



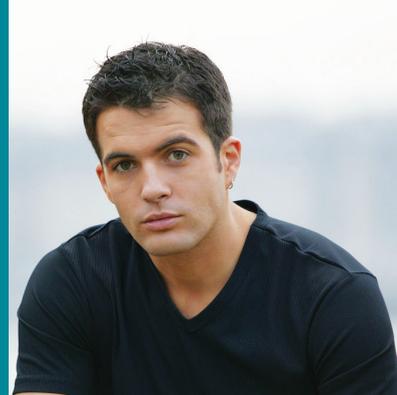
Federal Public Service  
Social Security

January  
2016

# SOCIAL SECURITY

Everything you have  
always wanted to know

.be







January  
2016

# **SOCIAL SECURITY**

Everything you have always wanted to know





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# 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. We continue to describe the family benefits, although the federal State is not competent any more in this matter. At the end of this brochure, you will find the addresses and telephone numbers of the social security institutions you can address your questions and problems to.

This brochure has been updated until 1 January 2016.



# Introduction

## A. The importance of social security

The basic concept underlying our social security system is solidarity.

This **solidarity** operates between:



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.

1860 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.

1886 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.

1903 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.

1944

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.

1956

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.

1971 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.

1974 **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 (now social integration income) is to be seen in that context.

1982 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).

1999 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) as of the end of the 20th century.

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

2009 In 2009, equal treatment for women and men was completed as to pension age for salaried persons and self-employed persons. The normal pension age is now 65 years for everyone.

2011

Finally, in 2011, it was decided to reform social security thoroughly in order to reduce the costs in the pension and unemployment sector. The legal pension age will be raised to 66 years in 2025 and to 67 years in 2030. It was also decided, following the Sixth State Reform, to transfer the family allowances scheme and the allowance for assistance to the elderly (with disabilities) to the Communities (and the Common Community Commission of the Brussels Capital Region). These benefits fall within the competence of the 4 federated entities as from 1 July 2014. However, the management in both areas is still temporarily carried out by the federal institutions.

## 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:

- ♦ **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
- ♦ **FAMIFED**: Federal agency for family allowances<sup>1</sup>

**Self-employed persons** are insured for five social security sectors (medical care, incapacity for work or invalidity, maternity insurance, family benefits, pensions, bankruptcy, situations considered equivalent to bankruptcy or forced<sup>2</sup> termination).

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 under the social insurance in case of bankruptcy, situations considered equivalent to bankruptcy or forced termination, benefits for informal caregivers and unconditional pensions).

<sup>1</sup> Family benefits are no longer within the competence of the federal State.

<sup>2</sup> The Law of 16 December 2015 containing various provisions concerning the self-employed persons' scheme has renamed this benefit « bridging right » as from 18 January 2016.

The **RSVZ - INASTI** has two major tasks:

collect the social contributions



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 falls within the remit of the **ORPSS** (Office for particular social security schemes). For the other civil servants, the authority that employs them is 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

On 1 January 1997, a law, solemnly called '*the Charter of the socially insured*' came 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 within a reasonable time. 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.

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 in principle 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 August, September, October and November 2012 reached the pivot index. The monthly social benefits were thus raised the following month, i.e. in December 2012.

A measure called "*index jump*" (which means that an indexation will not take place) has however been decided pursuant to the Law of 23 April 2015 on the promotion of employment. Accordingly, the benefits were not adjusted to the cost of living increase in 2015.

## 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 6<sup>th</sup> State Reform provides for the transfer to the Regions of the competences regarding family allowances, paid educational leave, support for the unemployed and the Equipment and Collective Services Fund. As a consequence, the contributions listed hereafter are not levied any more as such as from the first quarter 2015:

- ◆ Family allowances
- ◆ Childcare
- ◆ Paid educational leave
- ◆ Support for and monitoring of the unemployed.

From this time on, a **basic employer’s contribution** (total percentage) will be applied with no direct link with the former scope of these specific contributions. However this contribution will vary according to a certain number of groups:

<b>private sector workers</b>	24,92%
<b>contractual civil servants in the public sector</b>	24,82%
<b>statutory and assimilated civil servants in the public sector</b>	17,82%
<b>apprentices and assimilated</b>	17,82%

The percentage of the **employer’s contribution**, for which submission is limited, is determined by deducting the percentage of the not applicable schemes from the total percentage of the group under which the worker falls.

In order to know the total percentage of the **worker’s personal contribution**, it is necessary to add the percentages of the schemes applicable to this worker. The following percentages are applicable to the quarterly gross remuneration:

<b>Social security scheme</b>	<b>Personal share ( % )</b>	<b>Employer’s share ( % )</b>
Pensions	7,50	8,86
Sickness-invalidity insurance - health care	3,55	3,80
Sickness-invalidity insurance - benefits	1,15	2,35
Unemployment	0,87	1,46
Occupational diseases	-	1,00
Accidents at work	-	0,30

This new method for setting percentages can result in some variations of the employer’s contribution rate compared with the 4<sup>th</sup> quarter of 2014. For workers who receive an **annual vacation cheque** from the National Office for Annual Vacation (mainly manual workers), a basic employer’s contribution of 6.00 % is added for the annual vacation scheme, and 10.27 % are levied via an annual debit advice.

Account must also be taken of the following contributions :

<b>(Special) contribution</b>	(% )
<b>Wage moderation</b>	5,67 + 0,0567 x (applicable employer's contributions)
<b>Asbestos fund (special contribution)</b>	0,01
<b>Accidents at work (special contribution)</b>	0,02
<b>Statutory civil servants in the public sector (no wage moderation)</b>	1,40

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 the closure of companies, consisting of:
  - a general contribution for employers having industrial or commercial objectives:
    - of 0.23% for companies that employed on average less than 20 persons during the reference period
  - a general contribution of 0.01% for employers not having industrial or commercial objectives
  - and a special contribution of 0.24% for all employers
- ♦ An increase by 0.40% of the wage moderation contribution for the employees subject to the laws concerning the annual vacation for salaried persons.
- ♦ 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.

Measures to promote employment reduce the amount of the social security contributions in favour of certain target groups: first employments, 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 ONSS (6.339.477.000 EUR in 2014) and to the INASTI (1.378.648.000 EUR in 2014). In addition, the overall financial management of the social security scheme for employed persons received a special balance grant of 5.553.852.000 EUR in 2014. The overall financial management of the social security scheme for self-employed persons received a special balance grant of 617.095.000 EUR in 2014. Since a number 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 2014, 9.244.010.000 EUR of total VAT revenue were transferred to the social security scheme for salaried persons, and 738.237.000 EUR to the social security scheme for self-employed persons and 3.669.271.000 EUR to the health insurance scheme. In addition, an amount of 2.151.997.000 EUR 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.** This provisional contribution is calculated on the self-employed person's net professional labour income in the third calendar year (**reference year**<sup>1</sup>) preceding the year for which the contribution is due. These were the amounts in 2016 (income of 2013):

<b>Professional income per bracket</b>	<b>Amount of the provisional contribution</b>
Up to 13.010,66 EUR	699,32 EUR per quarter
Between 13.010,66 EUR and 56.182,45 EUR	21.50% of net professional income
Between 56.182,45 EUR and 82.795,16 EUR	14.16% of net professional income
Over 82.795,16 EUR	0 EUR

As soon as the income of 2016 has been set officially, the contributions of 2016 will be calculated for good on the income of 2016.

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 statutory civil servants who are not employed by a local or provincial administration, a theoretical basic employer's contribution of 17.82% is due but, in practice, it is lower than this percentage because it does not fall under the scope of certain branches of social security. These civil servants only have to pay personal contributions of 7.5% to the Fund for survivors' pensions as well as a personal contribution of 3.55 % to the health care branch of the sickness-invalidity insurance. The latter contribution, raised with the employer's share (3.85%), is transferred to the ONSS.

The Office for particular social security schemes (ORPSS) is competent for the members of the staff of the provincial and local administrations. The employers enumerated in article 2, subparagraph 1, 3°, of the Law establishing the Office for particular social security schemes are affiliated with the ORPSS.

The ORPSS deducts, from the wage of the members of the staff of the provincial and local administrations, the social security contributions due under the Law of 29 June 1981 laying down the general principles of the social security for salaried persons and under the Royal decree of 28 November 1969 issued pursuant to the Law of 27 June 1969 amending the Decree-Law of 28 December 1944 on social security for workers. These include among others a theoretical basic employer's contribution amounting to 23.07%, but which, in practice, is lower than this percentage because the members of the staff of the provincial and local administrations do not fall under the scope of certain branches of social security.

The (non-statutory) civil servants of the provincial and local administrations, who are hired under an employment contract, are subject to the general social security scheme for salaried persons (among others the health care sector and the benefits sector of the sickness-invalidity insurance, the pension scheme and the unemployment scheme). For these persons, the actual basic employer's contribution amounts generally to 21.77% and their personal share to 13,07%.

For the statutory civil servants, the submission to the salaried persons' scheme is limited to the health care sector of the sickness-invalidity insurance. For these persons, the actual basic employer's contribution amounts generally to 9.10% and their personal share to 3.55%.

The ORPSS also collects the following contributions

- ♦ the specific employer's contribution due by the provincial and local administrations for the sector of occupational diseases (0.17%);
- ♦ the wage moderation contribution, which amounts to 5.67% of the worker's wage and to 5.67% of the total amount of the payable employer's contributions;
- ♦ the contribution to the Asbestos fund (employer's contribution of 0.01%)
- ♦ the pension contribution due by the administrations whose statutory staff members are affiliated with the unified pension fund for the provincial and local administrations. The contribution rate is fixed annually. For 2015, the pension contribution amounts to 38% (7,5% of personal share and 30,5% of employer's share) for the staff members of the administrations which were affiliated before 1 January 2012 with the common pension scheme of the local administrations locales, to 41% (7,5% of personal share and 33,5% of employer's share) for the staff members of the administrations which were affiliated before 1 January 2012 to the scheme for the administrations newly affiliated with the Office, to 38,5% (7,5% of personal share and 31% of employer's share) for the staff members of the local police areas and to 39,5% or 41% (7,5% of personal share) for the staff members of the safety areas.







# Statistics and budgets

In the course of his life, every citizen will be entitled to social security benefits one day or another. And he will also have to contribute to the financing of social security. The sums committed to exercise this collective solidarity represent a significant share 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 – situation on 1 January 2014

	<b>Uitkerings- gerechtigden</b>	<b>Monthly expenditure</b>
Persons entitled to benefits	1.999.359	2.081.130.499 EUR
Pension beneficiaries	1.938.773	2.025.161.360 EUR
- <i>employed persons</i>	1.822.518	1.756.914.577 EUR
- <i>self-employed persons</i>	519.648	268.246.782 EUR
Persons receiving the income guarantee for the elderly (IGO – GRAPA)	105.514	39.755.285 EUR
Persons receiving an annuity for employed persons	449.942	9.761.224 EUR
Persons receiving an unconditional pension for self-employed persons	76.206	3.351.884 EUR

## Unemployment (and alternate work arrangements) – situation on 1 March 2015 – source: RVA - ONEM

In March 2015, 435.966 fully compensated unemployed persons seeking a job received unemployment benefits, i.e. -51.069 compared to March 2014 (-10,5 %). These 435.966 persons fall into 408.023 fully compensated unemployed persons seeking a job admitted on the basis of a full-time job or on the basis of studies, and into 22.720 fully compensated unemployed persons seeking a job, admitted on the basis of a voluntary part-time job and into 5.223 fully compensated unemployed persons seeking a job and receiving a company supplement.

However, it is important to take account of the regulatory change concerning the limited term of 3 years (or, according to the family situation, 3 years above the age of 30) for the right to inclusion allowances. This regulatory change was introduced at the end of 2011 but has had effect only as from 1 January 2015. According to preliminary figures (which may still evolve slightly), the number of unemployed persons whose entitlement to inclusion allowances has ceased in March 2015 amounts to 1.035 (as a reminder, this number amounted to 18.432 in January and to 1.168 in February).

In March 2015, there were 178.939 fully compensated unemployed persons in the Flemish Region, 181.740 in the Walloon Region and 75.287 in the Brussels Capital Region .

In March 2015, there were 36,8 % of fully compensated unemployed persons seeking a job, who were unemployed for less than one year, 18,6 % who were unemployed between 1 year and less than two years, and 44,6 % who were unemployed for 2 years or more.

The number of workers in temporary unemployment amounts to 171.001 units, i.e. a decrease by 31.517 units (or 15,6 %) compared to March 2014. Similarly, on average, during the three last months, there is a decrease of 1,8% on an annual basis.

## Family benefits – situation on 31 December 2014

Actors in the scheme of family allowances,  
based on the general Law on family allowances  
(on 31 December 2014)

Beneficiaries	1.550.247
Recipients	1.603.726
Qualifying children	2.771.800

	<b>Number of children</b>
Number of children qualifying for family benefits in the salaried workers' scheme and in the civil servants' scheme	2.270.092 (on 31 December 2014)
Number of children qualifying for family benefits in the self-employed persons' scheme	204.503 (on 30 June 2014)

### Health care (2014)

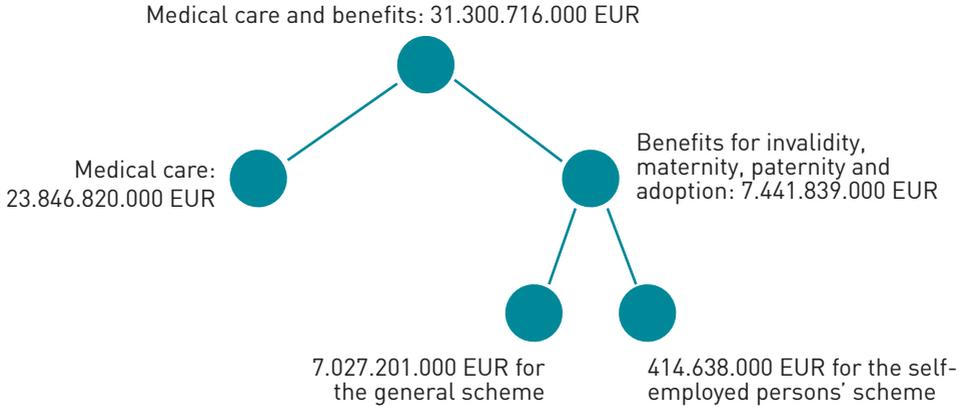
Beneficiaries in the general scheme	6.733.189 entitled persons and 3.123.348 dependants (on 31 December 2014)
Other beneficiaries (self-employed persons' scheme, ...)	731.180 entitled persons and 381.693 dependants (on 31 December 2014)
Number of days with benefits in 2014 (primary incapacity, general scheme)	37.397.042 days
Number of invalid persons (general scheme) on 31 December 2014	321.573 persons

### Beneficiaries of other benefits

Number of beneficiaries in the context of the right to social integration – RMI – DIS (in December 2014)	184.909
Number of beneficiaries of the social integration income – leefloon – RIS (in December 2014)	174.276
Number of beneficiaries in the context of the right to social assistance – RMH – DAS (in 2014)	31.619
Number of beneficiaries of the income guarantee for the elderly – IGO – GRAPA (in January 2014)	105.514
Number of beneficiaries of the income replacement benefit and of the integration allowance – (in December 2015)	175.416
Number of beneficiaries of the allowance for assistance to the elderly – (in December 2015)	153.647
Number of qualifying children in the guaranteed family benefits scheme (on 31 December 2014)	15.989

## B. Committed budgets (2014 and 2015)

### Budgetary target of the National Institute for Sickness and Invalidation Insurance (RIZIV – INAMI) for 2015



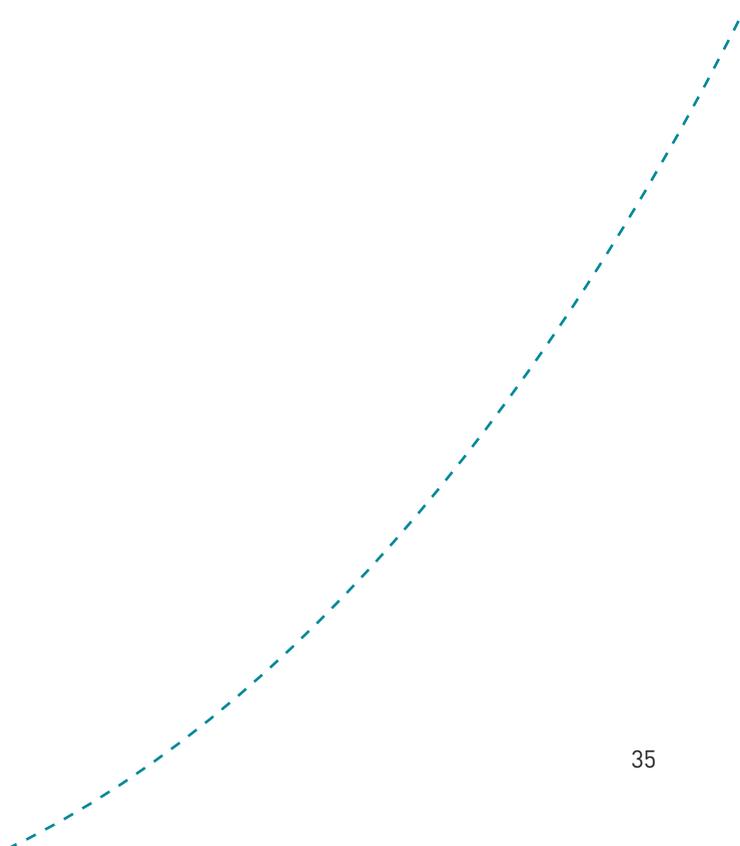
### Various assistance schemes

Income guarantee for the elderly (IGO – GRAPA)	39.755.258 EUR (monthly expenditure in January 2014)
Benefits for disabled persons (total of the monthly payments in 2015)	1.849.345.341
- <i>income replacement benefit and integration allowance</i>	1.363.913.714 EUR
- <i>allowance for assistance to the elderly</i>	485.431.627 EUR
- <i>arrears</i>	102.209.999 EUR

## Family allowances – Famifed

In 2014, FAMIFED and the family allowances funds have paid 6.214.548.188,07 EUR for family benefits in favour of 1.596.254 families, on the basis of the General Law on family allowances. This Law is in force since 1 July 2014.

During the same period, FAMIFED has paid 47.649.460,32 EUR for family benefits in favour of 7.440 families under the scheme of guaranteed family benefits.





# The Belgian social security scheme for salaried persons

## A. Scope of application

Unless stated otherwise by international agreements, international social security regulations and Article 13, subparagraph 2, of the Law of 17 July 1963 on overseas social security, 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 casual workers in the horeca sector or in sectors like agriculture/horticulture, for fishermen at sea, for people working in the horeca sector who are paid totally or partially by tipping). 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 has to pay the total amount of employer's and employee's contributions to the National Office for Social Security (ONSS), acting as a collecting institution for social security contributions, or to the Office for particular social security schemes (ORPSS).

## 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 50 working days, only during the periods during which they are not obliged to attend courses in their educational establishment. For these 50 days of employment, a solidarity contribution of 5.42% at the expense of the employer and of 2.71% at the expense of the employed student is due.

## E. Merchant seamen

For historical reasons<sup>3</sup> 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.

<sup>3</sup> 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.





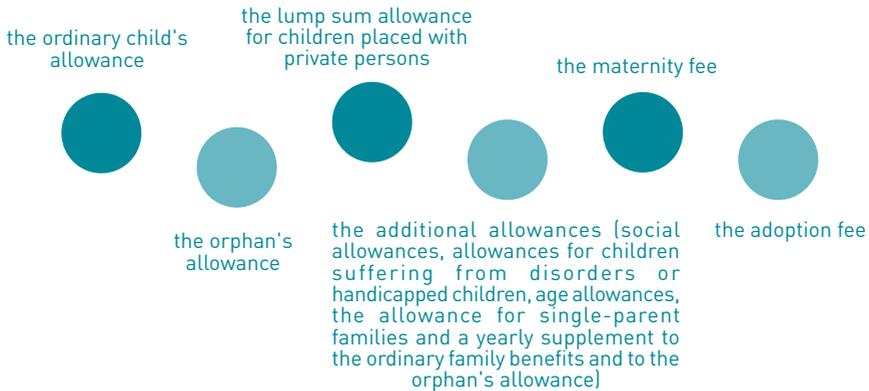
The various sectors  
of social security



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*').

The general Law on family allowances of 4 April 2014 came into force on 30 June 2014. This Law has brought together the various family allowances schemes for salaried persons, self-employed persons and civil servants in one single law on family allowances.



(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 will briefly discuss them here.



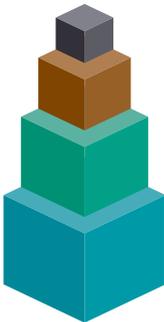
In the context of the sixth State reform, it was decided that the competences in the field of family allowances, the maternity fee and the adoption fee would be transferred to the Communities on 1 July 2014. In Brussels, the Common Community Commission will be competent for these matters, thus excluding the two Communities. The present institutions temporarily keep their competences.

## 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 as well as the self-employed persons in case of bankruptcy, situations considered as equivalent or forced termination, can obtain a social supplement to 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 professional integration time, 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

The determination of the beneficiary is important for the payment of family benefits.

- ◆ Concerning **salaried persons**, every employer has to be affiliated with a family allowances fund. If he omits to do so within 90 days after the start of his activity, he shall automatically be affiliated with the Federal agency for family allowances (FAMIFED). In some cases, the employer cannot choose a private family allowances fund, but then FAMIFED will be the paying agency (for instance for staff in the hotel and restaurant sector, artists). FAMIFED is also competent for people who might obtain entitlement

to family allowances, even though they are no longer linked with a labour contract (students and disabled persons). For the retired, the abandoned spouse, etc., the formerly competent family allowances fund - before they arrived in their situation - is responsible for paying the family benefits. The employer pays the contributions for the family benefit scheme.

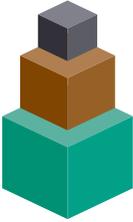
- ♦ For the granting and the payment of their family benefits, **self-employed persons** are in principle dependent on the free family allowances fund linked to their social insurance fund.

As from 1 September 2014, FAMIFED pays the family allowances on behalf of all public services, with the exception of those for which the Office for particular social security schemes (ORPSS) is competent.

## B. Recipient

### ● The recipient 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)

The self-employed father, who was designated as recipient, loses his capacity of recipient in favour of the mother. In order to ensure the continuity of payments, family benefits continue to be paid to the father. The mother may however request that the family allowances be paid directly to her.

The request takes effect from the first day of the month following the receipt of the request by the family allowances fund.

## 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 has 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);

## Family benefits

- ♦ students who prepare a paper at the end of their college studies;
  - ♦ during the professional integration time, 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:

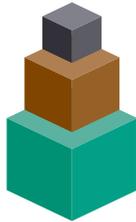


### ● You receive a maternity fee for the birth of every child qualifying for family benefits. ●

- ♦ 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 1,223.11 EUR and to 920.25 EUR for the other children (amounts on 1 January 2016). 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. 1,223.11 EUR (on 1 January 2016). The adoption fee and the maternity fee are due by the agency ensuring the payment of family benefits to the new parents.

## Family benefits

- ♦ 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: 90.28 EUR per month for salaried persons  
and 84.43 EUR for self-employed persons

rank 2: 167.05 EUR per month

rank 3: 249.41 EUR per month

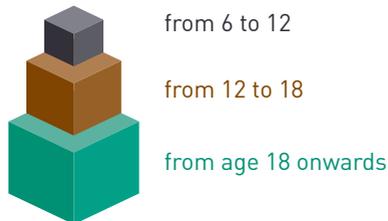
(Amounts on 1 January 2016)

- ♦ 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 60.58 EUR (on 1 March 2015). In the scheme for self-employed persons, the lump-sum benefit amounts to 30.81 EUR for the first child and to 60.58 EUR as from the second child (on 1 January 2016).
- ♦ **Orphans** always receive 346.82 EUR (on 1 March 2015). 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:



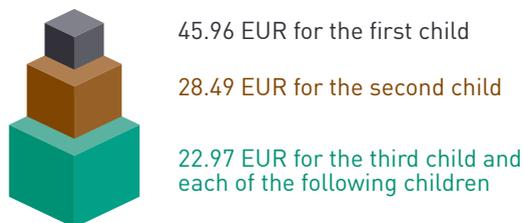
## 1) Age allowance

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 45.96 EUR for the first child, 28.49 EUR for the second child and 22.97 EUR 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 (2.309,58 EUR per month on 1 January 2016).



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 ordinary family allowances and to orphan's allowance

The ordinary family allowances and the orphan's allowance for July are increased with a yearly age supplement. This supplement varies between 20 EUR and 80 EUR depending on the age (amounts on 1 January 2016). For children receiving a social supplement, a supplement for single-parent families, an orphan's allowance or a supplementary allowance for children suffering from disorders, the yearly age supplement varies between 27.60 EUR and 110.42 EUR.

### 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.

This also applies to the children of the person who, immediately before entitlement to family allowances following the start of an activity, received this social supplement pursuant to the Law of 20 July 1971 establishing guaranteed family benefits, and to the children of a self-employed person in case of bankruptcy, situations considered as equivalent and forced termination.

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 45.96 EUR (unemployed persons and pensioners) and to 98.88 EUR (invalid persons). The supplement for the other children varies between 5.00 EUR and 28.49 EUR (amounts on 1 January 2016). The wages an/or the replacement incomes may not exceed a certain amount (on 1 January 2016: 2.338,47 EUR when the beneficiary or the recipient lives alone with the children and 2.414,54 EUR when the beneficiary and his/her spouse or partner live together with the children).

