must:

- be aged at least 55;
- be entitled to unemployment benefit;

The employer must replace you for those hours you no longer work.

What is covered?

Unemployment benefits

The *per diem* cash benefit depends on the length of time a person has been unemployed, his or her average daily pay, and the family situation. When an unemployed person has a dependent family and is the sole breadwinner, he or she is entitled to 60 percent of previous earnings, subject to a maximum of €51.94 and a minimum of €39.53. An unemployed person without dependants is entitled to 60 percent of previous earnings for the first year of unemployment (with a maximum of €51.94 and a minimum of €33.21) and 53.8% thereafter (with a maximum of €40.56).

An unemployed person who has no dependants and is living with persons who have an income is entitled to 60 percent of previous earnings for the first year (with a maximum of €51.94 and a minimum of €24.89) and 40 percent thereafter (with a maximum of €30.16 and a minimum of €17.54),

Unemployed persons of 50 years of age or more who have worked for at least 20 years are entitled to a "seniority supplement" or a return-to-work supplement.

An unemployed person with part-time work can in certain cases receive a supplementary allowance, the amount of which depends on the number of hours worked.

Workers whose contracts of employment are temporarily suspended through no wish of their own can obtain a temporary *per diem* allowance for each full day of suspension.

Young persons below the age of 30 (at the time of claiming) who have been unemployed since leaving school and who meet the other qualifying criteria (type of education, etc.) may be entitled to a flat-rate *per diem* benefit, payable after a certain time.

Part-time workers who become unemployed are entitled to a level of benefit in proportion to their number of working hours.

Accumulation with other benefits and with income from work

Accumulation with other social security benefits is limited.

Accumulation with earnings from work is also limited to certain cases only. When someone receives a professional income deriving from a "subordinate" activity carried out during at least three months before unemployment and continuing after unemployment, then accumulation is possible up to 130 percent of the maximum daily amount of the



unemployment benefit of a person with a dependent family. For a professional income deriving from a "casual" activity carried out during unemployment, for a month, there is a loss of the daily unemployment benefit only for the days of activity and maintenance of the benefit for the remaining days.

Refusal of benefits and sanctions

If you are out of work because you left your job for no valid reason or were dismissed through your own fault, or if you refuse an offer of a suitable job or training program while unemployed (e.g. exclusion in case of non cooperation during a specific procedure of active search for a job or during an outplacement) or you do not try hard enough to find a job, your benefit is liable to be withheld for a certain period.

Pre-retirement benefits

Pre-retirement pension on basis of collective agreements

A supplementary allowance (*indemnité complémentaire/aanvullende vergoeding*) is added to unemployment benefit equal to half the difference between the net earnings (upper limit) and the unemployment benefit. The indemnity is paid by the employers. The amount of unemployment benefit payable in this case is 60 percent of your most recent gross pay, whatever your family situation, and it remains unchanged for the entire duration of your pre-retirement.

Part-time allowance for older workers

In addition to the remuneration of his or her part-time work, the beneficiary receives a supplement partly consisting of unemployment benefit with the remaining sum paid by the employer. The unemployment benefit is paid at a flat-rate of **€ 14.61** per day.

How are employment benefits accessed?

You have to apply to the body responsible for paying your unemployment benefit. Decisions on granting benefit are made by the National Employment Office (*Office national pour l'emploi/Rijksdienst voor Arbeidsvoorziening/Landesamt für Arbeitsbeschaffung - ONEM/RVA/LfA*), and the actual payments are made either by recognised private bodies set up by the trade unions (CSC/ACV, FGTB/ABVV, CGSLB/ACLVB) or by the State body, the Auxiliary Unemployment Benefits Fund (*Caisse auxiliaire de paiement des allocations de chômage/Hulpkas voor werkloosheidsuitkeringen/Hilfszahlstelle für Arbeitslosenunterstützungen - CAPAC/HVW/HFA*)).

You may choose the body by which you wish to be paid and may transfer whenever you wish.

Your right to unemployment benefits when moving within Europe

Normally, the member state in which you are employed is the one responsible for granting unemployment benefits. Special provisions apply to frontier workers and other cross-border workers who have maintained their residence in a member state other than the one in which they work.

