

ATTESTATION OF INCOME OF PERSONS DEPENDENT ON A HOLDER

A. To be completed by the insuring organisation :

Identity of the holder :

Surname and first name of the person (1) requesting his registration (or already registered) under the dependency of the holder :

Relationship to the holder :

B. To be completed by the person (1) applying for registration (or already registered) under the dependency of the holder :

a) I declare that I do not receive any income (2)

b) I declare that my income, fixed before any reduction for social welfare contributions or other charges, is higher than EUR, for the quarter (2) (3)

I declare that my income, fixed before any reduction for social welfare contributions or other charges, does not exceed EUR, for the quarter (2) (3)

Only to be completed in the event that the person mentioned above finds himself in the situation cited under c)

Nature of income (4)	Employer or paying organisation (5)	Gross income (6)
..... EUR
..... EUR
..... EUR
Total :	 EUR

I enclose a copy of the latest tax notice regarding the taxation of physical persons. (7)

I declare that I do not receive a tax notice and I enclose a certificate issued by my employer or the organisation that pays out social welfare benefit. (7) (8)

I hereby authorise my insuring organisation and the authorities of the Institut National d'Assurance Maladie-Invalidité (« National Institute of Illness-Incapacity Insurance ») in charge of inspections to check this declaration with the Administration des Contributions directes (« Administration of Direct Contributions »).

I UNDERTAKE TO IMMEDIATELY NOTIFY ANY CHANGE THAT MAY SUBSEQUENTLY OCCUR IN THE SITUATION STATED ABOVE. I am aware of the fact that a false or incomplete declaration or failure to comply with the above commitment may lead to fines or imprisonment in accordance with the provisions of the Royal Decree of 31 May 1933 governing declarations made in the field of subsidies, indemnities and benefits of all kinds that fall in whole or in part under the responsibility of the State, I am aware that the use of any false or incomplete declarations may give rise to administrative sanctions and legal proceedings, and I declare on my honour that this declaration is sincere and complete.

Date : __ / __ / ____

Signature :

- PTO -

C. Declaration to be signed by the holder :

I UNDERTAKE TO IMMEDIATELY NOTIFY ANY CHANGE THAT MAY SUBSEQUENTLY OCCUR IN THE SITUATION STATED ABOVE. (9)

I am aware of the fact that a false or incomplete declaration or failure to comply with the above commitment may lead to fines or imprisonment in accordance with the provisions of the Royal Decree of 31 May 1933 governing declarations made in the field of subsidies, indemnities and benefits of all kinds that fall in whole or in part under the responsibility of the State, I am aware that the use of any false or incomplete declarations may give rise to administrative sanctions and legal proceedings, and I declare on my honour that this declaration is sincere and complete.

Drawn up in, on __ / __ / ____

Holder's signature :

IMPORTANT :

This document must be sent or submitted to the insuring organisation within the month it was sent out or provided by the insuring organisation, even if the person applying for registration (or already registered) under the dependency of a holder has completed sections a) or b) under B.

(1) This is also the person applying for this registration (or already registered) under the dependency of a holder for « small risks » only.

(2) Delete what does not apply to your situation.

(3) To be completed by the insuring organisation.

(4) Account must be taken of income from :

- activities performed in Belgium or abroad, whether personally or via an intermediary, to include portions of inheritance linked to exercising of the role of municipal councillor, mayor, president or the C.P.A.S. or any other political mandate ;
- annuities, allowances, benefit payments or indemnities granted by virtue of Belgian or foreign legislation, including common law, accidents in the workplace and professional illnesses.

No account should be taken of repairing annuities, wartime immunised pensions, family allowances, allowances for assistance by a third person and support payments made by the holder to his judicially or de facto separated spouse, who has the status of a dependent person for healthcare.

(5) Indicate the exact name and address of the employer and/or the paying organisation for social welfare benefit.

Where professional income results from an independent activity, indicate « self-employed worker ».

(6) This is a set amount before any reduction from social welfare contributions or other charges. The professional income of self-employed workers is obtained by multiplying the difference between gross profit and the associated professional charges by a fraction equal to 100/80.

(7) Delete as applicable.

(8) Persons who do not receive a tax notice (beneficiaries of no-taxable income or social welfare benefit payments, E.E.C. officials, etc.) must enclose a certificate issued by their employer and/or the paying organisation for social welfare benefit, mentioning the GROSS amount of professional income and/or social welfare benefit for the quarter cited under B. The certificate from the employer may be replaced by a copy of the last contribution coupon received or the most recent pay slip.

(9) If section B is completed by a judicially or de facto separated spouse, the commitment does not concern the income referred to therein.