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

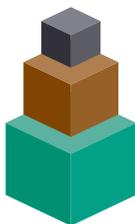
Children who suffer from a disorder with consequences for their physical or mental incapacity (pillar 1), for their degree of activity and participation (pillar 2) or for their family environment (pillar 3) give right to an allowance until the age of 21, in function of the gravity of the consequences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

On 1 January 2016, 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	79.17 EUR
When the child scores at least 6 points and a maximum of 8 points for the three pillars of the medical-social scale	105.44 EUR
When the child scores at least 9 points and a maximum of 11 points for the three pillars of the medical-social scale	246.05 EUR
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	406.16 EUR
When the child scores at least 15 points and a maximum of 17 for the three pillars of the medical-social scale	461.83 EUR
When the child scores at least 18 points and a maximum of 20 points for the three pillars of the medical-social scale	494.81 EUR
When the child scores at least 21 points for the three pillars of the medical-social scale	527.80 EUR

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.

On 1 January 2016, this allowance amounts to:



When the child scores 0, 1, 2 or 3 points for self-reliance: 406,16 EUR

When the child scores 4, 5 or 6 points for self-reliance: 444,59 EUR

When the child scores 7, 8 or 9 points for self-reliance: 475,27 EUR



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).

The purpose of the Sixth State Reform was to transfer to the Regions and to the German speaking Community certain competences of the unemployment sector. Some of these competences are already actually exercised by the federated entities while other competences are still exercised temporarily by the National Employment Office.

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 days equivalent to worked 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	21 months
From 36 to 49 years	468 days	33 months
50 years and older	624 days	42 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 worked days or the days equivalent to worked 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 a compensation from his former employer because of the termination of his employment contract 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.

As from 1 January 2015, all ordinary fully compensated unemployed persons under 60 years of age must be available for the labour market and must be registered as jobseekers. Unemployed persons who benefit from the former maximum<sup>4</sup> exemption are still exempt from these obligations.

Unemployed persons who are at least 60 years old and certain unemployed persons receiving a company supplement are subject to an obligation of adapted availability<sup>5</sup>.

As from 1 January 2016, resulting from the Sixth State Reform, the follow-up procedure as regards the job-seeking behaviour of the unemployed person is actually executed by the VDAB (Flemish Region), the FOREM (Walloon Region) and the ADG (German speaking Community).

The National Employment Office continues temporarily to exercise this competence for the unemployed persons domiciled in the Brussels Capital Region.

#### 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. In case of incapacity for work, unemployed persons aged 60 and older who benefit from a maximum exemption may choose between applying for the sickness or invalidity benefits or maintaining the entitlement to unemployment benefits.

<sup>4</sup> The former maximum exemption no longer exists since 1 January 2015. Unemployed persons, who already received it before that date, keep it. After 1 January 2015, only certain categories of unemployed persons may still obtain it : unemployed persons who met the conditions for it on 31 December 2014 and who received unemployment benefits before 2015; unemployed persons receiving a company supplement, who were dismissed under a general scheme before 1 January 2015, and unemployed persons receiving a company supplement, who were dismissed within the framework of a recognition (as undergoing restructuring or being in difficulties) prior to 9 October 2014.

<sup>5</sup> Unemployed persons subject to the obligation of adapted availability must : continue to be registered as jobseekers, participate in the employment counselling programme proposed by the regional employment office, be available for the labour market, accept any suitable employment offered, report to the regional employment office in case of notification; they cannot give up a suitable job without legitimate reasons. Unemployed persons subject to the obligation of adapted availability no longer need to actively seek employment and are no longer subject to the control of their job-seeking behaviour.

## 6) The person must reside in Belgium

In order to receive benefits, the person must usually and effectively reside in Belgium. Only stays abroad for a maximum duration of 4 weeks a year are allowed. May reside abroad for longer periods: unemployed persons aged 60 and older who benefit from a maximum exemption, provided that they keep their main residence in Belgium and thus live there for most of the year.

## 7) The person has to meet the age conditions

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 full unemployment benefits, starting from the 1st day of the month following the month in which he has reached that age.

## 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. Since 1 July 2013, voluntary part-time workers who resume part-time work may also, under certain conditions, receive an income guarantee allowance.

### 2) The amount of the benefits – gradual decrease of the unemployment 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.

As from 1 November 2012, the rules concerning the gradual decrease ("*degression*") of the amounts of the unemployment benefits have been reinforced, according to the duration of the unemployment and taking into account the professional past as an employed person.

**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.

### First period of indemnification (irrespective of the family situation)

During the **first 3 months** of unemployment, the unemployment benefit is equal to 65% of the last wage (limited to 2.497,42 EUR – amount on 1 September 2015).

During the **following 3 months**, the unemployment benefit is equal to 60% of the last wage (limited to 2.497,42 EUR – amount on 1 September 2015).

During the **following 6 months**, the unemployment benefit is equal to 60% of the last wage (limited to 2.327,64 EUR – amount on 1 September 2015).

### Second period of indemnification (as from the 13th month of unemployment)

For **workers with a family**: during the **2 following months**, the benefit is equal to 60% of the last wage (limited to 2.175,13 EUR – amount on 1 September 2015). This period can be extended with a maximum of 10 months (2 months per year of employment).

For **workers living alone**: during the **2 following months**, the benefit is equal to 55% of the last wage (limited to 2.217,79 EUR – amount on 1 September 2015). This period can be extended with a maximum of 10 months (2 months per year of employment).

For **cohabitant workers**: during the **2 following months**, the benefit is equal to 40% of the last wage (limited to 2.175,13 EUR – amount on 1 September 2015). This period can be extended with a maximum of 10 months (2 months per year of employment).

Subsequently, irrespective of the family situation: on the basis of the rest of the professional past as an employed person, the benefit is reduced by successive stages (4 stages of maximum 6 months each, on the basis of 2 months per year of employment) until the third period of indemnification (lump-sum benefit) is reached.

### Third period of indemnification (after maximum 48 months of unemployment)

**Workers with a family** receive a lump-sum benefit of 1.157,52 EUR per month (amount on 1 September 2015).

**Workers living alone** receive a lump-sum benefit of 972,14 EUR (amount on 1 September 2015).

**Cohabitant workers** receive a lump-sum benefit of 513,50 EUR (amount on 1 September 2015).

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.

The amount of the benefits no longer decreases or decreases only to a limited extent when the unemployed person reaches the age of 55, when he or she can prove a long enough professional past (23 years - and will be increased to reach 25 years as from 1 November 2016) as an employed person or when he or she is the victim of a permanent incapacity for work of at least 33%.

### Seniority supplement

Previously, unemployed persons aged 55 and older, who proved former employment of 20 years, could receive, after a first year of unemployment and under certain conditions, in addition to the ordinary unemployment allowance, a supplement called seniority supplement. This seniority supplement may not be granted any more since 1 January 2015.

Unemployed persons who received a seniority supplement in December 2014 may continue to receive this supplement.

Entitlement to the seniority supplement may however still be granted after 1 January 2015 to certain workers. These are workers laid off in the context of a restructuring, workers exercising a strenuous job or workers who prove former employment of at least 35 years. The amount of this seniority supplement is determined on the basis of the family category to which the unemployed persons belong and on the basis of their age.

In addition to all the above-mentioned benefits, there are also **integration allowances** (this is the new designation for the tide-over benefits since 1 January 2012). These allowances are granted to young people who are admitted to the unemployment scheme after having completed their studies and a professional integration period (this is the new designation for the waiting period since 1 January 2012). In this case, they receive (lump sum) integration allowances, 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 by the National Employment Office, 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. Unemployed persons receiving a company supplement (formerly early retired persons) and young people having left school**

The unemployment scheme with company supplement 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. When they are dismissed, they are entitled to unemployment benefits until their actual retirement, amounting to 60% of their limited wage (2.106,15 EUR per month on 1 September 2015), regardless of their family situation. They also obtain a company supplement paid by their former employer.

Young people who have completed their studies do not immediately receive an allowance. They first have to achieve a professional integration period of 310 days (they have to register as a jobseeker and be available for the labour market). During this professional integration period, they remain in principle entitled to family allowances.

Young people who are fulfilling their professional integration period have to be registered as jobseekers, they have to be available for the labour market and have to seek for a job actively. Actively seeking for a job is also a condition for entitlement to an integration allowance, as young persons can only receive an integration allowance after two positive evaluations of their efforts for finding a job.

After the professional integration period, they can apply for an inclusion allowance. If all conditions are fulfilled (i.e. having completed the required studies or, if the young person is under 21 years of age, having obtained the requested degree or a school leaving certificate, having validly achieved the professional integration period, having obtained two positive assessments of their active efforts for finding a job and having filed an application for benefits before the age of 25), they can receive a (lump sum) integration allowance, which is also determined on the basis of their family situation and their age. The integration allowance is granted for a limited period in time (3 years).

## 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**. The subject matter of the reductions of personal contributions remains within the competence of the Federal State while the subject matter of the reductions of employer's contributions is partly entrusted to the Regions and the German speaking Community.

Other measures were taken within the framework of the **activation of unemployment benefits** and the elimination of the so-called "*employment pitfalls*".

Within the framework of the Sixth State Reform, the Regions and the German speaking Community are now competent to amend the regulation on the activation of unemployment benefits. The National Employment Office is still competent to grant activated benefits.



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 exercise a professional activity only under certain conditions.

### B.1. Pension age

#### B.1.1 The normal pension age

**The normal pension age for women is currently 65 years for both men and women.**

For certain categories of civil servants, the age limit may be higher (e.g. for magistrates) or lower (e.g. for certain military). It will be raised to 66 years in 2025 and to 67 years in 2030.

#### B.1.2. Early retirement

With the laws of 28 December 2011 and 13 December 2012, new age and career length conditions for early retirement were introduced. These conditions apply to all pension schemes. They appear in the table below:

**Basic career table**

Year	General rule		Exception long career	
	Minimum age	Career	Career at age 60	Career at age 61
2013	60 years & 6 months	38 years	40 years	
2014	61 years	39 years	40 years	
2015	61 years & 6 months	40 years	41 years	
2016	62 years	40 years	42 year	41 years
2017	62 years & 6 months	41 years	43 years	42 years
2018	63 years	41 years	43 years	42 years
2019	63 years	42 years	44 years	43 years

In order to determine whether the new career conditions are fulfilled, the periods that may give entitlement to pension rights in the scheme for employed persons, the scheme for self-employed persons and the scheme for civil servants are added up.

Transitional measures apply for certain specific situations and each scheme has a number of specific rules.

There are a number of exceptions to the general rule:

- A person who has fulfilled the age and career conditions for early retirement at a given time (until 31 December 2012), will retain his rights, irrespective of the actual date of commencement of his pension.
- For the driving personnel of the Belgian national railway company, the military, the current requirements for early retirement remain unchanged.
- Persons born before 1 January 1956 are able to retire at age 62 with a career of at least 37 years, calculated according to the rules that apply in the employed persons' scheme.
- Persons who, on 1 January 2012, are on leave of absence or who are in a similar situation, as referred to in the royal decree of 20 September 2012 can still retire at the age of 60. This rule also applies to persons who, before 5 March 2013, applied with their employer to be placed in a situation referred to in this decree. The application must have been submitted before 1 January 2012 or after 31 December 2011, but in such case, it must have been accepted by the employer before 5 March 2012.

Specifically for statutory civil servants:

For permanently appointed civil servants, the normal retirement age is equal for men and women: 65 years.

Civil servants may apply also for early retirement under certain age and career conditions (cf. table).

In order to determine if the new career-length requirements are met, all the periods of employment that give entitlement to a public sector pension will be taken into account, as well as the military service and the compensation for the obligatory possession of the required degree.

As from 1 January 2016, the time compensation for the compulsory possession of a degree will be gradually abolished : the admissible duration of studies is reduced annually on the first of January by 4, 5 or 6 months, according to the minimum duration of studies for the degree.

This general rule applies to all persons with a career in a function for which the pension can be calculated by means of a career fraction of 1/60 per year of employment.

Such functions exist in all the federal administrations (FPS's and PPS's), the ministries of the Regions and Communities, the local authorities (cities and municipalities, PCSW's, inter-municipal associations), the institutions of public use (at federal, regional and community level), the public companies, etc.

### B.1.3. Working after the age of 65

**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. However, they can continue to work after the age of 65, at their own request and upon approval of their employer.

## B.2. Calculation

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. A pension may be obtained in different systems, if the person has worked in several social security schemes during his/her career.

### B.2.1. Employed persons' pensions

#### B.2.1.1. Formula

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.2.1.2. 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.

As from 1 January 2015, calculations are made on the basis of full-time equivalent days and not any more on the basis of years. The number of full-time equivalent days taken into account for the calculation of the pension may not exceed 14.040. If the number of days is higher, the days for which the contributions to the pension are the lowest will not be taken into account.

### B.2.1.3. 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.

All the information on salaries is registered in a **personal account** per salaried worker, which is kept up-to-date by the non-profit organisation Sigedis. 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 has also been set. The annual gross salary is only taken into account up to this limit: the limit is now established at 53.528,57 EUR for 2015.** 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.

### B.2.2 Self-employed persons' pensions

**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 56.182,45 EUR (amount on 1 January 2016), 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.

