

**OVERSEAS CONTACT**

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**ADRES**

Victor Hortaplein 11  
1060 Brussel

## DOCUMENT TO BE RETURNED TO THE NSSO (NATIONAL SOCIAL SECURITY OFFICE) WITH A VIEW TO DETERMINING THE SOLIDARITY CONTRIBUTION AND THE RIZIV DEDUCTIONS\* APPLICABLE TO YOU

**Remark:** the terms figuring in this document have to be taken in the fiscal sense (as for instance in tax returns).

The NSSO has to subtract the deduction made in favour of the RIZIV\* as well as the solidarity contribution from your pension.

There are two different rates. We ask you to complete the following question form (cf. back page). This will allow us to determine the rate applicable to you.

We also would like you to inform the NSSO about any change which might have an impact on your fiscal status (marriage, death, dependent children, ...)

Please return the completed questionnaire (back page) to the NSSO.

**NSSO – AD VII  
OVERSEAS SOCIAL SECURITY  
Payments Department  
Victor Hortaplein 11  
1060 BRUSSELS**

**NOTE: if you do not send back this document, we shall have to calculate your deductions on the basis of the less favourable rate.**

(\* RIZIV: National institute for sickness and disability insurance)

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File number (to be completed):

**BOX A**

**If your place of residence is situated in a country of the European Economic Area (European Union + Switzerland) but not in Belgium**

1. I am living in a country of the European Economic Area but not in Belgium

No

Yes. I join a certificate of residence.

2. I receive a pension paid by the country I am living in

No

Yes. I join a certificate mentioning the starting date of this pension.

**BOX B**

**If you are married**

1. Does your husband/wife have a professional income exceeding:

› 9 850,00 € **gross** per year as **salaried worker**?

› 7 880,00 € **net** per year as **self-employed worker**?

No. My husband/wife does not have a professional income exceeding one of these amounts.

Yes. My husband/wife has a professional income exceeding one of these amounts.

2. Does your husband/wife receive a pension or a replacement income (unemployment benefit, sickness or disability allowance) ?

No

Yes

**BOX C**

**If you are not married (single, divorced, widower/widow)**

One or more children are living under your roof.

No

Yes

› Is at least one of them entitled to a child allowance?

No

Yes

› Is besides this (these) child(ren) someone else living with you?

No

Yes

**I confirm on my word of honour that this declaration is sincere and complete.**

Done at ..... on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature\*

(\* Both an electronic and a handwritten signature are allowed.