



European
Commission

Your social security rights

in Belgium

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

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

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

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#).

How to register for social security?

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

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

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

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

Appeals

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

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

resident in the country, to the labour court of the district where you last worked in Belgium.

Organisation of social protection

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

The National Social Security Office (*Office national de Sécurité sociale/Rijksdienst voor Sociale Zekerheid - ONSS/RSZ*) is a public institution of social security which has the task of collecting contributions (with the exception of accidents at work) and allocating the funds between the central institutions responsible for the administration of the different branches of social security through the so-called "Global Management".

Sickness, maternity, invalidity

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

Old-age and survivors

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

Accidents at work and occupational diseases

The field of accidents at work is run by the Accidents at work Fund (*Fonds des accidents du travail/Fonds voor Arbeidsongevallen - FAT/FAO*), whose main task is to grant benefits in the form of damage compensation to sailors, seamen and employees whose employers do not meet their obligations. The Accidents at work Fund carries out technical and medical control, and ratifies the agreement settling the employment injury between the victim and the insurance fund. The employers have to take out insurance against the risks of accidents at work with a registered insurance fund or a common insurance fund to the benefit of their staff.

The Occupational Diseases Fund (*Fonds des maladies professionnelles/Fonds voor de Beroepsziekten - FMP/FBZ*) is a public social security institution which is solely

responsible for administering the whole field of insurance against occupational diseases. This fund also implements the legal regulations in the field of prevention. This institution comprises also the Asbestos Funds for the payment of indemnities to victims of asbestos.

Family benefits

The implementation of legislation is carried out on the one hand by the National Family Benefits Office for Employees (*Office national d'allocations familiales pour travailleurs salariés/Rijksdienst voor Kinderbijslag voor Werknemers - ONAFTS/RKW*) and the special Compensation Funds for Family Benefits and, on the other hand, by the independent Compensation Funds. The main tasks of the National Office are to distribute the financial resources between the different compensation funds and to act as a compensation fund for employers insured with the Office. Furthermore the Office has been allocated the supervision of the compensation funds. For some occupations special funds have been created (public funds), which the corresponding employers should join. The independent Compensation Funds are institutions which have been set up on the employers' initiative and are managed by them. They are approved by the King and can only be responsible for the granting of statutorily provided benefits.

Unemployment

The field of unemployment is run by the National Employment Office (*Office national de l'emploi/Rijksdienst voor Arbeidsvoorziening - ONEM/RVA*) and its regional units, which will decide on the concerned person's entitlement. The payment of benefits is made either by the registered trade union organisation of which the employee is member or by the Auxiliary Fund for Payment of Unemployment Benefit (*Caisse auxiliaire de paiement des allocations de chômage/Hulpkas voor werkloosheidsuitkeringen - CAPAC/HVW*) that has received the application.

Financing

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

You will have to pay a percentage of your salary as your social security contribution. Your employer will withhold this from your salary and pay it to the National Office of Social Security (*Office national de Sécurité sociale/Rijksdienst voor Sociale Zekerheid - ONSS/RSZ*). The only contribution that you may have to pay yourself is whatever your health insurance fund may charge for certain supplementary benefits. There will be no supplementary contributions if you join the Auxiliary fund for Sickness and Invalidity Insurance (*Caisse auxiliaire d'assurance maladie-invalidité/Hulpkas voor ziekte- en invaliditeitsverzekering - CAAMI/HZIV*), since it provides compulsory insurance only.

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

Accidents at work are covered through insurance paid by the employers.

Chapter II: Healthcare

When are you entitled to healthcare?

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

To be entitled to healthcare:

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

The eligible dependants are the spouse, cohabitant, children under 25 years of age (6 categories) and ascendants (in some cases parents-in-law) whose professional or replacement income is lower than € 2,295.60 per quarter.

What is covered?

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

Medical and dental care

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

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

Medicines

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

Patients in a general hospital pay € 0.62 per day for medicines. For a refund of the cost of preparations by a pharmacist, a maximum share of € 1.15 or € 2.30 per insured person is set. The charge is reduced for those benefiting from the preferential scheme.

Hospitalisation

On admission to hospital, you will have to make a flat-rate prepayment, followed by a *per diem* charge for each day as an inpatient (€ 15.31 per day). You will also be charged a flat-rate daily amount for the drugs used during your hospital stay.