### B.2.3. Civil servants' pensions

**The pensions of civil servants are not calculated in the same way.**

The pension formula is:

$$\frac{\text{Reference salary} \times \text{number of credited years of service}}{60}$$

Civil servants who had already reached the age of 50 on 1 January 2012, the salaries of the last **five** career years are taken into account for 100%, without indexation, in certain cases increased with statutory wage supplements.

Civil servants who had not yet reached the age of 50 on 1 January 2012, the salaries of the last **ten** career years are taken into account for 100%, without indexation, in certain cases increased with statutory salary supplements.

This reference salary is multiplied by the number of credited years of service and 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, proportionate to the career (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 6,283.85 EUR per month (amount on 1 January 2016).

### B.3. The minimum pension

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 in 1/3 time employment 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.

In the civil servants' scheme, there is a guaranteed minimum pension amount, which civil servants can receive as of age 60, with a 20 years of service in a main function, or in case of retirement for physical unfitness.

### B.4. The pension bonus (applicable for all legal pension schemes)

The law of 28 June 2013 provides for the new pension bonus system, which applies as of 1 January 2014.

Entitlement to a pension bonus arises one year after the date on which a person fulfils the general conditions for entitlement to an early retirement pension. The period during which the pension bonus is built up, is called the "reference period". The pension bonus is a lump-sum amount that is granted per day actually worked. The amount of the bonus gradually increases in accordance with the number of months during which the retirement is postponed (e.g. from 1,50 EUR to 2,50 EUR for employed persons).

As from 1 January 2015, the pension bonus is suppressed, except for those who meet one of both following conditions before 1 December 2014 :

- ♦ having reached the age of 65 and proving a career of at least 40 years; OR
- ♦ to fulfil the age and career conditions to obtain an early retirement pension.

## B.5 Cumulation of a retirement pension with other incomes

### B.5.1.Cumulation with a professional income

Under very strict conditions, a retirement pension can be cumulated with a professional activity. A professional activity is defined as "any activity that can produce a professional income within the meaning of the Income Tax Code". However, with reference to the unemployment scheme, that does not mean that it is forbidden to exercise any activity whatsoever. There is a certain annual **financial limit** that may not be exceeded. That limit depends on the status of the person, his or her family situation, his or her age and the nature of the pension he or she receives.

The table below shows the limits for 2016:

Status:		Before the normal pension age	As of the normal pension age
<b>Employed person (private or public sector) (gross amounts)</b>	- basis	7.797,00 €	22.521,00 €
	- with at least 1 dependant child	11.696,00 €	27.394,00 €
<b>Self-employed person (net amounts)</b>	- basis	6.238,00 €	18.017,00 €
	- with at least 1 dependant child	9.357,00 €	21.916,00 €

These amounts are automatically indexed on 1 January of each year.

If the income of the professional activity exceeds the above mentioned amounts, the pension amount is reduced by a percentage equal to the percentage by which the amounts are exceeded for the entire calendar year in question.

Pensioners who reach the age of 65 or have a career of 45 years when their first retirement pension commences (as a civil servant, a salaried person or a self-employed person) may limitlessly combine professional incomes with their early retirement pension(s) as from 1 January of the year in which they fulfil one of these conditions.

### B.5.2. Cumulation with a replacement income

The retirement pension will be suspended for all the calendar months during which the person in question receives a replacement income, except when he waives the payment of his replacement income.

There is an exception to this rule for certain pensions of the public sector, i.e. the retirement pensions on the grounds of physical incapacity. These retirement pensions can be accumulated with a sickness benefit (primary incapacity or invalidity) or with an unemployment allowance, but not with the other types of replacement incomes. This accumulation is limited in time.

## C. Survivor's pensions

### I Regulation in case of death of the spouse before 1 January 2015

#### C.1. General conditions

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 or the legal cohabitation followed by a marriage should have lasted at least one year or a child should have been born in the marriage (maybe posthumous). If you have other dependent children as well - for instance from a former marriage - the one year marriage requirement is not compulsory. The prescribed marriage duration does not have to be respected either if the death is the result of an accident that took place after the marriage or of an occupational disease or if after the death a child is born from the marriage. If, however, the surviving spouse remarries, the survivor's pension is suspended.

The surviving spouse who has been married for less than a year and who, before his/her marriage, was bound by a legal cohabitation contract (Article 1476 of the Civil Code) with the same beneficiary, may obtain a survivor's pension provided that the duration of the legal cohabitation and the duration of the marriage amount together to at least 1 year.

As from 1 January 2015, if the death occurred at the earliest on 1 January 2015, the surviving spouse must have reached the age of 45 at the time of death in order to grant her or him a survivor's pension. A derogation is no more provided for.

If the surviving spouse has not reached the age of 45 at the time of death, the latter may claim a transition allowance during a period of 24 or 12 months, depending on whether, at the date of death, there is a dependent child or not.

In order to obtain a transition allowance, the marriage or the legal cohabitation followed by the marriage must have lasted at least one year or must have resulted in the birth of a child. If there are other dependent children - for instance from a former marriage - the "one year marriage requirement" is not compulsory either. The prescribed marriage duration does not have to be respected either if the death is the result of an accident that took place after the marriage or of an occupational disease. If, however, the surviving spouse remarries, the payment of the transition allowance is suspended.

In the **public sector**, there is an **additional requirement**: the surviving spouse may not be unworthy to inherit from his/her spouse because of offences committed against him/her. This condition is also contained in the self-employed persons' scheme and in the salaried persons' scheme as of 1 January 2015.

In the public sector, a survivor's pension may, under certain conditions, be granted to the divorced spouse and the orphan.

### Reform of the survivor's pension scheme in the public sector

The Law of 15 May 2014 containing various provisions has brought about significant amendments to the survivor's pension scheme.

Studies have shown that the Belgian survivor's pension often constitutes an "employment pitfall", especially for women, many of whom reduce, even cease, their professional activity with a view of benefiting of the survivor's pension. Then they build less individual rights to the retirement pension, even in certain cases, not a single right.

The objective of the reform of the survivor's pension scheme is to put an end to this "employment pitfall" for persons who are still of working age and to promote equal socio-economic opportunities between men and women.

That is why, for the surviving spouse who is under 45 years of age at the time of death of his/her spouse and whose spouse died after 31 December 2014, the survivor's pension is replaced by a time-limited allowance: the transition allowance.

At the end of the payment of the transition allowance, the surviving spouse who has not found a job will be automatically entitled to an employment benefit.

The survivor's pension that the surviving spouse (under 45 years of age at the time of death of his/her spouse occurred after 31 December 2014) may claim is granted and calculated, but the pension payment is suspended. The surviving spouse will have to wait to receive a retirement pension, so that his/her survivor's pension can be paid.

Concerning the divorced spouse who is under 45 years of age at the time of death of his/her former spouse occurred after 31 December 2014, he/she will be able, with certain exceptions, to receive the survivor's pension when he/she will receive a retirement pension. No transition allowance is granted to the divorced spouse.

The reform is only intended for :

- ♦ surviving or divorced spouses who are under 45 years of age at the time of death of their (former) spouse and
- ♦ deaths occurred as from 1 January 2015

However, if at the time of death, there is a divorced spouse and a surviving spouse, the age of the surviving spouse will determine when the divorced spouse may claim the payment of the survivor's pension.

The present survivor's pension scheme in the public sector remains thus largely applicable after 1 January 2015.

The survivor's pensions currently being paid are not affected by this reform.

The age at which the survivor's pension is granted will be gradually raised by 6 months a year and will be increased from 45 years on 1 January 2015 (if the death occurs no later than 31 December 2015) to 55 years on 1 January 2030 (if the death occurs at the earliest on 1 January 2030).

## C.2. Calculation of the survivor's pension

### C.2.1. Calculation of the survivor's pension – employed and self-employed persons

**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).

The transition allowance is calculated in a similar way to the survivor's pension but the amount may not be lower than the amount of the minimum pension calculated proportionally to the career of the deceased spouse.

**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.

### C2.2. Calculation of the survivor's pension – civil servants

The reform of the survivor's pension scheme in the public sector has not amended the calculation of the survivor's 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 10 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.

When the entitled person or one of the entitled persons reaches the age of 50 on 1 January 2012, the pension is calculated on the basis of 60% of the average salary of the 5 last years of service.

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.

The calculation of the transition allowance is the same as that of the survivor's pension.

### C.3. Accumulation of a survivor's pension with...

#### C.3.1. Accumulation of a survivor's pension or a transition allowance with a professional income

##### a. Accumulation of a survivor's pension with a professional income

Persons receiving a survivor's pension also have to respect certain limits when accumulating their survivor's pension with an income from professional activities. For persons who only receive one or several survivor's pensions, the following limits apply.

The table below shows the limits for 2016:

Status		Before the age of 65	As of the age of 65
<b>Salaried person (private or public sector) (gross amounts)</b>	- base	18.154,00 EUR	22.521,00 EUR
	- with at least 1 dependent child	22.693,00 EUR	27.394,00 EUR
<b>Self-employed person (net amounts)</b>	- base	14.523,00 EUR	18.017,00 EUR
	- with at least 1 dependent child	18.154,00 EUR	21.916,00 EUR

The amounts are automatically indexed on 1 January of each year.

#### b. Accumulation of a transition allowance with a professional income

The transition allowance may be accumulated with the income from a professional activity without income limit.

#### C.3.2. Accumulation of a survivor's pension or a transition allowance with a replacement income

##### a. Accumulation of a survivor's pension with a replacement income

In general, cumulating a survivor's pension with a replacement income is not allowed.

However, a survivor's pension can be cumulated with a replacement income during one single period of maximum 12 calendar months, whether or not consecutive.

The payable amount of the survivor's pension is then limited to 687,95 EUR per month.

The periods during which a person has cumulated a survivor's pension with a replacement income under the old legislation, will be deduced from the above-mentioned period of 12 calendar months.

The new legislation no longer makes a distinction according to whether or not the replacement income was received for all the working days of the months.

If a person cumulates one or more survivor's pensions with a replacement income, the benefit of this authorised cumulation is lost as soon as the person receives a Belgian or foreign retirement pension.

#### b. Accumulation of a transition allowance with a replacement income

The transition allowance may be accumulated with a replacement income (unemployment benefit ...).

### C.3.3. Accumulation of a survivor's pension or a transition allowance with a retirement pension

#### a. Accumulation of a survivor's pension with a retirement pension

The accumulation of a survivor's pension from the civil servants' scheme with a retirement pension (from any other scheme) is limited to 55% of the maximum salary of the scale related to the last grade of the deceased spouse considered for the calculation of the survivor's pension.

The accumulation of a survivor's pension from the employed persons' scheme with a retirement pension (from any other scheme) is limited to 110% of the survivor's pension that would have been granted for a full career.

#### b. Accumulation of a transition allowance with a retirement pension

If the surviving spouse was a civil servant and is pensioned due to physical incapacity, he/she can accumulate the transition allowance with his/her pension on the grounds of physical incapacity. The survivor's pension is paid from the moment that the transition allowance is not paid any more.

In both cases (accumulation of transition allowance/pension on the grounds of physical incapacity and accumulation of survivor's pension/pension on the grounds of physical incapacity), the accumulation rules between a survivor's pension and a retirement pension are applicable.

## II Regulation for employed persons when the spouse deceases at the earliest on 1 January 2015

In this case, the surviving spouse will obtain a survivor's pension or a transition allowance. The widower's or widow's age at the time of death of his/her spouse determines the benefit that is granted.

Minimum age of the surviving spouse to claim a survivor's pension.

<b>Death in</b>	<b>Age condition</b>
2015	45 years
2016	45 years and 6 months
2017	46 years
2018	46 years and 6 months
2019	47 years
2020	47 years and 6 months
2021	48 years
2022	48 years and 6 months
2023	49 years
2024	49 years and 6 months
2025	50 years
2026	51 years
2027	52 years
2028	53 years
2029	54 years
2030	55 years

The surviving spouse who does not fulfil the age condition to obtain the survivor's pension receives the transition allowance if the other conditions below are met.

The following rules govern the transition allowance.

#### **C.4. General conditions**

As is the case for the survivor's pension, there is a condition as to the minimal duration of one year for the marriage or the legal cohabitation followed by a marriage. The exceptions to this condition are the same. The transition allowance is also lost in case of remarriage.

#### **C.5. Calculation of the transition allowance**

As a rule, the calculation of the transition allowance is similar to that of the survivor's pension.