Periods of insurance or employment completed in other countries of the European Union, Iceland, Liechtenstein, Norway or Switzerland, may be used to fulfil the contribution conditions.



If you want to look for a job in a different country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you may under certain conditions export these benefits for a limited period of time.*

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

General system

The general system guarantees a right to social integration through a job or an integration income (*revenu d'intégration/leefloon*), coupled or not to an integration project. The integration income must ensure a minimum income to persons without sufficient resources and unable to procure them by personal effort or other means. A person is considered to be in need if, following the social and the means investigation, it appears that his/her resources are lower than the amounts of integration income.

To claim the integration income, the claimant must be 18 years of age (civil majority), with three exceptions: minors emancipated by marriage, single persons looking after (a) child(ren) and pregnant minors. There is no maximum age limit.

The claimant must demonstrate his/her willingness to work unless this is impossible for health or equity reasons.

Guaranteed income for elderly persons

This is a special mechanism providing financial assistance for elderly people on low incomes.

You become eligible for the guaranteed income at the age of 65. Entitlement to the guaranteed income for elderly persons (commonly known as GRAPA) depends on your total income, from all sources (pension, property, earnings, etc.). If your income is above a certain level, the amount of GRAPA paid will be reduced accordingly.

You have to be resident in Belgium to be entitled to GRAPA.

Income replacement allowance

Income replacement allowance may be paid to disabled persons whose physical or mental state has reduced their earning capacity to one-third or less of what a healthy person can earn in the general labour market.

To be eligible for income replacement allowance, you must be between 21 and 65 years of age and be both domiciled and actually resident in Belgium; if you were receiving this benefit before reaching the age of 65, however, you will continue to do so afterwards. Also, the nationality of the disabled person must be one of those stated in the legislation.

Other benefits

There are also some other minimum income benefits, in particular guaranteed family benefits, integration allowance and allowance for assistance to the elderly. For more details, please refer to [Annex I](#).

What is covered?

General system

The monthly amounts of the integration income are:

- Cohabiting person : € 493.54;
- Single person: € 740.32;
- Person living together with a dependent family: € 987.09.



The benefit is paid for an indefinite period, as long as the entitlement conditions are fulfilled.

These amounts may be combined with family benefits received for children. If the household income is lower than a certain ceiling, the allowances are granted in full. The amount of the allowances is reduced by the amount of income exceeding the ceiling. Beyond these ceilings, the higher the income gets, the lower the amount granted will be.

With regards to housing and heating allowances, the federated entities provide for contributions for installation, moving house and rent. This exists only at regional level. There are also some special rights to health care.

Guaranteed income for elderly persons

The monthly amounts of the guaranteed income for elderly persons vary according to the family situation:

- Single rate: € 916.33;
- Cohabiting rate: € 610.89 ;
- Household rate (for 2 cohabiting beneficiaries): € 1,221.78.

The beneficiary is also entitled to healthcare.

The benefit is paid for as long as the entitlement conditions are fulfilled.

Income replacement allowance

The monthly basic amount of the allowance is determined by the family situation of the disabled person :

- Category A: € 493.79;
- Category B: € 740.68;
- Category C: € 987.58.

While the incomes of the person concerned and of any person with whom he or she forms a household are taken into account for the calculation of this benefit, certain amounts are deductible.

Once the allowance is granted, entitlement continues to exist for as long as it is not affected by a significant change in the disabled person's situation.

How are minimum resources benefits accessed?

General system

The integration income is granted locally by the Public Centres for Social Assistance (PCSA) (*Centre public d'action sociale/Openbaar Centrum voor Maatschappelijk Welzijn*) based on an assessment of claims.

A social investigation and a means investigation must be carried out by the social worker of the PCSA. The claimant has the right to be consulted prior to the decision. The social assistance council of the PCSA must take a decision within 30 days following the claim. The right is acknowledged from the date of the claim. The first payment must take place within 15 days following the decision.



Guaranteed income for elderly persons

If you are receiving a pension or a disability or rehabilitation allowance, your eligibility will be automatically assessed. Otherwise, you must apply to your local municipal administration or the National Pension Office.

The National Pension Office (*Office national des pensions/Rijksdienst voor Pensioenen*) assesses, following an investigation of all means of the claimant and any cohabiting person, whether a person is in need.