Where the patient is hospitalised within a psychiatric home for more than five years, the charge is € 25.52 per day. There is a fixed contribution by the insurance fund for approved homes for the aged, protected homes, nursing homes, psychiatric homes, and day-care centres. The admission fee is € 42.58.

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

Physiotherapy and nursing care

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

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

Prostheses, spectacles, hearing-aids

Full or partial refund, according to the type of benefit and beneficiary, is fixed by agreement.

Other benefits

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

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

Increased reimbursement

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

How is healthcare accessed?

Medical and dental care

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

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

Medicines

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

Hospitalisation

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

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

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

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

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#). You may also refer to the Annex on social protection for the self-employed, produced by [MISSOC](#).

What is covered?

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

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

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

The compensation rate is 60% of earnings. The ceiling taken into account for the compensation is € 126.4894 per day for incapacities occurred since 1 September 2012.

If you are still unable to work after a year, you will be entitled to [invalidity benefit](#) (*indemnité d'invalidité/invaliditeitsuitkering*).

How are sickness cash benefits accessed?

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

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

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

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

You must have paid a minimum amount of contributions (in the current or in the previous year) to be entitled to benefits in kind. The minimum is € 4,505.46 (up to 21 years of age) and € 6,007.28 (21 years and older). There is also a qualifying period of six months with 120 days of actual work or assimilated periods.

For maternity benefit, one must also have paid contributions for six months.

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#). You may also refer to the Annex on social protection for the self-employed, produced by [MISSOC](#).

What is covered?

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

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

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

The amount of maternity benefit is calculated as follows:

- for gainfully employed women, 82% of pay (no ceiling) for the first 30 days and 75% (subject to ceiling) from the thirty-first day onwards or in the event of an extension;
- for unemployed women the basic allowance amounts, during the first 30 days, to 60% of the lost salary. The amount of the basic allowance equals the amount of the unemployment benefit to which a worker would be entitled if not in the maternity protection period. She can also claim an additional allowance which amounts to 19.5% of her ceiled lost salary. As from the thirty-first day, the additional allowance amounts to 15% of the lost ceiled salary.
- disabled women are entitled to 79.5% of pay, subject to a ceiling of € 104.62, for the first 30 days, and 75%, subject to a ceiling of € 98.70, thereafter (start of maternity as of 1 May 2013).

Benefits in kind are injections, pre- and post-natal care, monitoring and assistance during labour and delivery in a hospital or day-hospital or at home.

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

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

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

How are maternity and paternity benefits accessed?

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

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

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

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

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

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

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#). You may also refer to the Annex on social protection for the self-employed, produced by MISSOC.

What is covered?

Invalidity benefit (*indemnité d'invalidité/invaliditeitsuitkering*) amounts to 65% of your previous earnings if you have dependants. If you have no dependants, this amount is reduced to 55% for a single person or 40% for a cohabitant.

The lump sum allowance for the help of a third person is a supplement granted to the person who is incapacitated for work, at the earliest from the fourth month of incapacity; this amounts to € 20.00.

The amount of benefit is subject to a ceiling. The ceiling is set at € 131.6023 for invalidities that occurred after 1 April 2013.

How are invalidity benefits accessed?

See part on sickness cash benefits.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

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

All employed persons are entitled to an early retirement pension on reaching the age of 60.5, provided they have completed 38 years of professional activity. Normal retirement age for men and women is 65. An exception to this rule is made for miners, seamen and aircrew of civil aviation who can retire earlier.

Men and women in receipt of benefits under the system of unemployment with company supplement (*régime de chômage avec complément d'entreprise/stelsel van werkloosheid met bedrijfstoeslag*) are not entitled to a retirement pension (*pension de retraite/rustpensioen*) before the age of 65.

You will not receive a retirement pension if you are already receiving sickness, invalidity or involuntary unemployment benefit under Belgian or foreign social security legislation, or if you are receiving an allowance for cessation of work or a supplementary allowance under the system of unemployment with company supplement (*régime de chômage avec complément d'entreprise/stelsel van werkloosheid met bedrijfstoeslag*).

Pensioners are entitled to work, subject to an earnings ceiling. For people under 65, when the pension has started from 2013, accumulation with income from work is authorised if annual professional earnings do not exceed € 7.570,00 per year for an employee (gross wage). This amount is increased to € 11.355,02 where there is a dependent child. Before beginning work as a pensioner you must notify the National Pension Office (*Office national des pensions/Rijksdienst voor Pensioenen - ONP/RVP*), by registered letter. And you must inform your employer, also by registered letter, that you are receiving a pension. For more information, contact the [National Pension Office](#).

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#). You may also refer to the Annex on social protection for the self-employed, produced by MISSOC.

What is covered?

The benefits comprise:

- a retirement pension (*pension de retraite/rustpensioen*) for employed persons;
- a heating allowance (*allocation de chauffage/verwarmingstoelage*) for retired miners;
- a holiday allowance (*pécule de vacances/vakantiegeld*) and supplementary holiday allowance (*pécule de vacances complémentaire/aanvullend vakantiegeld*).

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

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

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

The guaranteed minimum old-age pension (*pension minimum garantie/gewaarborgd minimumpensioen*) for a complete career is € 16,636.77 (household) or € 13,313.61 (single) per year, calculated pro rata if the career is at least equivalent to two-thirds of a complete career.

The maximum pension depends on annual earnings ceiling. The maximum pension for an employee (single person) amounts to € 25,278.00 (since 1 December 2012).

How are old-age benefits accessed?

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

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

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

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

The surviving spouse must have ceased all work with the exception of authorised work. For people under 65 receiving only a survivors' pension, when the pension has started from 2013, accumulation with income from work is authorised if annual professional earnings do not exceed € 17,625.60 per year for an employee (gross wage). This amount is increased up to € 22,032.00 in where there is a dependent child. Before beginning work as a pensioner you must notify the National Pension Office (*Office national des pensions/Rijksdienst voor Pensioenen - ONP/RVP*), by registered letter. And you must inform your employer, also by registered letter, that you are receiving a pension. For more information, contact the National Pension Office.

The surviving spouse must also not have remarried.

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

A **surviving partner** receives no benefits.

Furthermore, you will receive a survivor's pension for up to 12 months if you are already receiving sickness, invalidity or involuntary unemployment benefit under Belgian or foreign social security legislation, or if you are receiving an allowance for cessation of work or a supplementary allowance under the system of unemployment with company supplement (*régime de chômage avec complément d'entreprise/stelsel van werkloosheid met bedrijfstoelage*).

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#). You may also refer to the Annex on social protection for the self-employed, produced by MISSOC.

What is covered?

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

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

The guaranteed minimum survivor's pension (*pension de survie minimum garantie/gewaARBorgd minimum-overlevingspensioen*) for a complete career is € 13,104.28 per year, calculated pro rata if the career is at least equivalent to two-thirds of a complete career.

The maximum pension depends on the annual earnings ceiling. Since 1 December 2012, the maximum pension for a surviving spouse of an employee amounts to € 25.278,00, which corresponds to the maximum old-age pension for a single person.

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

How are survivors' benefits accessed?

Pension claims must be submitted to the National Pension Office (*Office national des pensions/Rijksdienst voor Pensioenen – ONP/RVP*) or to the municipal administration at your place of residence. If you reside in another EU Member State, you must apply to the local pension institution in that country.

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

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

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

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

Accidents at work

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

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

Occupational diseases

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

What is covered?

An accident at work gives rise to the following entitlements:

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

Cash benefit for incapacity for work

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

If the injury continues to exist but remains stable, it has “consolidated” (this is a medical concept) and the temporary incapacity becomes permanent.

After "consolidation", an annual allowance is paid for a period of three years. During this period, the case can be re-examined. The amount of the allowance depends on the degree of incapacity and the pay to which the worker was entitled for the year preceding the accident (basic pay).

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

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

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

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

Healthcare

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

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

Fatal accident

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

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

Fatal accident annuities and allowances are paid monthly or quarterly.

Occupational diseases

The benefits paid for occupational disease are:

- cash benefit for temporary or permanent partial or total incapacity, including in serious cases an allowance for assistance from a third party;
- allowances for temporary or permanent cessation of work as a precautionary measure. The Occupational Diseases Fund (*Fonds des maladies professionnelles/Fonds voor de Beroepsziekten - FMP/FBZ*) may authorise a person to stop working if a doctor finds that he or she has a predisposition to an occupational disease or identifies the first symptoms of such a disease. In this case, the insured is entitled to cash benefit for temporary total incapacity, and to retraining;
- an allowance in the event of the death of the insured as a result of the occupational disease;
- reimbursement of medical and related costs. The insured person has a free choice of doctor, and will be reimbursed for all costs incurred, at the prescribed rates;
- reimbursement of travelling expenses incurred in relation to the treatment of the occupational disease.

