

**CONVENTION ON SOCIAL SECURITY
BETWEEN THE REPUBLIC OF THE PHILIPPINES AND THE KINGDOM OF BELGIUM**

INVESTIGATION OF AN INVALIDITY PENSION APPLICATION

Application of article 4 of the Administrative Arrangement

To be completed by the liaison agency of the country of residence, which transmits a copy to the liaison agency of the other contracting State.

1	Information concerning the applicant, his (her) spouse or his (her) cohabiting partner		
	Applicant	Spouse or cohabiting partner	
1.1	Family name
1.2	Birth name
1.3	Given names
1.4	Nationality
1.5	Sex
1.6	Civil Status ¹
1.7	Place of birth
1.8	Date of birth
1.9	Place of death
1.10	Date of death
1.11	Place of marriage
1.12	Date of marriage / cohabitation
1.13	Date of divorce
1.14	Date of separation
1.15	Address: Town - municipality
	Province
	Street and Number
	Country
1.16	File reference in Belgium
	File reference in the Philippines

¹ Civil status: married, cohabiting, single, widower, widow, divorced, separated, actually separated

2	Information concerning the application
2.1	Submission date : dd/mm/yyyy
2.2	Effect date of the invalidity benefit : dd/mm/yyyy

3	Information communicated by the applicant about his career in Belgium – in the Philippines (activity periods as employed or self-employed person, unemployment periods, periods of incapacity to work, military service, ...)
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	Periods		Nature of the periods	Name and seat of the company or nature of the self-employed activity	Country
	from	till			
3.1					
3.2					
3.3					
3.4					
3.5					
3.6					
3.7					
3.8					

4													
4.1	Beginning date of the incapacity to work followed by invalidity: : dd/mm/yyyy												
4.2	Date of which the beginning of the invalidity has been set: : dd/mm/yyyy												
4.3	<table border="1"> <tr> <td>The invalidity</td> <td><input type="checkbox"/> Is presumed</td> <td><input type="checkbox"/> Is not presumed</td> <td>To have been caused by a liable third person</td> </tr> <tr> <td><input type="checkbox"/> results</td> <td><input type="checkbox"/> does not result</td> <td></td> <td>from an accident at work or an occupational disease</td> </tr> <tr> <td><input type="checkbox"/> results</td> <td><input type="checkbox"/> does not result</td> <td></td> <td>from an non professional accident</td> </tr> </table>	The invalidity	<input type="checkbox"/> Is presumed	<input type="checkbox"/> Is not presumed	To have been caused by a liable third person	<input type="checkbox"/> results	<input type="checkbox"/> does not result		from an accident at work or an occupational disease	<input type="checkbox"/> results	<input type="checkbox"/> does not result		from an non professional accident
The invalidity	<input type="checkbox"/> Is presumed	<input type="checkbox"/> Is not presumed	To have been caused by a liable third person										
<input type="checkbox"/> results	<input type="checkbox"/> does not result		from an accident at work or an occupational disease										
<input type="checkbox"/> results	<input type="checkbox"/> does not result		from an non professional accident										

5	Information concerning the exercise of a professional activity by the applicant
5.1	<input type="checkbox"/> The applicant still exercises a professional activity <input type="checkbox"/> employed <input type="checkbox"/> Self-employed <input type="checkbox"/> other
5.2	<input type="checkbox"/> The applicant does not exercise a professional activity anymore since
5.3	<input type="checkbox"/> The applicant intends to stop to exercise an activity on <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> other
5.4	<input type="checkbox"/> The applicant intends to exercise an activity as from <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> other
5.5	Amount <input type="checkbox"/> of the wage <input type="checkbox"/> of the professional income <input type="checkbox"/> of other income

6	Information concerning the social benefits of the applicant		
	The applicant	Has applied for the following benefits	Enjoys the following benefits
6.1	Further payments of the wage in case of sickness	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Sickness benefits	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Invalidity benefits	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Benefit for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Old-age pension	<input type="checkbox"/>	<input type="checkbox"/>
6.7	Other benefits (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

7	Further information concerning the above-mentioned benefits		
	Benefits	Period	Effect date

9	Any pension arrears	
9.1	<input type="checkbox"/> may	<input type="checkbox"/> may not
9.2	be paid directly to the beneficiary	

The civil status data are conform with the original documents.

THE PHILIPPINES

BELGIUM

The person in charge of the institution

On behalf of the leading official

Stamp:

Stamp: