



Entitlement to orphan's benefits

period:

This form has to be filled out once a year by the surviving father, mother or adoptive parent.

It is meant to check whether the orphan's benefits are paid correctly. The amount depends on your family situation.

Do not forget to sign the form and return it to us as soon as possible.

If you do not have enough room, use the blank space overleaf.

The data you fill in on this form are gathered in order to establish your entitlement to child benefits and the payment of these benefits. These data are protected by the law on the processing of personal data of 8 December 1992. Please refer to the address above for inspection or correction of your data.

contact
telephone
fax
file number

1

Your living situation

- My situation is **unchanged** in the period mentioned
- My situation has **changed** as follows:

➔ **Go directly to point 2.**

- Living together/married/remarried on
with born on
(name and first name)
- Living separately/divorced/no longer living together
since from/with born on
(name and first name)
- Other changes

E.g. new address, someone moved in with you

2

Person raising the orphans

Did all the orphans for whom we are paying the orphan's benefits stay in your family **for the entire past period**?

- Yes ➔ **Go to point 3.**
- No

Which children did not stay in your family? from until
(name and first name)

With whom or where did they stay?

.....

.....

.....

*Name and address
person/institution*

3

Fill in all the data here of all other family members. **Do not mention the children for whom we are paying the child benefits.**

Relationship with the children
e.g. uncle, grandmother, brother, foster father, guardian, no relationship

Other family members

1. Name and first name
Born on relationship
In the family from until

2. Name and first name
Born on relationship
In the family from until

3. Name and first name
Born on relationship
In the family from until

4

You should inform us as soon as possible and on your own initiative of changes in your family situation or in the situation of the orphans (e.g. adoption).

Incompletely filled out or unsigned forms will be returned.

Signature

I declare to have filled out this form truthfully.
 I know that intentionally giving false information is punishable.
 Date
 Signature
 Telephone