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

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

Accidents at work

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

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

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

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

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

For any further information, please contact your employer's insurer. If you have any difficulty, contact the [FAT/FAO](#).

Occupational diseases

Claims must be submitted to the Occupational Diseases Fund (*Fonds des maladies professionnelles/Fonds voor de Beroepsziekten - FMP/FBZ*) by the insured or his or her nominee (e.g. the health insurance fund). The application is made using a standard form supplied by the FMP/FBZ. If there is a change in the person's state of health, the

degree of incapacity may be re-assessed by the FMP/FBZ, either at the request of the person concerned or *ex officio*.

Chapter IX: Family benefits

When are you entitled to family benefits?

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

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

For self-employed persons, special provisions may apply. For more details, please contact the [competent institutions](#). You may also refer to the Annex on social protection for the self-employed, produced by MISSOC.

Age limit

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

- up to the age of 25, if they have a recognised apprenticeship contract;
- up to the age of 21, if they suffer from a complaint affecting them in terms of mental or physical disability or personal activity and participation, or affecting their family circle;
- up to the age of 25, for students, graduate students preparing a thesis completing higher studies and trainees for public office;
- up to the age of 25, for those who have finished their studies, training or traineeship or submitted their thesis and have registered as job-seekers, but only for a maximum of 360 days after completion of the study, training or traineeship or after that submission.

In principle, the child must be brought up in Belgium and, as the case may be, follow his/her studies there. Nevertheless, this territoriality condition does not apply when the child is raised or follows an education in one of the Member States of the European Economic Area or in a country with which Belgium has concluded a social security agreement providing for export of child benefit.

Parental benefit

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

Moreover, you must:

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

What is covered?

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

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

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

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

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

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

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

Birth and adoption grant

A birth grant (*allocation de naissance/kraamgeld*) is paid for the birth of a child.

In certain conditions an adoption grant (*prime d'adoption/adoptiepremie*) can be paid when a child is adopted.

Parental benefit

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

How are family benefits accessed?

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

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

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

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

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment benefits

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

To be entitled to unemployment benefit (*allocations de chômage/werkloosheidsuitkeringen*), you must:

- have worked a minimum number of days (between 312 and 624) during a fixed period of time (from 21 to 42 months). The length of this period depends on your age. Periods of work in other EU Member States are normally taken into account, but you must have become unemployed in Belgium;
- have lost your job involuntarily, without receiving compensation;
- be registered as a job-seeker with the competent employment service and reply to every suitable job offer, training offer or, after the age of 45, retraining offer. In Flanders, the competent employment service is the VDAB, in Brussels it is Actiris and in Wallonia, FOREM;
- be actively looking for work; after a certain period of unemployment, you will be summoned for an interview to assess whether you have been trying hard enough; you may also be asked to give a written undertaking in this regard, which will be assessed later;
- be able to work;
- be under the age of 65 (both for men and women);
- have your usual residence in Belgium and actually be living in Belgium.

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

Unemployment with company supplement

Unemployment with company supplement (*régime de chômage avec complément d'entreprise/stelsel van werkloosheid met bedrijfstoeslag*) is a system that allows certain older workers who are made redundant to obtain a supplementary allowance – in addition to unemployment benefit – payable by the employer or a fund acting on his behalf. Unemployment with company supplement is not early retirement. It only applies to workers in the private sector.

In order to be entitled to unemployment with company supplement, you must:

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

There is an obligation for the employer to replace the person benefiting from unemployment with company supplement.

When laid off from an enterprise recognised as being in difficulties, you must be aged 52. When laid off from an enterprise declared to be in a process of reorganisation, you must be aged between 52 and 55 (in exceptional cases at the age of 50 after the opinion of a consulting committee). In those cases, there is no replacement obligation.

What is covered?

Unemployment benefits

The *per diem* cash benefit depends on the length of time a person has been unemployed, his or her average daily pay, and the family situation. When an unemployed person has a dependent family and is the sole breadwinner, he or she is entitled to 65% of previous earnings for the first three months of unemployment, subject to a maximum of € 61.66 and a minimum of € 42.79. Afterwards, he or she is entitled to 60% of previous earnings, subject to a maximum of € 56.92 and a minimum of € 42.79. After 48 months of unemployment, he or she is guaranteed an amount of € 42.79.