Income replacement allowance

Applications for income replacement allowance should be made to the mayor of the municipality where the disabled person is registered (as a Belgian national or foreigner).

The Directorate General for Disabled Persons (*Direction générale Personnes handicapées/Directie-generaal Personen met een Handicap*) is responsible for both the administrative (admissibility, family situation, entitlement conditions) and the medical investigation, the latter being carried out by a designated doctor.

Your right to minimum resources benefits when moving within Europe

Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.

EU coordination rules apply only to social security, not to social assistance benefits.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter XII: Long-term care

When are you entitled to long-term care?

There is no specific legislation at federal (national) level. However, certain benefits are provided for in the legislation on sickness and invalidity insurance (see [Chapter III: Sickness cash benefits](#) and [Chapter V: Invalidity benefits](#)) and on guaranteeing sufficient resources (see [Chapter XI: Minimum resources](#)).

Sickness and invalidity insurance

A person insured under the sickness insurance scheme (workers bound by a labour contract and assimilated categories) who is not able to perform the basic activities of daily living, can receive certain benefits. To receive these cash benefits, the age condition is that you are aged between 15.5 years and pensionable age. You must suffer from a lack or reduction of autonomy. Assistance is provided according to an assessment of each individual case.

Care insurance (regional)

At the level of the federated entities (Flemish Community) there is a compulsory social insurance scheme, the Care insurance (*Zorgverzekering/Assurance soins*). The care insurance confers entitlement to have a care insurance fund take responsibility (in the form of a monthly benefit) for the paying of certain costs connected with the provision of assistance and services of a non-medical nature.

For entitlement to care insurance, the qualifying period comprises five years of continuous residence in the Flemish Region or in the bilingual region of Brussels-Capital and membership of a recognised care insurance fund.

One must also be in a serious and prolonged situation of reduced autonomy, i.e. in need of the assistance of relatives, friends or care providers for performing basic activities of daily living.

There is no maximum age for care insurance. The minimum age is 25 years, but in some cases it is possible to receive benefits below the age of 25.

Integration allowance and allowance for assistance to the elderly

The integration allowance (*allocation d'intégration/integratietegemoetkoming*) and the allowance for assistance to the elderly (*allocation pour l'aide aux personnes âgées/tegemoetkoming voor hulp aan bejaarden*) are means-tested social assistance schemes.

The integration allowance is granted to disabled persons from the age of 21 who, at the time of making the request, are younger than 65 and in respect of whom the lack or the reduction of autonomy is established. The integration allowance is granted only if income does not exceed certain ceilings.

The allowance for assistance to the elderly is granted to disabled persons from the age of 65 who do not receive the income replacement allowance (*allocation de remplacement de revenus/ inkomensvervanging de tegemoetkoming*, see [Chapter XI: Minimum resources](#)) or the integration allowance and who suffer from a lack or reduction of autonomy.



What is covered?

Sickness and invalidity insurance

Under the sickness and invalidity insurance, different benefits in kind can be received, like nursing care at home for heavily dependent patients. The insurance covers part of the fixed costs of this care according to the state of physical dependence of the patient. Residential care is also provided for.

Disabled persons with dependants and fulfilling the conditions for recognition of need for the assistance of a third party are entitled to a flat-rate allowance of € 12.99 per day.

Care insurance (regional)

The care insurance scheme provides, through a cash benefit, for aid and assistance of a non-medical nature supplied by third persons to persons with reduced autonomy in a residential, semi-residential or out-patient setting.

For community-based and home care the benefit corresponds to a fixed monthly amount of € 130. The same amount is granted if the person resides in an institution other than a service flat.

The benefit is paid to the user for a period up to 36 months in the case of community-based and home care. In the case of residential care, no maximum duration is specified.

Integration allowance and allowance for assistance to the elderly

These allowances are aimed at offsetting the additional costs resulting from the lack or the reduction of autonomy. They are calculated on a lump-sum basis and vary according to the category of dependency.

The integration allowance is reduced by 28 percent in the case of a stay in an institution which is entirely or partially funded by public funds.

The allowances are granted as long as the medical and administrative conditions are fulfilled.

How is long-term care accessed?

Benefits are subject to an assessment of the need for long-term care. The evaluation of the care dependency is marked by certain indicators.