#### **C.6. Duration**

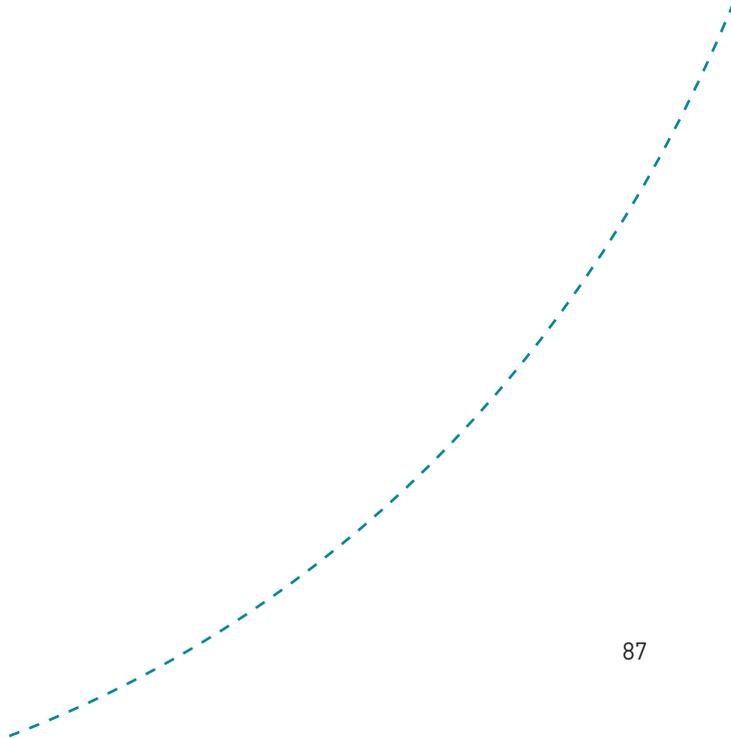
The transition allowance is granted for a duration of 12 months. This period amounts to 24 months if, at the time of death, there is a dependent child, for whom the husband or the wife received family allowances, or if a posthumous child is born within three hundred days from the death.

At the end of this period, the surviving spouse can claim unemployment benefits.

The person who has received a transition allowance can also claim a survivor's pension when he/she reaches the legal retirement age or can claim an early retirement pension or receives a retirement pension for health reasons or on the grounds of physical incapacity in the public sector.

#### **C.7. Accumulation of professional income with social security benefits**

The transition allowance may be accumulated without limitation with a professional income or social security benefits.





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 2,326.00 EUR per quarter (in the 4<sup>th</sup> quarter of 2014);
- ♦ 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.

1. **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;
2. 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.
3. 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 different categories of medical dispensations, the most important of which are:

- ♦ ordinary medical care, among others visits and consultations of general practitioners and specialised practitioners and the care provided by physiotherapists;
- ♦ dental care;
- ♦ deliveries;
- ♦ dispensation of pharmaceutical products (chemist's preparations, pharmaceutical specialities, generic drugs, ...);
- ♦ hospital care;
- ♦ 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 two ways to obtain a scheme of higher reimbursements for medical care for certain categories of persons. This scheme is known as the "*higher insurance reimbursements scheme*":

- ◆ **First way:** automatically, on the basis of a granted benefit or on the basis of a capacity/situation. The scheme is granted without income conditions to:
  - persons receiving an integration income from the Public social welfare centre (during at least three full uninterrupted months),
  - persons receiving similar aid from the Public social welfare centre (during at least three full uninterrupted months),
  - 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 receiving one of the benefits for disabled persons granted by the Federal Public Service Social Security,
  - children registered as non-accompanied foreigners younger than 18,
  - disabled children with a (physical or mental) incapacity of at least 66%, recognised by a doctor of the Federal Public Service Social Security,
  - children registered as entitled orphans.
- ◆ **Second way:** on the basis of an income screening performed by the health insurance fund. A reference period of one calendar year preceding the year during which the application is filed applies. The household has to establish that it has a low income.

The higher reimbursements scheme is granted if the annual income of the household does not exceed the ceiling of 17.175,01 EUR, increased by 3.179,56 EUR per additional household member (amounts valid for an application filed in 2016).

However, if the income is quite stable or if the situation of the household is quite stable, which is the case if one member of the household is

- a pensioner,
- an invalid,
- a fully unemployed person since at least one year;
- a civil servant in the public service, who is granted leave of absence for sickness or infirmity since one year or a military who is discharged temporarily from office due to health reasons since one year;
- registered in the National Register and, due to his state of health, is recognised as incapable to have a gainful occupation;
- a widow/widower;
- entitled in a single-parent family,

the monthly income is taken into account (no reference period of one year).

This may be the income of the month preceding the month of the application for the higher reimbursements scheme or the income of the current month, if the application is filed during the month in which the capacity is acquired.

In that case, the ceiling is momentarily set at 17.649,88 EUR, increased by 3.267,47 EUR per additional household member.

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.

The reimbursable pharmaceutical specialities are divided into **seven reimbursement categories (categories A, B, C, Cs, Cx, Fa and Fb)**.

The reimbursement category that is granted indicates to which extent the compulsory insurance contributes towards the expenses. The specialities of categories A, B, C, Fa and Fb are considered as "*necessary*" and are classified on the basis of the medical and therapeutic value.

Category A includes the specialities of vital importance, category B the specialities that are therapeutically important, category C the specialities for the treatment of symptoms. Categories Fa and Fb indicate the specialities to which a fixed-amount reimbursement is awarded. Any difference between the price that must be paid and the base of reimbursement cannot be charged to the patient.

Since April 2010, the patient fee of the (not-hospitalised) patient is calculated on the basis of the reimbursement rate of the medicine ex-factory (RR ex fact).

**Categories**

<b>A/Fa</b>		<b>B/Fb</b>		<b>C</b>	<b>Cs</b>	<b>Cx</b>
		Beneficiaries of the preferential scheme	Beneficiaries of the general scheme			
Patient fee set at 0% of the RR ex fact	RR ex fact < 14.38 EUR	2,33 Patient fee set at 26.52% of the RR ex fact	0,87 44.20% of the RR ex fact	88.39% of the RR ex fact	106.07% of the RR ex fact	141.43% of the RR ex fact
FREE						
Patient fee of 0 EUR + 0% of the RR ex fact	> 14,38 EUR	Patient fee of 1.50 EUR + 16% of the RR ex fact	2.50 EUR + 27% of the RR ex fact	5.00 EUR + 54% of the RR ex fact	6 EUR + 65% of the RR ex fact	8.00 EUR + 86% of the RR ex fact

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

	<b>Beneficiaries of the preferential scheme (outpatients)</b>	<b>Beneficiaries of the general scheme (outpatients)</b>
<b>- Category B</b> <b>- Category B - large package</b>	- Max. 7,80 EUR - Max. 9,70 EUR	- Max. 11,80 EUR - Max. 14,70 EUR
<b>Category C</b>	- Max. 9,70 EUR	- Max. 14,70 EUR
<b>Category Cs</b>	No maximum patient fee	
<b>Category Cx</b>	No maximum patient fee	
<b>Category Fb</b>	- Max. 7,80 EUR	- Max. 11,80 EUR
<b>Category Fb – large package</b>	- Max. 9,70 EUR	- Max. 14,70 EUR

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) can also be charged in the context of the reference reimbursement.

Magistral preparations are subdivided according to their social and therapeutic utility. For the beneficiaries of the general scheme, the reimbursement rates (expressed in lump sum amounts) amount to 0 EUR, 1.20 EUR or 2.40 EUR. For beneficiaries of the preferential scheme, the reimbursement rates amount to 0 EUR, 0.32 EUR or 0.64 EUR.

In case of hospitalisation in a general hospital, a lump sum of 0.62 EUR 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, besides the costs for medicines, the patient fee is a lump-sum amount (amounts on 1 January 2016 – no index application):

<b>Beneficiaries</b>	<b>On the 1st day (*)</b>	<b>As from the 2nd day</b>	<b>As from the 91st day</b>
Beneficiaries entitled to higher reimbursements	5,44 EUR	5,44 EUR	5,44 EUR
Dependent children	32,71 EUR	5,44 EUR	5,44 EUR
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	32,71 EUR	5,44 EUR	5,44 EUR
Beneficiaries with dependants who have to pay alimony due to a judicial decision or a barrister's statement, and their dependants	42,58 EUR	15,31 EUR	5,44 EUR
Other beneficiaries	42,58 EUR	15,31 EUR	15,31 EUR

(\*) Lump sum amount of 27.27 EUR included

For the **first day**, a lump sum amount of 27.27 EUR 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 5.44 EUR.

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 25.52 EUR for ordinary beneficiaries without dependants, 15.31 EUR 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 5.44 EUR 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, C Fa and Fb 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 cap, 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 EUR for the family when one family member has individually paid 450 EUR 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

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 EUR. 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 EUR when one family member has individually paid 450 EUR 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 EUR 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 EUR of patient fees during each of the two preceding calendar years, the maximum amount is increased to 550 EUR 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.

<b>Income categories (in EUR) (2016)</b>	<b>Amounts of the personal fees (in EUR)</b>	<b>Reduced amounts for chronic diseases</b>
Protected status (social maximum billing)	450	350
Income-based maximum billing		
Up to 17.879,74	450	350
Between 17.879,75 and 27.486,76	650	550
Maximum billing on the basis of individual entitlement	650	550
Between 27.486,77 and 37.093,81	1.000	900
Between 37.093,82 and 46.300,54	1.400	1.300
As from 46.300,55	1.800	1.700

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

## E. Chronic disease status

This status provides for an acknowledgment of the person with a chronic disease and aims at helping people suffering from a serious chronic disease bear their health care costs. It enables the patient to automatically enjoy certain specific rights (examples: application of the third payer's scheme, reduction of the patient fee by 100 EUR within the context of the maximum billing).

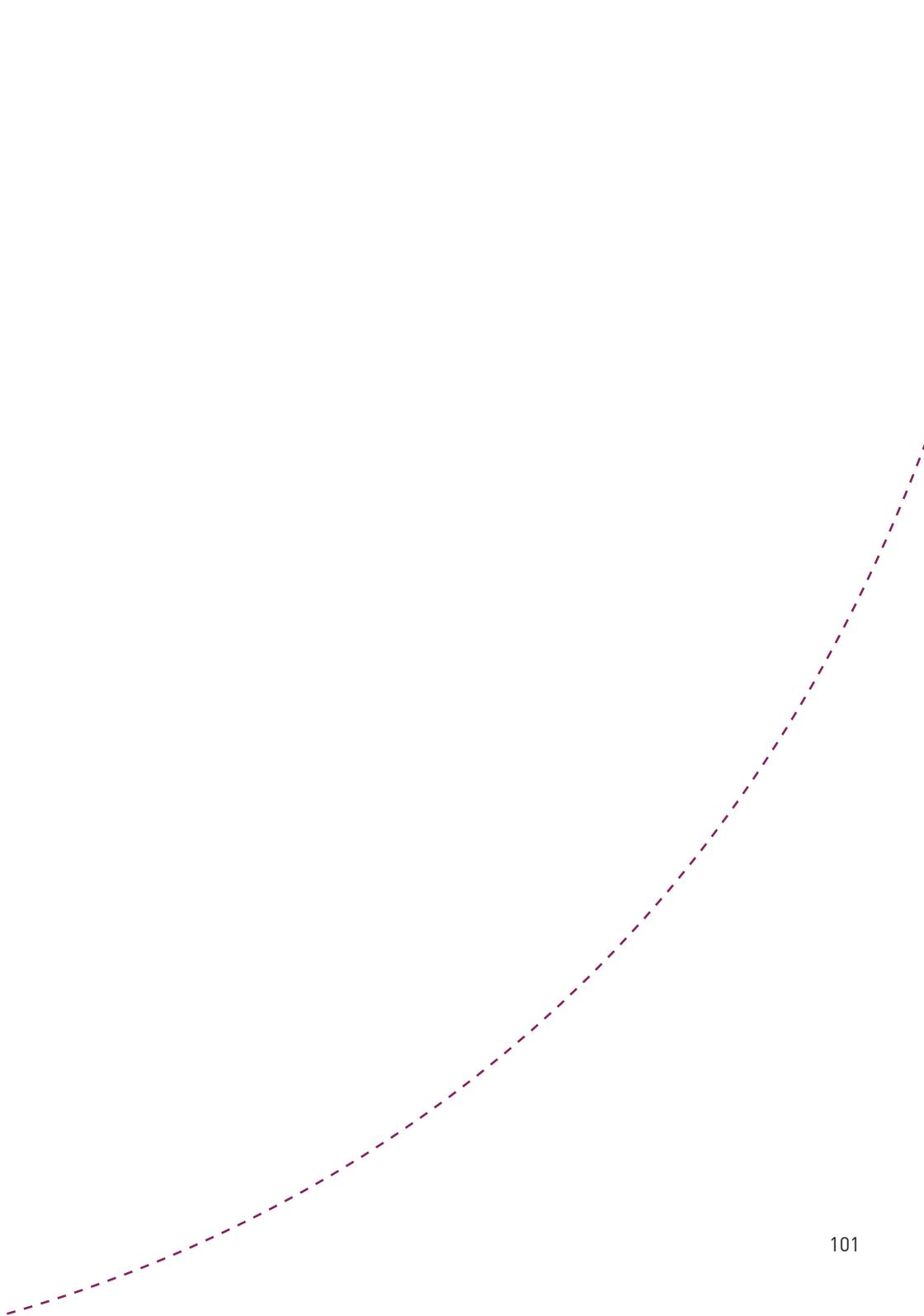
This status is granted in **three situations**:

- ♦ For a period of 2 years, if you spend every quarter, during 8 consecutive quarters (2 complete calendar years), at least 305,78 EUR for health care. Your health care expenditures include as well the amounts charged to you (patient fees) as the amounts covered by the mutual insurance fund (except for the extra fees) ;
- ♦ For a period of 2 years, if you receive the lump sum allowance for high health care costs as from 1 January of the year following the granting of the allowance;
- ♦ For a period of 5 years, if you spend at least 305,78 EUR per quarter during 8 consecutive quarters and if you send to your mutual insurance fund a certificate of a specialist stating that you suffer from a rare or orphan disease.