An unemployed person without dependants is entitled to 65% of previous earnings for the first three months of unemployment (with a maximum of € 61.66 and a minimum of € 35.94); for the remainder of the first year of unemployment, he or she is entitled to 60% and thereafter to 55% of previous earnings, with a maximum of € 44.46 and a minimum of € 37.64; after 48 months of unemployment, he or she receives a flat-rate amount of € 35.94.

An unemployed person who has no dependants and is living with persons who have an income is entitled to 65% of previous earnings for the first three months of unemployment (with a maximum of € 61.66 and a minimum of € 26.94); for the remainder of the first year of unemployment, he or she is entitled to 60% and thereafter to 40% of previous earnings, with a maximum of € 33.05 and a minimum of € 20.58. Afterwards, after 48 months of unemployment, he or she receives a flat-rate amount of € 18.99.

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

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

Workers whose contracts of employment are temporarily suspended through no wish of their own can obtain a temporary allowance (*allocation de chômage temporaire/tijdelijke werkloosheidsuitkering*) for each full day of suspension.

Young persons below the age of 30 (at the time of claiming) who have been unemployed since leaving school and who meet the other qualifying criteria (type of education, etc.) may be entitled to a flat-rate professional integration benefit, payable for 36 months after having completed a professional integration programme.

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

Accumulation with other benefits and with income from work

Accumulation with other social security benefits is limited.

Accumulation with earnings from work is also limited to certain cases only. When someone receives a professional income deriving from a "subordinate" activity carried out during at least three months before unemployment and continuing after unemployment, then accumulation is possible up to 130% of the maximum daily amount of the unemployment benefit of a person with a dependent family. For a professional income deriving from a "casual" activity carried out during unemployment, for a month, there is a loss of the daily unemployment benefit only for the days of activity and maintenance of the benefit for the remaining days.

Refusal of benefits and sanctions

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

Unemployment with company supplement

A company supplement (*complément d'entreprise/bedrijfstoeslag*) is added to unemployment benefit equal to half the difference between the net earnings (upper limit) and the unemployment benefit. The supplement is paid by the employers. The amount of unemployment benefit payable in this case is 60% of your most recent gross pay (capped at € 2,093.32), whatever your family situation. This percentage remains unchanged for the entire duration of unemployment with company supplement.

How are unemployment benefits accessed?

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

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

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

General system

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

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

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

Guaranteed income for elderly persons

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

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

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

Income replacement allowance

Income replacement allowance (*allocation de remplacement de revenus/inkomensvervangende tegemoetkoming*) may be paid to disabled persons whose physical or mental state has reduced their earning capacity to one-third or less of what a healthy person can earn in the general labour market.

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

Other benefits

There are also some other minimum income benefits, in particular guaranteed family benefits (*prestations familiales garanties/gewaarborgde gezinsbijslag*). Integration allowance (*allocation d'intégration/integratietegemoetkoming*) and allowance for assistance to the elderly (*allocation pour l'aide aux personnes âgées/tegemoetkoming*)

voor hulp aan bejaarden) are calculated on the basis of income but are considered as long-term care benefits.

What is covered?

General system

The monthly amounts of the integration income (*revenu d'intégration/leefloon*) are:

- Cohabiting person: € 534.23;
- Single person: € 801.34;
- Person living together with a dependent family: € 1,068.45.

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

These amounts may be combined with family benefits granted for dependent children. If the claimant is deprived of any means, the full amount for the category to which s/he belongs will be awarded. If s/he has means below the amount fixed for his/her category, the difference enabling him/her to reach this amount will be granted. The higher the income gets, the lower the amount granted will be.

Heating allowances are granted by the Public Centres for Social Assistance (PCSA) (*Centre public d'action sociale/Openbaar Centrum voor Maatschappelijk Welzijn - CPAS/OCMW*). The federated entities provide for contributions for installation, moving house and rent. This exists only at regional level. There are also some special rights to health care.

Guaranteed income for elderly persons

The monthly amounts of the guaranteed income for elderly persons (*garantie de revenus aux personnes âgées/inkomensgarantie voor ouderen*) vary according to the family situation:

- Single rate: € 991.86;
- Cohabiting rate: € 661.24;
- Household rate (for 2 cohabiting beneficiaries): € 1,322.48.

The beneficiary is also entitled to healthcare.

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

Income replacement allowance

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

- Category A: € 534.49;
- Category B: € 801.74;
- Category C: € 1,068.99.

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

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

How are minimum resources benefits accessed?