Sickness and invalidity insurance

For nursing care at home, the necessity is assessed by a nurse or attending physician. For assistance of a third party, the medical advisor and the Medical Invalidity Board of the INAMI (*Institut National d'Assurance Maladie-Invalidité/Rijksinstituut voor ziekte- en invaliditeitsverzekering*) take care of the assessment.

Care insurance (regional)

For community-based and home care, the evaluation is carried out by a professional care organisation or provider authorised to determine the seriousness and the duration of the situation of reduced autonomy. The state of dependency is proved by means of an attestation issued by the Federal public service for social security (*SPF Sécurité Sociale/FOD Sociale Zekerheid*), the sickness fund, the home help service or, depending on the situation, the child benefit fund or by an authorised assessor chosen by the person concerned or his representative.



For residential care, the state of dependency is proved by means of an attestation of stay in a recognised institution.

Integration allowance and allowance for assistance to the elderly

The reduction of autonomy is determined by an appointed doctor or by a multidisciplinary team under the control of the Directorate General for disabled persons of the Federal public service for social security.

Your right to long-term care when moving within Europe

Long-term care benefits also fall under EU social security coordination rules, in the same way as sickness benefits. Long-term care benefits in cash are paid according to the legislation of the state where you are insured, regardless of which state you are residing or staying in.*

Long-term care benefits in kind (which include healthcare, medical treatment, medicines and hospitalisation) are provided according to the legislation of the state in which you reside or stay as if you were insured in that state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Annex I: Useful addresses and websites

Employed Persons

Federal public service Social Security

Service public fédéral – Sécurité sociale (SPF Sécurité sociale)
Federale Overheidsdienst – Sociale Zekerheid (FOD Sociale Zekerheid)
Finance Tower
Boulevard du Jardin Botanique, 50 bte 1
1000 BRUXELLES
www.socialsecurity.fgov.be

You can find detailed information about the Belgian social security system on the SPF/FOD social security website: <https://www.socialsecurity.be>
For a fun way to test and expand your social security knowledge, try the interactive site: <http://www.masecu.be>

Joining the Belgian social security system

General social security scheme for employed persons

Office national de sécurité sociale (ONSS)
Rijksdienst voor sociale zekerheid (RSZ)
Landesamt für Soziale Sicherheit (LSS)
The National Social Security Service is responsible for collecting contributions and distributing them to the other institutions.

Place Victor Horta/Victor Horta Plein 11
B-1060 Brussels
Tel.: (32-2) 509 31 11
Fax: (32-2) 509 30 19
E-mail: webmaster@onssrszlss.fgov.be
<http://www.onssrszlss.fgov.be>

Social security for workers employed outside the European Economic Area and Switzerland

Office de sécurité sociale d'outre mer (OSSOM)
Dienst voor de overzeese sociale zekerheid (DOSZ)
Amt Für Überseeische Soziale Sicherheit (AÜSS)
Avenue Louise/Louisa Laan 194
B-1050 Brussels
Tel.: (32-2) 642 05 11
Fax: (32-2) 642 05 59
E-mail: info@ossom.fgov.be
<http://www.ossom.fgov.be>



Social security benefits: Management

Benefits are granted and paid by various specialised institutions.

Sickness, maternity and equivalent paternity benefits, and invalidity benefits

General scheme for employed persons

Institut national d'assurance maladie invalidité (INAMI)

Rijksinstituut voor ziekte- en invaliditeitsverzekering (RIZIV)

Avenue de Tervuren/Tervuren Laan 211

B-1150 Brussels

Tel.: switchboard: (32-2) 739 71 11

Fax: (32-2) 739 72 91

For healthcare information: Tel.: (32-2) 739 78 00

For information about sickness, maternity or paternity benefits: Tel.: (32-2) 739 76 90

<http://www.inami.fgov.be>

You will find a list of all insurance providers on the INAMI website:

<http://inami.fgov.be/secure/fr/insurers/contacts/index.htm>

- Alliance nationale des mutualités chrétiennes: <http://www.mc.be>
- Union nationale des mutualités neutres: <http://www.mutualites-neutres.be>
- Union nationale des mutualités socialistes: <http://www.mutsoc.be>
- Union nationale des mutualités libérales: <http://www.libmut.be>
- Union nationale des mutualités libres: <http://www.mloz.be>
- Caisse auxiliaire d'assurance maladie invalidité (CAAMI) — Hulpkas voor ziekte- en invaliditeitsverzekering (HZIV) — Hilfskasse für Kranken- und Invalidenversicherung (HKIV):
Rue du Trône/Troonstraat 30A
B-1000 Bruxelles/Brussels
Tel.: (32-2) 229 35 62
Fax: (32-2) 229 35 58
<http://www.caami-hziv.fgov.be>
- Caisse des soins de santé de la SNCB Holding - Kas der Geneeskundige Verzorging van de NMBS Holding
Rue de France/Frankrijkstraat 85
B-1060 Bruxelles/Brussel
Tel. : (32-2) 526 35 28
Fax : (32-2) 525 35 61

Seamen

Caisse de secours et de prévoyance en faveur des marins (CSPM)

Hulp- en verzorgingskas voor zeevarenden (HVKZ)

"Maritiem Huis"

Olijfakstraat 1-13

Postbus 1

B-2060 Antwerp 6

Tel.: (32-3) 220 74 11

Fax: (32-3) 220 74 66

<http://www.hvkz-cspm.fgov.be>

Benefits for accidents at work

Fonds des accidents de travail (FAT) Fonds voor arbeidsongevallen (FAO)

Rue du Trône/Troonstraat 100

B-1050 Brussels

Tel.: (32-2) 506 84 11



Fax: (32-2) 506 84 15
E-mail: info@faofat.fgov.be
<http://socialsecurity.fgov.be/faofat>

Benefits for occupational diseases

Fonds des maladies professionnelles (FMP)
Fonds voor beroepsziekten (FBZ)
Fonds für BerufsKrankheiten (FBK)
Avenue de l'Astronomie/Sterrekundelaan 1
B-1210 Brussels
For general information:
Tel.: (32-2) 226 63 30
E-mail: Jean.Nicaise@fmp-fbz.fgov.be
For payments:
Tel.: (32-2) 226 67 19 or (32-2) 226 63 40
E-mail: Claudette.Gallet@fmp-fbz.fgov.be or Severine.Thibaut@fmp-fbz.fgov.be
<http://www.fmp.fgov.be>

Death grants

Death due to non-work-related illness or accident

Institut national d'assurance maladie invalidité (INAMI)
See above.
<http://www.inami.fgov.be>

Death due to occupational disease

Fonds des maladies professionnelles (FMP)
Fonds voor beroepsziekten (FBZ)
Fonds für BerufsKrankheiten (FBK)
Avenue de l'Astronomie/Sterrekundelaan 1
B-1210 Brussels
Tel.: (32-2) 22 66 202
deces@fmp-fbz.fgov.be

Death due to an accident at work

Fonds des accidents de travail (FAT)
Fonds voor arbeidsongevallen (FAO))
Fonds für Arbeitsunfälle (FAF))
Rue du Trône/Troonstraat 100
B-1050 Brussels
Tel.: (32-2) 506 84 92

Old-age and survivors' pensions

Office national des pensions (ONP)
Rijksdienst voor pensioenen (RVP)
Landespensionsamt (LPA)
Tour du Midi/Zuidertoren
B-1060 Brussels
Tel.: (32-2) 529 30 01 (FR) – (32-2) 529 30 02 (NL) – (32-2) 529 30 03 (DE)
info@rvponp.fgov.be
<http://www.onprvp.fgov.be>
Freephone (in Belgium): Monday-Friday 8:30 – 12:00 and 13:00 – 17:00:
0800 502 56 (FR) – 0800 502 66 (DE) – 0800 502 46 (NL)



Unemployment benefits

Office national de l'emploi (ONEM)
Rijksdienst voor arbeidsvoorziening (RVA)
Landesamt für Arbeitsbeschaffung (LfA)
Boulevard de l'Empereur/Keizerslaan 7
B-1000 Brussels

Tel.: (32-2) 515 41 11, Fax: (32-2) 514 11 06

The addresses of the regional offices of the National Employment Office are listed on the ONEM website:

<http://www.onem.fgov.be>

Unemployment benefits are paid:

- either by a public institution: Caisse auxiliaire de paiement des allocations de chômage (CAPAC) — Hulpkas voor werkloosheidsuitkeringen (HVW) — Hilfszahlstelle für Arbeitslosenunterstützungen (HFA)
<http://www.capac.fgov.be>
- or by the worker's union:
Fédération générale du travail de Belgique (FGTB)
<http://www.fgtb.be>
Confédération des syndicats chrétiens (CSC)
<http://www.csc-en-ligne.be>
Confédération générale des syndicats libéraux de Belgique (CGSLB)
<http://www.aclvb.be/>

Pre-retirement

SPF – Emploi et concertation sociale
FOD – Werkgelegenheid, Arbeid en sociaal Overleg
Rue Ernest Blérot/Ernest Blérot Straat 1
B-1070 Brussels
Tel.: (32-2) 233 41 11
Fax: (32-2) 233 44 88
E-mail: sep@meta.fgov.be
<http://www.meta.fgov.be/index.htm>

Family benefits and Guaranteed Family Benefits

Office national des allocations familiales pour travailleurs salariés (ONAFS)
Rijksdienst voor kinderbijslag voor werknemers
Zentralanstalt für Familienbeihilfen für Arbeitnehmer
Rue de Trèves/Trierstraat 70 (postal address) or 9 (reception)
B-1000 Brussels
Tel.: (32-2) 237 23 20
Fax: (32-2) 237 23 09
Freephone: 0800 944 34
<http://www.onafits.fgov.be>

All the family benefits agencies are listed on the ONAFS website:

<http://www.onafits.fgov.be/Fr/Info/Agencies/agencyListNumber.php>

Income replacement allowance, integration allowance and allowance for assistance to the elderly

Service public fédéral (SPF) Sécurité sociale
General Directorate for Disabled Persons
Finance Tower
Boulevard du Jardin Botanique 50, boîte 1
B 1000 Bruxelles



Contact Centre

Tel.: (32-2) 507 87 99

Fax: (32-2) 509 81 85

E-mail: <mailto:HandiN@minsoc.fed.be> (NL)

E-mail: <mailto:HandiF@minsoc.fed.be> (FR)

For further information:

<http://handicap.fgov.be/fr/citoyens/publications/guide/intro.htm>

Guaranteed income for elderly persons

Office national des pensions (ONP)

Rijksdienst voor pensioenen (RVP)

Landespensionsamt (LPA)

Tour du Midi/Zuidertoren

B-1060 Brussels

Tel.: (32-2) 529 30 01 (FR)

(32-2) 529 30 02 (NL)

(32-2) 529 30 03 (DE)

E-mail: info@rvponp.fgov.be

Self-Employed Persons

Federal social security service – General Directorate for self-employed persons

Service public fédéral (SPF) Sécurité sociale - Direction générale Indépendants

Federale Overheidsdienst Sociale Zekerheid - Directie-Generaal Zelfstandigen

Finance Tower

Boulevard du Jardin Botanique 50, boîte 1

B 1000 Bruxelles

Tel.: (32-2) 528 64 50

Fax (32-2) 528 69 77

E-mail: zelfinddep@minsoc.fed.be

Institut national d'assurances sociales pour travailleurs indépendants (INASTI)

Rijksinstituut voor de social verzekeringen der zelfstandigen (RSVZ)

6 Place Jean Jacobs/Jean Jacobs Plein 6

B-1000 Brussels

Tel.: (32-2) 546 42 11

Fax: (32-2) 511 21 53

E-mail: info@rsvz-inasti.fgov.be

<http://www.inasti.be>

Social insurance funds

You will find the list at the following address:

http://www.inasti.be/fr/tools/links/insurance_companies.htm



Annex II: Special non-contributory cash benefits

Some social security benefits, referred to as special non-contributory cash benefits¹, are provided exclusively in the country where the person concerned resides. It is therefore not possible to "export" these cash benefits when moving to another country in Europe, even if you are still insured in Belgium.

The special non-contributory benefits listed for Belgium are:

- Income replacement allowance (Law of 27 February 1987);
- Guaranteed income for elderly persons (Law of 22 March 2001).

¹ In Annex X of Regulation (EC) No 883/2004 as amended by Regulation (EC) No 988/2009.