Examples of rare or orphan diseases: West syndrome, Senear-Usher syndrome, African hemochromatosis, dermatitis herpetiformis, Stargardt's disease, Huntington's chorea, Vacterl, etc.

In order to obtain this status, no action is required on your part apart transmitting a medical certificate to the mutual insurance fund if you suffer from a rare or orphan disease.

The mutual insurance fund notifies you by simple letter if you fulfil the conditions for the granting of the status. The same applies when this status is terminated.





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.

1. 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.
2. 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.
3. 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.**

the primary incapacity  
for work



the period of  
invalidity

If there is no **presumption of incapacity 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 blue-collar 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 123,3821 EUR for incapacities prior to 1 January 2005, 125,8497 EUR for incapacities that occurred between 1 January 2005 and 31 December 2006, 127,1082 EUR for incapacities that occurred between 1 January 2007 and 31 December 2008, 128,1250 EUR for incapacities that occurred between 1 January 2009 and 31 December 2010, 129,0219 EUR for incapacities that occurred between 1 January 2011 and 31 March 2013 and 131,6023 EUR for incapacities that occurred between 1 April 2013 and 31 March 2015 and 133,2473 EUR since 1 April 2015). 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 123,3821 EUR, 125,8497 EUR, 127,1082 EUR, 128,1250 EUR, 129,0219 EUR, 131,6023 EUR or 133,2473 EUR 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 capped 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 932.98 EUR and 1,026.81 EUR 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 932.98 EUR and 1,501.82 EUR.

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:**



**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 EUR	0 EUR	0 EUR
Compensated period of incapacity for work (without stopping the activity)	55,07 EUR	42,01 EUR	33,8 EUR
General invalidity	55,07 EUR	42,01 EUR	33,8 EUR
Invalidity on stopping of activity	55,07 EUR	44,07 EUR	37,79 EUR

The amounts listed above are amounts per day and are applicable on 1 January 2016.

## 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 tide-over 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. However, the amount of this tide-over benefit cannot be lower than the benefits the person would receive in the same situation if the social security scheme would apply to him, nor than the amount he would receive if he were admitted to the pension scheme for physical incapacity.

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 capped salary** (133,2473 EUR), except for the benefit for the first 30 days of the female employee's maternity leave.

## Maternity benefits

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

(\*) The basic allowance amounts to 60% of the capped 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. Only three weeks must be taken, i.e. one week before giving birth and two weeks after. As far as the optional five (or six) weeks are concerned, the mother can take them whenever she wishes starting from the third week before the presumed date of giving birth till the 23<sup>rd</sup> week after giving birth.

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 449,32 EUR per week (amount on 1 January 2016).

### A.3. Civil servants

Just like female workers in the private sector, female federal civil servants are entitled to 15 weeks of maternity leave (17 + 2 weeks in case of a multiple birth, upon request of the female civil servant). 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 (or co-mother) can take up paternity leave in replacement of the mother's postnatal maternity leave. This leave always ends at the latest on the day the mother's postnatal maternity leave would have ended. When the mother has been hospitalised and the child has already left the hospital, the leave ends on the day the mother leaves the hospital.

## **B. Paternity leave or birth 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 fee borne by the mutual insurance fund. The percentage of this fee is fixed at 82 % of the lost salary. However, this wage is limited to a maximum amount.

In order to receive this fee, the employee concerned has to file an application with the mutual insurance fund and thereto has to produce an excerpt from the birth certificate of the child if the worker is the father of the child or any document establishing his entitlement if, in the absence of an established paternal filiation, he fulfils the legal requirement to enjoy the right to the leave (co-parent). The employee receives an information sheet that has to be returned, after being filled in and signed, at the end of his paternal leave or birth leave.

Permanent federal civil servants also have the right to ten days of paternity leave (leave for circumstances) when the spouse or the person the civil servant cohabits with has given birth to a child. These days of paternity leave are entirely paid by the employer. Contractual federal civil servants may choose one of the systems, according to their family situation.



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. The maximum amount of this basic salary, indexed on 1 January 2016, is 41.442,43 EUR.

**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.

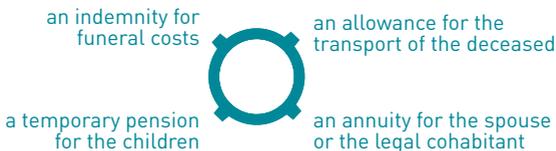
During three years after the ratification of the consolidation agreement by the FAO – FAT, both parties, i.e. both the insurance institution and the victim, can request a revision of the degree of incapacity. After these three years have expired - the so-called **review term** - the situation is assessed 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. What is an 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.

The amount of the limited wage for the sector occupational diseases is 41.442,43 EUR on 1 January 2016.

## **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 payment of the vacation fee for manual workers in the private sector and for artists who are not self-employed. The vacation fee for employees and civil servants is paid directly by the employer. Here, we will discuss the three categories of employed persons (manual workers/artists who are not self-employed, employees and civil servants) more thoroughly. As self-employed persons are not insured for the annual vacation sector, they do not receive any vacation fee.

## **A. Blue-collar workers (and apprentice workers) and artists who are not self-employed**

The vacation fee for the blue-collar and apprentice blue-collar workers who are subject to the legal annual vacation scheme for employed persons, is paid by the National Office for Annual Vacation or by a special vacation fund. The normal vacation fee for artists who are not self-employed is paid exclusively by the National Office for Annual Vacation.

Blue-collar workers do not have to apply for the vacation fee, it is paid ex-officio. Blue-collar workers only have to communicate their bank account number to the National Office for Annual Vacation or to the special vacation fund their employer is affiliated with.

Employers also do not 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 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 persons he employs 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

The duration of the vacation period of manual workers and artists who are not self-employed is determined on the basis of:

the total number of actual working days  and the days equated with working days (i.e. the days of inactivity that are considered as actual working days) during the year of service on the basis of which the vacation is calculated (the vacation service year, i.e. the calendar year previous to the year of payment of the vacation fee)

The vacation period of these employed persons in case of full-time employment (231 days and more) counts:

20 days in the five-days-a-week scheme  or maximally four weeks of vacation in the work system in which the person is employed at the time he takes his vacation

## The vacation fee

The vacation fee for manual workers and artists who are not self-employed 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 for artists who are not self-employed, account has to be taken of the specific situation of artists who are paid according to the "cachet rule" (applied to performing artists who are paid per service with a job wage) and of artists working under an employment contract for employees (the vacation fee for artists working under an employment agreement for manual workers is calculated in the same way as the vacation fee for manual workers).

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

### Application "My vacation account"

Via the secured application "*Mon compte de vacances*" ("*My vacation account*") (on the website [www.onva.be](http://www.onva.be)), manual workers and artists who are not self-employed can obtain lots of information, such as their personal details, a simulation (of the duration of the vacation, the amount of the vacation fee, the date of payment of the vacation fee, etc.), paid amounts and, in certain cases, deductions for creditors. It is also possible to enter or change certain data (language, financial account number, other address than the official correspondence address).

### Communication of the bank account number

In order to receive their vacation fee, blue-collar workers and artists who are not self-employed have to communicate their personal bank account number to the vacation funds in question.

When the employer is affiliated with the National Office for Annual Vacation:

- ♦ the worker can click on "*Communiquer mon numéro de compte*" ("*Communicate my bank account number*");
- ♦ and enter his information.

The blue-collar worker can :

- ♦ either log in to the application "*Mon compte de vacances*" ("*My vacation account*") using his eID-card and a card reader;
- ♦ or fill in and send back the bank transfer request form, which can be downloaded from the section "*Nos formulaires*" ("*Our forms*");
- ♦ with his bank;
- ♦ or using the attestophone (02 627 97 65 – option 2);
- ♦ or make a request by post and specify his name, surname, address, national registry number and bank account number. He must sign and date the document and send it to the vacation fund with which his employer is affiliated.

In specific cases, where the National Office for Annual vacation has to pay the vacation fee into a foreign bank account, the blue-collar worker has to complete a bank transfer form (L76), which can be downloaded from the website [www.onva.be](http://www.onva.be), section "*Nos formulaires*" ("*Our forms*").

## Supplementary vacation

On 1 April 2012, a new measure came into force, which allows employed persons to take up supplementary vacation during the first year after starting a professional activity or starting or resuming a professional activity after a long period of interruption.

Since 2013, employed persons who have increased their working time (e.g. from part-time to full-time) without interrupting their activity can also take supplementary vacation.

Employed persons who are in one of the above-mentioned situations have the right (not the obligation) to apply for supplementary vacation with the competent vacation fund after having exercised a professional activity during an "*initial period*" (i.e. a period of at least 3 months – 90 calendar days) and having taken up all the normal vacation days.

It is important to note that the right to supplementary vacation does not give entitlement to a supplementary vacation fee. The vacation fee for the supplementary vacation is in fact a sort of advance on the normal vacation fee to which the blue-collar worker is normally entitled the following year.

The supplementary vacation fee is calculated in the same way as the normal vacation fee. However, the percentage applied to the wages is 7.69% instead of 15.38%, as only the simple vacation fee and not the double vacation fee has to be granted.

The duration of the supplementary vacation is calculated in the same way as the duration of the ordinary vacation; the only difference is that the 5 first days of supplementary vacation can only be requested after the so-called "*initial period*".

The supplementary vacation fee is paid by the competent vacation fund, at the latest during the quarter following the quarter during which the right to supplementary vacation was exercised.

## 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 (e.g. at end of the employment contract), 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 employee reduces his average number of weekly working hours, his employer will – together with the payment of the wage for the month December of the vacation year – pay out the vacation fee as mentioned in the following paragraphs.

The employer pays the employee the simple vacation fee that corresponds to the vacation days that have not been taken up. The single vacation fee equals 7.67% of the gross wages earned with this employer during the vacation service year, if necessary increased by a fictitious wage for the days of work interruption equivalent to actual working days and reduced by the simple vacation fee the employee has already received and that has been calculated on the basis of the working time arrangement of the employee at the time he has taken his vacation.

The employer also pays the double vacation fee together with the wage for the month December of the vacation year. The double vacation fee equals 7.67% of the gross wages earned with this employer during the vacation service year, if necessary increased by a fictitious wage for the days of work interruption equivalent to actual working days and reduced by the simple vacation fee the employee has already received and that has been calculated on the basis of the working time arrangement of the employee at the time he has taken his vacation.

### Supplementary vacation

In order to be able to benefit from the new supplementary vacation scheme, the employee has to fulfil **three conditions**, namely:

- ♦ starting or resuming an activity in the service of one or more employers;
- ♦ having completed a period of actual work or having completed a period of work interruption equivalent to actual work of three months, whether or not interrupted, during the same calendar year, with one or more employers. This period is called "*initial period*";
- ♦ having taken up all the vacation days granted in the normal vacation scheme.

After the initial period, the duration of the vacation is determined on the basis of two days per month of services carried out with one or more employers if the employee works in a scheme of six days per week. If the employee works in another scheme, he is entitled to vacation days in proportion to his work scheme. When the employee takes up his supplementary vacation days, the employer pays these days as normal working days.

Example: An employee starts working on 1 April 2013 in a scheme of 5 days per week. It is his first job. On 1 September, he wishes to take up the supplementary vacation days to which he is entitled. He is entitled to 5 days from the initial period (three months, from 1 April to 30 June) + 2 days per month.

When the employee takes up his vacation days in the supplementary vacation scheme, the **amount of the "supplementary vacation fee" will be deducted from the double vacation fee to which the employee is entitled in the normal vacation scheme.** The "supplementary vacation fee" is an advance on the double vacation fee of the following year.

This measure has been extended in 2013: employees who increase their weekly working hours (e.g. from part-time to full-time) are also entitled to supplementary vacation.

### The flexible vacation fee

The Law of 16 November 2015 containing various social security provisions has introduced a flexible vacation fee for the workers bound by a flexible employment contract.

This flexible vacation fee, due for work performed within the context of a flexible job, is equal to 7,67% of the flexible salary and is paid together with this flexible salary to the worker.

The enforcement of the measure will occur in 2016 by means of a Royal Decree.