General system

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

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

Guaranteed income for elderly persons

If you are receiving a pension (of an amount which does not impede the award of guaranteed income for elderly persons), an allowance for disabled persons or the integration income, your eligibility will be automatically assessed. Otherwise, you must apply to your local municipal administration or the National Pension Office (*Office national des pensions/Rijksdienst voor Pensioenen - ONP/RVP*).

The National Pension Office assesses, following an investigation of all means of the claimant and any cohabiting person, whether a person is in need.

Income replacement allowance

Applications for income replacement allowance (*allocation de remplacement de revenus/inkomensvervangende tegemoetkoming*) should be made to the mayor of the municipality where the disabled person is registered (as a Belgian national or foreigner).

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

Chapter XII: Long-term care

When are you entitled to long-term care?

There is no specific legislation at federal (national) level. However, certain benefits are provided for in the legislation on [sickness](#) and [invalidity](#) insurance and on [guaranteeing sufficient resources](#).

Sickness and invalidity insurance

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

Care insurance (regional)

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

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

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

There is no maximum age for care insurance. Insurance and payment of the annual contribution is compulsory as of the age of 26. However, a person aged below 26 may, upon request, be covered by the insurance without having to pay the annual contribution.

Integration allowance and allowance for assistance to the elderly

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

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

The allowance for assistance to the elderly is granted to disabled persons from the age of 65 who do not receive the [income replacement allowance](#) (*allocation de*

remplacement de revenus/ inkomensvervangende tegemoetkoming) or the integration allowance and who suffer from a lack or reduction of autonomy.

What is covered?

Sickness and invalidity insurance

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

Disabled persons with dependants and fulfilling the conditions for recognition of need for the assistance of a third party are entitled to a flat-rate allowance of € 20.00 per day.

Care insurance (regional)

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

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

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

Integration allowance and allowance for assistance to the elderly

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

The integration allowance (*allocation d'intégration/integratietegemoetkoming*) is reduced by 28% in the case of a stay in an institution which is entirely or partially funded by public funds.

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

How is long-term care accessed?

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

Sickness and invalidity insurance

For nursing care at home, the necessity is assessed by a nurse or attending physician. For assistance of a third party, the medical advisor and the Medical Invalidity Board of the National Institute for Sickness and Invalidity Insurance (*Institut National*

d'Assurance Maladie-Invalidité/Rijksinstituut voor ziekte- en invaliditeitsverzekering - INAMI/RIZIV) take care of the assessment.

Care insurance (regional)

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

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

Integration allowance and allowance for assistance to the elderly

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

Annex: Useful addresses and websites

Employed Persons

Federal public service Social Security

Service public fédéral – Sécurité sociale (SPF Sécurité sociale)

Federale Overheidsdienst – Sociale Zekerheid (FOD Sociale Zekerheid)

Finance Tower

Boulevard du Jardin Botanique/Kruidtuinlaan 50, boîte/bus 1

1000 Bruxelles/Brussel

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

You can find detailed information about the Belgian social security system on the SPF/FOD social security website: <https://www.socialsecurity.be>

Joining the Belgian social security system

General social security scheme for employed persons

Office national de sécurité sociale (ONSS)

Rijksdienst voor sociale zekerheid (RSZ)

Landesamt für Soziale Sicherheit (LSS)

The National Social Security Office is responsible for collecting contributions and distributing them to the other institutions.

Place Victor Horta/Victor Hortaplein 11

B-1060 Bruxelles/Brussel

Tél.: (32-2) 509 31 11

Fax: (32-2) 509 30 19

E-mail: webmaster@onssrszlss.fgov.be

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

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

Office de sécurité sociale d'outre mer (OSSOM)

Dienst voor de overzeese sociale zekerheid (DOSZ)

Amt für Überseeische Soziale Sicherheit (AÜSS)

Avenue Louise/Louizalaan 194

B-1050 Bruxelles/Brussel

Tel.: (32-2) 642 05 11

Fax: (32-2) 642 05 59

E-mail: info@ossom.fgov.be

<http://www.dosz-ossom.fgov.be>

Social security benefits: Management

Benefits are granted and paid by various specialised institutions.