## C. Civil servants

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

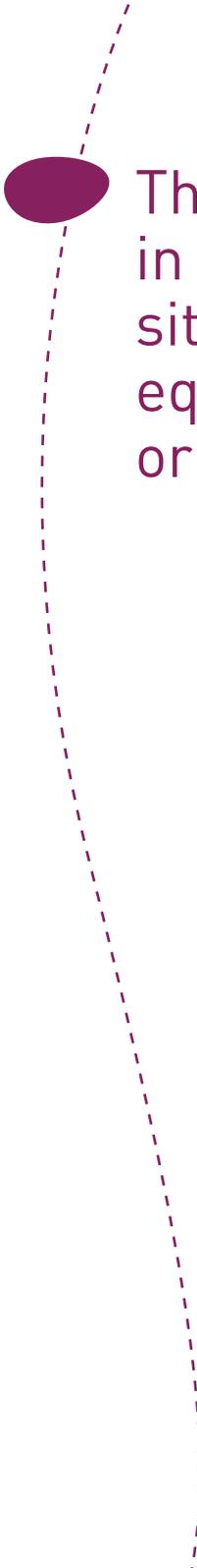
- ✦ until age 44 = 26 working days;
- ✦ from age 45 until age 49 = 27 working days;
- ✦ from age 50 until age 54 = 28 working days;
- ✦ from age 55 until age 59 = 29 working days;
- ✦ from age 60 until age 61 = 30 working days;
- ✦ age 62 = 31 working days;
- ✦ age 63 = 32 working days;
- ✦ from age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

During the vacation period, a federal civil servant continues to receive his normal monthly salary. In addition, he receives an extra vacation fee in May. The extra vacation fee consists of a lump sum and a variable part. In 2015, the lump-sum part amounts to 1.158,8075 EUR. The variable part corresponds to 1,1% of the civil servant's annual gross salary and of the annual amount of the household and residence allowance of the civil servant in question. The reference month for the calculation of the vacation fee is March of the vacation year. The actually paid competence development bonus is also taken into account for the calculation of the vacation fee.

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,  
situations considered  
equivalent to bankruptcy  
or forced termination<sup>6</sup>

<sup>6</sup> LThe Law of 16 December 2015 containing various provisions concerning the self-employed persons' scheme has renamed this benefit « bridging right » as from 18 January 2016.

The social insurance in case of bankruptcy, situations considered equivalent to bankruptcy or forced termination

The social security scheme for self-employed persons provides for a social insurance in case of bankruptcy, of situations considered equivalent to bankruptcy or of forced termination.

**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
- ♦ self-employed persons who are forced to suspend, at least temporarily, their self-employed activity for reasons beyond their control and who find themselves with no professional income or replacement income. There are four legally determined situations of forced termination : natural disasters, fire, destruction or allergy.

The self-employed worker, who has been prosecuted in the context of the bankruptcy, who has fraudulently organised his insolvency himself or who has obtained unduly the benefit of the social insurance because of fraudulent means or false or knowingly incomplete statements, cannot be eligible for the social insurance.

**The social insurance in case of bankruptcy:**

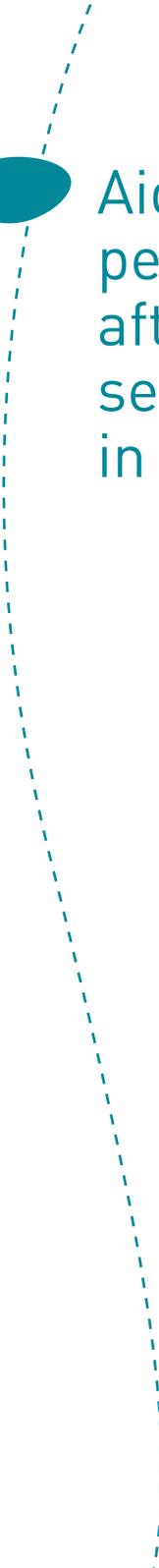
- ♦ secures the rights concerning family benefits and the obligatory insurance for medical care for a period of maximum 4 quarters;
- ♦ gives the rights to a monthly allowance during a maximum of 12 months.

On 1 January 2016, this allowance amounts to 1.431,80 EUR or 1.092,36 EUR, depending on whether or not the person concerned has at least one dependant.

The application for the social insurance in case of bankruptcy must be filed before the end of the second quarter that follows the quarter of the termination.

The financial intervention is granted as from the first day of the month following the month of the termination.

Since 1 October 2012, it is possible to appeal several times to the social insurance in case of bankruptcy during one's professional career. However, the total period may not exceed 12 months during the entire professional career.



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

## A. Maternity aid after giving birth

This aid aims to improve the situation of self-employed mothers who resume their professional activity<sup>7</sup> 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 women, helping women or helping spouses to whom the social security for self-employed persons applies and who

- ♦ have given birth to one or more children
- ♦ fulfil the conditions to benefit from the maternity insurance, as laid down in the royal decree of 20 July 1971 establishing a benefits insurance and a maternity insurance for self-employed persons and helping spouses
- ♦ produce a certificate proving the registration of the child(ren) in the family of the self-employed woman,
- ♦ resume a professional activity after their maternity leave.

This aid entitles the self-employed women to a benefit in the form of 105 free service cheques which allow appealing 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 15<sup>th</sup> week after giving birth.

<sup>7</sup> The resumed activity can be a self-employed activity or another professional activity (this element is new since 1 January 2014).

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

## B. Allowance after an adoption

A self-employed man or woman who adopts a child can, under certain conditions, claim an allowance of 449,32 EUR per week (on 1 January 2016), 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. Informal caregiver

A self-employed person, who interrupts his or her activity during at least 4 consecutive weeks in order to provide care to a relative, can receive a monthly allowance under certain conditions.

The types of care are the following ones:

- ♦ care for serious illness;
- ♦ palliative care;
- ♦ care for a disabled child under the age of 25 (the child in question must be the child of the self-employed person himself or herself).

The seriously ill person or the person who needs palliative care can be:

- ♦ the spouse or the legal cohabitant of the self-employed person;
- ♦ a relative or a relation by marriage up to the second degree of the self-employed person;
- ♦ a person domiciled at the same address as the self-employed person.

The interruption of the self-employed activity can be total (100 %) or partial (at least 50 %) and must have a duration of at least one month, except in the event of the death of the person receiving care during this period. The interruption can last up to 6 months by application. The worker can submit several applications during his or her career but may not benefit from the allowance for over 12 months all in all.

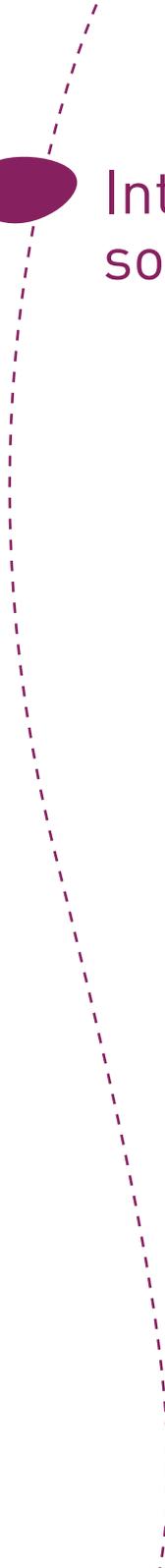
In January 2016, the monthly allowance granted to the informal caregiver amounts to 1.092,36 EUR in case of a total interruption and to 546,18 EUR in case of a partial interruption.

In the event of a total interruption of the self-employed activity, the granting of the allowance for three consecutive months has, in some cases, the effect of exempting the worker from paying the contribution for one quarter, while maintaining his or her social security rights. This exemption from payment is limited to four quarters for the entire career.

The allowance cannot be accumulated with another replacement income provided for by the self-employed persons' scheme. The self-employed person cannot receive the allowance as an informal caregiver if he receives an interruption allowance paid out by the National Employment Office within the context of palliative care, medical assistance or parental leave for a disabled child.



# 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 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](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 Office for particular social security schemes (ORPSS)<sup>5</sup> 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.limosabe.be>.

In addition, more information on living and/or working Belgium can be found on [www.comingtobelgium.be](http://www.comingtobelgium.be).

<sup>5</sup> The Law of 12 May 2014 establishing the Office for particular social security schemes (ORPSS) entered into force on 1 January 2015. This body, which results from the merger of the Office for Overseas Social Security (OSSOM) and the National Social Security Office for the Provincial and Local Administrations (ONSSAPL), is entrusted with the overseas social security. This merger is part of the general framework of the reform of this scheme, intended by the Government. Single support services will work for all the operational services of the future structure, resulting in efficiency gains. However, the overseas social security scheme will not be modified on that date. It could be subject to adaptations starting from 2016.

## 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: Albania, Algeria, Argentina, Australia, Bosnia and Herzegovina, Brazil, Canada (as well as a separate agreement with Québec), Chile, Congo (DRC), South Korea, Croatia, the United States of America, India, Israel, Moldova, Japan, the former Yugoslav Republic of Macedonia, Montenegro, Morocco, the Philippines, San Marino, Serbia, Tunisia, Turkey, Uruguay and Yugoslavia (this agreement still applies to the Former Yugoslav Republic of Kosovo).

### 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.

Since 1 May 2010, Regulation (EC) No 883/2004 determines the social security legislation applicable to nationals of the countries listed below if they perform their professional activities on the territory of one or several of these countries: Belgium, France, the Netherlands, Germany, Luxembourg, Italy, the United-Kingdom of Great Britain and Northern Ireland, Ireland, Denmark, Greece, Spain, Portugal, Austria, Finland, Sweden, Poland, Latvia, Estonia, Lithuania, Malta, Cyprus (Greek part only), Czech Republic, Slovakia, Hungary, Slovenia, Romania, Bulgaria and (as from 1 July 2013) Croatia.

As from 1 April 2012, this Regulation also applies to Switzerland and as from 1 June 2012, to Iceland, Norway and Liechtenstein.

As from 1 January 2011, this Regulation also applies to third-country nationals who, on the ground of their nationality, do not fall within the scope of the Regulation, provided that they are lawfully resident on the territory of one of the listed countries and they are not in a situation that falls completely within the internal sphere of the member state.

This extension of the Regulation to third-country nationals does not apply to Denmark, Switzerland, Iceland, Norway, Liechtenstein and the United-Kingdom. Regulation (EC) 1408/71 remains applicable to the United-Kingdom; this extension has never been applicable to Denmark, Switzerland, Iceland, Norway and Liechtenstein.

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-boarder 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 ONSS, the INASTI, the ORPSS – 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 an 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*”).

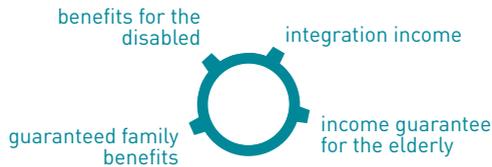




Social assistance

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:



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. Benefits for disabled persons

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), via the **communal administration** of his main residence or via his health insurance fund.

When the disabled person (or his proxy) visits the municipal administration concerned or the mutual insurance fund, 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:



For the elderly, there is also a third allowance, which is the indemnity 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.

Since September 2010, disabled persons (or persons with a power of attorney or a mandate) 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.handiweb.be>

What information can be obtained via Handiweb?

- ♦ the applications 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**.

For entitlement to an **income replacement 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 September 2015):

- ♦ for beneficiaries of category C (former category of persons with dependants): 13.346,08 EUR
- ♦ for beneficiaries of category B (former category of single persons): 10.009,56 EUR
- ♦ for beneficiaries of category A (former category of cohabiting persons): 6.673,04 EUR

(\*): Exceptions are possible!

For the **inclusion allowance**, 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 September 2015):

Category I	7 and 8 points	1,148.76 EUR
Category II	9 to 11 points	3,914.52 EUR
Category III	12 to 14 points	6,254.92 EUR
Category IV	15 and 16 points	9,112.63 EUR
Category V	17 and 18 points	10,337.70 EUR

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. This category of persons is only entitled to the right to social integration after the first three months of their stay.
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 paying part of the wages for some forms of employment in order to reduce the wage costs for employers. These employment measures fall within the competence of the Regions as from 1 July 2014.

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**:

as from the moment  
of his application until  
the moment he actually  
becomes an employee



when he benefits from  
an individualised social  
integration project

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	6.669,69 EUR	555,81 EUR
Single persons or homeless persons entitled to an individualised social integration project	10.004,54 EUR	833,71 EUR
Persons living together with a dependent family	13.339,39 EUR	1.111,62 EUR

(Amounts on 1 September 2015)

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 September 2015) of:

- ♦ 8.255,44 EUR for married or cohabiting persons (687,95 EUR per month);
- ♦ 12.383,16 EUR for single persons (1.031,93 EUR per month).

Given the individualisation of entitlement, two beneficiaries with the same principal residence shall receive 16.510,88 EUR (1.375,90 EUR per month) together.

The **allowance for assistance to the elderly** was a subdivision of the scheme of benefits for disabled persons, described above. As from 1 July 2014, this is no longer a federal competence. However, to-day the Directorate General Persons with disabilities of the FPS Social Security continues to manage the files on behalf of the Flemish Community, the Walloon Region, the German speaking Community and the Common Community Commission of the Brussels Capital Region.

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 first month following the month during which 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 March 2015):

<b>Category of autonomy</b>	<b>Indemnity</b>
Category I (7 and 8 points)	981.68 EUR
Category II (9 to 11 points)	3,747.30 EUR
Category III (12 to 14 points)	4,556.11 EUR
Category IV (15 and 16 points)	5,364.69 EUR
Category V (17 and 18 points)	6,589.77 EUR

## D. Guaranteed family benefits

Guaranteed family benefits are exclusively 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 social supplements, the orphan's benefits, the age supplements, the maternity fee, the adoption fee, the lump-sum allowance for children placed in an institution to the account of a public authority and the yearly supplement to the guaranteed family benefits.

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 person, an acknowledged political refugee, a person enjoying the subsidiary protection status 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 Federal agency for family allowances (FAMIFED).

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 4,062.82 EUR per quarter (amount on 1 January 2016).

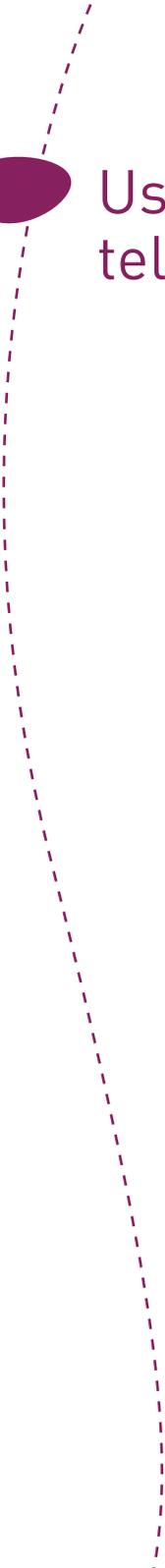
The means of existence are raised with 20% for every beneficiary child starting from the second child. Guaranteed family benefits include the maternity fee, the ordinary child's allowance and the age supplement.

The application for guaranteed family allowances and for the maternity fee has to be filed with the Federal agency for family allowances.

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, especially on the portal <https://socialsecurity.be>

## A. Federal Public Services (former ministries)

### Federal Public Service Social Security

Finance Tower, Boulevard du Jardin Botanique 50, box 100, 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	<a href="mailto:dg-soc@minsoc.fed.be">dg-soc@minsoc.fed.be</a>
Directorate General Strategy & Research (a.o. responsible for international relations) Bilateral relations (Hendrik Hermans) Multilateral relations (Muriel Rabau)	02 528 60 30	<a href="mailto:dgstrat@minsoc.fed.be">dgstrat@minsoc.fed.be</a>
Directorate General Self-employed Persons	02 528 64 50	<a href="mailto:ZelfIndep@minsoc.fed.be">ZelfIndep@minsoc.fed.be</a>
Directorate General Social Inspection	02 528 62 22	<a href="mailto:guido.demuyck@minsoc.fed.be">guido.demuyck@minsoc.fed.be</a>
Directorate General Disabled Persons: (commonly known as Vierge noire): allowances for assistance to the elderly, income replacement benefit and integration allowance	0800 987 99 (8 - 30 – 13 pm)	online form: <a href="http://handicap.fgov.be">http://handicap.fgov.be</a>
Information officer	02 528 60 31 Only for urgent matters: 0477 848 664	<a href="mailto:social.security@minsoc.fed.be">social.security@minsoc.fed.be</a>

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

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

Contact point

02 508 85 86

[question@mi-is.be](mailto:question@mi-is.be)

### **Federal Public Service Employment, Labour and Social Dialogue**

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

General telephone number

02 233 41 11

[information@emploi.belgique.be](mailto:information@emploi.belgique.be)

### **Federal Public Service Personnel and Organisation**

Rue de la Loi 51, 1040 Brussels: <http://www.fedweb.belgium.be>

Contact point

02 790 58 00

[fedwebteam@p-o.belgium.be](mailto:fedwebteam@p-o.belgium.be)

## **B. Public social security institutions**

### **Federal agency for family allowances (Famifed) (previously known as ONAFTS - RKW)**

([www.famifed.be](http://www.famifed.be), [comm@famifed.be](mailto:comm@famifed.be))

Rue de Trèves 70, 1000 Bruxelles, 0800 94 434

### **Crossroads Bank for Social Security (KSZ – BCSS)**

([www.ksz.fgov.be](http://www.ksz.fgov.be), [servicedesk@ksz-bcss.fgov.be](mailto:servicedesk@ksz-bcss.fgov.be))

Quai de Willebroeck 38, 1000 Brussels, 02-741 84 00

### **Fund for Accidents at Work (FAO - FAT)**

([www.fat.fgov.be](http://www.fat.fgov.be), [info@faofat.fgov.be](mailto:info@faofat.fgov.be))

Rue du Trône 100, 1050 Brussels, 02-506 84 11

### **Fund for Occupational Diseases (FBZ - FMP)**

([www.fmp.fgov.be](http://www.fmp.fgov.be), [secre@fmp-fbz.fgov.be](mailto: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](http://www.inami.be), [communication@inami.fgov.be](mailto: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](http://www.inasti.be), [info@rsvz-inasti.fgov.be](mailto:info@rsvz-inasti.fgov.be))

Quai de Willebroeck 35, 1000 Bruxelles (from May 2015), 02 546 42 11

### **National Employment Office (RVA - ONEM)**

([www.onem.fgov.be](http://www.onem.fgov.be), [reglement@onem.be](mailto: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](http://www.onva.fgov.be), [communications@rjv.fgov.be](mailto:communications@rjv.fgov.be))

Rue Montagne aux Herbes Potagères 48, 1000 Brussels, 02 627 97 65

### **National Office for Social Security (RSZ - ONSS)**

([www.onss.fgov.be](http://www.onss.fgov.be), [contactcenter@eranova.fgov.be](mailto:contactcenter@eranova.fgov.be))

Place Victor Horta 11, 1060 Brussels, 02-509 31 11

**National Pension Office (RVP - ONP)**

([www.onp.fgov.be](http://www.onp.fgov.be), [info@onp.fgov.be](mailto:info@onp.fgov.be))

Tour du Midi, 1060 Brussels, free telephone number: 1765

(as of April 2016 : Federal Pension Service)

**Office for particular social security schemes (ORPSS - DIBISS)  
(previously known as ONSSAPL - RSZPPO and OSSOM - DOSZ)**

([www.orpss.fgov.be](http://www.orpss.fgov.be); [communication@orpss.fgov.be](mailto:communication@orpss.fgov.be))

Rue Joseph II, 47, 1040 Bruxelles, 02 239 12 11

**Pension Service of the Public Sector (PDOS - SdPSP)**

([www.sdpsp.fgov.be](http://www.sdpsp.fgov.be), [cc@sdpsp.fgov.be](mailto:cc@sdpsp.fgov.be))

Place Victor Horta 40 box 30, 1060 Brussels, toll-free telephone number: 1765

(as of April 2016 : Federal Pension Service)

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

([www.hvkz-cspm.fgov.be](http://www.hvkz-cspm.fgov.be), [info@hvkz-cspm.fgov.be](mailto:info@hvkz-cspm.fgov.be))

Frankrijklei 81-83 box 4, 2000 Antwerp, 03 220 74 61 (from June 2015)

## 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](http://www.nameofthemunicipality.be)).

### The mutual insurance funds

are organised in the following national unions:

Alliance Nationale des Mutualités Chrésiennes – Landsbond der christelijke mutualiteiten	Chaussée de Haecht 579, bte 40 - 1031 Brussels Tel.: 02/246.41.11 <a href="http://www.mc.be">www.mc.be</a> , contact form: <a href="http://www.mc.be/contact/">www.mc.be/contact/</a>
Union Nationale des Mutualités Libres – Onafhankelijke ziekenfondsen	Rue Saint-Hubert 19 - 1150 Brussels Tel.: 02/778.92.11 <a href="http://www.mloz.be">www.mloz.be</a> , <a href="mailto:info@mloz.be">info@mloz.be</a>
Union nationale des Mutualités Libérales – Landsbond van liberale mutualiteiten	Rue de Livourne 25 - 1050 Brussels Tel.: 02/542.86.00 <a href="http://www.ml.be">www.ml.be</a> , <a href="mailto:info@ml.be">info@ml.be</a>
Union nationale des Mutualités Neutres – Landsbond van de neutrale ziekenfondsen	Chaussée de Charleroi 145 - 1060 Brussels Tel.: 02/538.83.00 <a href="http://www.mutualites-neutres.be">www.mutualites-neutres.be</a> , <a href="mailto:info@unmn.be">info@unmn.be</a>
Union nationale des Mutualités Socialistes – Nationaal Verbond van socialistische mutualiteiten	Rue Saint-Jean 32-38 - 1000 Brussels Tel.: 02/515.02.11 <a href="http://www.solidaris.be">www.solidaris.be</a> , <a href="mailto:info@solidaris.be">info@solidaris.be</a>

You can also affiliate with:

Caisse auxiliaire d'assurance maladie-  
invalidité – Hulpkas voor ziekte- en  
invaliditeitsverzekering

Rue du Trône 30 box A, 1000 Brussels  
Tel.: 0800 11 292  
[www.caami.be](http://www.caami.be), [info@hziv.fgov.be](mailto:info@hziv.fgov.be)

**The 4 payment institutions (among which 3 "trade unions") with regard to unemployment benefits are:**

<b>CAPAC:</b> Caisse Auxiliaire de Paiement des Allocations de Chômage	Rue de Brabant 62, 1210 - Brussels Tel.: 02/209.13.13 <a href="http://www.capac.fgov.be">www.capac.fgov.be</a> , <a href="mailto:info@capac.fgov.be">info@capac.fgov.be</a>
<b>CGSLB:</b> Centrale Générale des Syndicats Libéraux de Belgique	Boulevard Baudouin 8, 1000 Bruxelles Tel.: 02 509 16 00 <a href="http://www.cgslb.be">www.cgslb.be</a> , <a href="mailto:cgslb@cgslb.be">cgslb@cgslb.be</a>
<b>CSC:</b> Confédération des Syndicats Chrétiens	Chaussée de Haecht 579, 1030 Brussels Tel.: 02/246 31 11 <a href="http://www.csc-en-ligne.be">www.csc-en-ligne.be</a> <a href="mailto:csc@acv-csc.be">csc@acv-csc.be</a>
<b>FGTB:</b> Fédération Générale des Travailleurs de Belgique	Rue Haute 42, 1000 Brussels Tel.: 02/506.82.11 <a href="http://www.fgtb.be">www.fgtb.be</a> , <a href="mailto:info@fgtb.be">info@fgtb.be</a>

**Sigedis asbl**

([www.sigedis.be](http://www.sigedis.be), [info@sigedis.fgov.be](mailto:info@sigedis.fgov.be))

Tour du Midi, Esplanade de l'Europe, 7<sup>ème</sup> étage, 1060 Brussels, tel. 02 791 50 00

**Asbestos Fund (AFA)**

(<http://www.afa.fgov.be>, [info.fr@afa.fgov.be](mailto:info.fr@afa.fgov.be))

Avenue de l'Astronomie 1, 1210 Bruxelles, tel. 02 226 64 71

The list of the **social insurance funds** can be consulted at the following url: [socialsecurity.belgium.be/sites/default/files/content/docs/fr/elaboration-politique-sociale/independants/liste-caisses-assurances-sociales-fr.pdf](http://socialsecurity.belgium.be/sites/default/files/content/docs/fr/elaboration-politique-sociale/independants/liste-caisses-assurances-sociales-fr.pdf) 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](mailto:ZelfIndep@minsoc.fed.be)

The list of the **family benefits funds** can be consulted on the website of the Federal agency for family allowances: [www.famifed.be](http://www.famifed.be)

The list of the **social secretariats** is published regularly in the Belgian law gazette (Moniteur belge) (last publication on 28 December 2015): [www.ejustice.just.fgov.be/mopdf/2015/12/28\\_2.pdf](http://www.ejustice.just.fgov.be/mopdf/2015/12/28_2.pdf), p. 79731. You can also obtain it by contacting the Belgian law gazette – Moniteur belge, rue de Louvain 40-42, 1000 Brussels, tel. 0800 98 809.

The list of the **various vacation funds** is available on the website of the National Office for Annual Vacation (ONVA): [www.onva.fgov.be/fr/content/les-differentes-caisses-de-vacances](http://www.onva.fgov.be/fr/content/les-differentes-caisses-de-vacances)

At international level, you can visit the following sites of the federal authorities:

[socialsecurity.be/CMS/fr/leaving\\_belgium/index.html](http://socialsecurity.be/CMS/fr/leaving_belgium/index.html) (quitter la Belgique) et  
[socialsecurity.be/CMS/fr/coming\\_to\\_belgium/index.html](http://socialsecurity.be/CMS/fr/coming_to_belgium/index.html) (venir en Belgique)

In case of disputes:

The list of the **labour courts** can be consulted at the url [www.juridat.be/cgi\\_adres/adrf.pl](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](http://mediateurfederal.be), [contact@mediateurfederal.be](mailto:contact@mediateurfederal.be))  
Rue de Louvain 48 bte 6, 1000 Brussels, tel. 0800 99 961 – 02 289 27 27

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

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

This brochure can be consulted online:

[socialsecurity.belgium.be/en/publications/everything-you-have-always-wanted-know-about-social-security](http://socialsecurity.belgium.be/en/publications/everything-you-have-always-wanted-know-about-social-security).

To obtain a brochure:

- ✦ 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](mailto: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*” (2012). This book of 724 pages can be consulted online:

[socialsecurity.belgium.be/sites/default/files/apercu-2012-fr.pdf](http://socialsecurity.belgium.be/sites/default/files/apercu-2012-fr.pdf).

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