Sickness, maternity and equivalent paternity benefits, and invalidity benefits

General scheme for employed persons

National Institute for Sickness and Invalidity Insurance

Institut national d'assurance maladie invalidité (INAMI)

Rijksinstituut voor ziekte- en invaliditeitsverzekering (RIZIV)

Avenue de Tervueren/Tervurenlaan 211

B-1150 Bruxelles/Brussel

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

Fax: (32-2) 739 72 91

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

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

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

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

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

Alliance nationale des mutualités chrétiennes/Landsbond der Christelijke Mutualiteiten:

<http://www.mc.be> / <http://www.cm.be>

Union nationale des mutualités neutres/Landsbond van de Neutrale Ziekenfondsen:

<http://www.mutualites-neutres.be> / <http://www.neutrale-ziekenfondsen.be>

Union nationale des mutualités socialistes/Nationaal Verbond van Socialistische

Mutualiteiten: <http://www.mutsoc.be> / <http://www.socmut.be>

Union nationale des mutualités libérales/Landsbond van Liberale Mutualiteiten:

<http://www.libmut.be> / <http://www.mutlib.be>

Union nationale des mutualités libres/Landsbond van de Onafhankelijke

Ziekenfondsen: <http://www.mloz.be>

Caisse auxiliaire d'assurance maladie invalidité (CAAMI) — Hulpkas voor ziekte- en invaliditeitsverzekering (HZIV) — Hilfskasse für Kranken- und Invalidenversicherung (HKIV):

Rue du Trône/Troonstraat 30A

B-1000 Bruxelles/Brussel

Tel.: (32-2) 229 35 62

Fax: (32-2) 229 35 58

<http://www.caami-hziv.fgov.be>

Caisse des soins de santé de la SNCB Holding - Kas der Geneeskundige Verzorging van de NMBS Holding

Rue de France/Frankrijkstraat 85

B-1060 Bruxelles/Brussel

Tel.: (32-2) 526 35 28

Fax: (32-2) 525 35 61

Seamen

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

Hulp- en voorzorgkas voor zeevarenden (HVKZ)

"Maritiem Huis"

Olijfakstraat 1-13

Postbus 1

B-2060 Antwerpen 6

Tel.: (32-3) 220 74 11

Fax: (32-3) 220 74 66

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

Benefits for accidents at work

Accidents at work Fund
Fonds des accidents de travail (FAT)
Fonds voor arbeidsongevallen (FAO)
Fonds für Arbeitsunfälle (FAF)
Rue du Trône/Troonstraat 100
B-1050 Bruxelles/Brussel
Tel.: (32-2) 506 84 11
Fax: (32-2) 506 84 15
E-mail: info@faofat.fgov.be
<http://www.faofat.fgov.be>

Benefits for occupational diseases

Occupational Diseases Fund
Fonds des maladies professionnelles (FMP)
Fonds voor de beroepsziekten (FBZ)
Fonds für BerufsKrankheiten (FBK)
Avenue de l'Astronomie/Sterrekundelaan 1
B-1210 Bruxelles/Brussel
E-mail: secr@fmp-fbz.fgov.be
<http://www.fmp-fbz.fgov.be>

Death grants

Death due to non-work-related illness or accident

National Institute for Sickness and Invalidity Insurance
Institut national d'assurance maladie invalidité (INAMI)
Rijksinstituut voor ziekte- en invaliditeitsverzekering (RIZIV)
See above.
<http://www.inami.fgov.be/http://www.riziv.fgov.be>

Death due to occupational disease

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

Death due to an accident at work

Accidents at work Fund
Fonds des accidents de travail (FAT)
Fonds voor arbeidsongevallen (FAO)
Fonds für Arbeitsunfälle (FAF)
Rue du Trône/Troonstraat 100
B-1050 Bruxelles/Brussel
Tel.: (32-2) 506 84 92
E-mail: secr@fmp-fbz.fgov.be

Old-age and survivors' pensions

National Pension Office

Office national des pensions (ONP)

Rijksdienst voor pensioenen (RVP)

Landespensionsamt (LPA)

Tour du Midi/Zuidertoren

B-1060 Bruxelles/Brussel

E-mail: info@rvponp.fgov.be

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

Tel.: freephone (in Belgium): Monday-Friday 9:00 – 12:00 and 13:00 – 17:00: 1765

Tel. from abroad: 32 78 15 1765

Unemployment benefits

National Employment Office

Office national de l'emploi (ONEM)

Rijksdienst voor arbeidsvoorziening (RVA)

Landesamt für Arbeitsbeschaffung (LfA)

Boulevard de l'Empereur/Keizerslaan 7

B-1000 Bruxelles/Brussel

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

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

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

Unemployment benefits are paid:

- either by a public institution: *Caisse auxiliaire de paiement des allocations de chômage (CAPAC)* — *Hulpkas voor werkloosheidsuitkeringen (HVW)* — *Hilfzahlstelle für Arbeitslosenunterstützungen (HFA)*
<http://www.hvw-capac.fgov.be>
- or by the worker's union:
 - Fédération générale du travail de Belgique/Algemeen Belgisch Vakverbond - FGTV/ABVV: <http://www.fgtb.be> / <http://www.abvv.be>
 - Confédération des syndicats chrétiens/Algemeen Christelijk Vakverbond - CSC/ACV: <http://www.acv-csc.be>
 - Confédération générale des syndicats libéraux de Belgique/Algemene Centrale der Liberale Vakbonden van België - CGSLB/ACLVB: <http://www.cgslb.be> / <http://www.aclvb.be>

Unemployment with company supplement

Federal Public Service (FPS) Employment, Work and Social Concertation

Service public fédéral (SPF) Emploi et concertation sociale

Federale Overheidsdienst (FOD) Werkgelegenheid, Arbeid en sociaal Overleg

Rue Ernest Blérot/Ernest Blérotstraat 1B-1070 Bruxelles/Brussel

Tel.: (32-2) 233 41 11

Fax: (32-2) 233 44 88

E-mail: information@emploi.belgique.be / informatie@werk.belgie.be

<http://www.emploi.belgique.be> / <http://www.werk.belgie.be>

Family benefits and Guaranteed Family Benefits

National Family Benefits Office for Employees

Office national des allocations familiales pour travailleurs salariés (ONAFTS)

Rijksdienst voor kinderbijslag voor werknemers (RKW)

Zentralanstalt für Familienbeihilfen für Arbeitnehmer (ZFA)

Rue de Trèves/Trierstraat 70 (postal address) or 9 (reception)

B-1000 Bruxelles/Brussel

Tel.: (32-2) 237 23 20

Fax: (32-2) 237 23 09

Freephone: 0800 944 34

<http://www.rkw-onafsts.fgov.be>

All the family benefits agencies are listed on the ONAFTS/RKW website:

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

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

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

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

Federale Overheidsdienst (FOD) Sociale Zekerheid - Directie-Generaal Zelfstandigen

Finance Tower

Boulevard du Jardin Botanique/Kruidtuinlaan 50, boîte/bus 1

B 1000 Bruxelles/Brussel

Contact Centre

Tel. from Belgium: 0800 987 99

Tel. from abroad: (32-2) 507 87 99

Fax: (32-2) 509 81 85

Contact form: [http://handicap.fgov.be/fr/formulaire-de-](http://handicap.fgov.be/fr/formulaire-de-contact?form=http%253A%252F%252Fforms.handicap.fgov.be%252Ffr%253Fcateg%253D)

[contact?form=http%253A%252F%252Fforms.handicap.fgov.be%252Ffr%253Fcateg%253D](http://handicap.fgov.be/fr/formulaire-de-contact?form=http%253A%252F%252Fforms.handicap.fgov.be%252Ffr%253Fcateg%253D)

<http://handicap.fgov.be>

Guaranteed income for elderly persons

National Pension Office

Office national des pensions (ONP)

Rijksdienst voor pensioenen (RVP)

Landespensionsamt (LPA)

Tour du Midi/Zuidertoren

B-1060 Bruxelles/Brussel

Tel.: 1765 (free for calls from Belgium)

Tel. from abroad: 32 78 15 1765

E-mail: info@rvponp.fgov.be

Self-Employed Persons

Federal social security service – General Directorate for self-employed persons
Service public fédéral (SPF) Sécurité sociale - Direction générale Indépendants
Federale Overheidsdienst (FOD) Sociale Zekerheid - Directie-Generaal Zelfstandigen
Finance Tower

Boulevard du Jardin Botanique/Kruidtuinlaan 50, boîte/bus 1

B-1000 Bruxelles/Brussel

Tel.: (32-2) 528 64 50

Fax (32-2) 528 69 77

E-mail: zelfindep@minsoc.fed.be

National Insurance Institute for Self-employed

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

Rijksinstituut voor de social verzekeringen der zelfstandigen (RSVZ)

6 Place Jean Jacobs/Jan Jacobsplein 6

B-1000 Bruxelles/Brussel

Tél.: (32-2) 546 42 11

Fax: (32-2) 511 21 53

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

<http://www.rsvz-inasti.fgov.be>

Social insurance funds

You will find the list at the following address:

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