

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

INVESTIGATION OF A SURVIVORS' 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 and the deceased insured person	Applicant ⁽¹⁾	Deceased insured person ⁽²⁾
1.1	Family name ⁽³⁾
1.2	Birth name ⁽³⁾
1.3	Given names ⁽⁴⁾
1.4	Nationality	.....	.....
1.5	Sex	.....	.....
1.6	Civil Status	.....	.....
1.7	Relationship ⁽⁵⁾
1.8	Place of birth	.....	.....
1.9	Date of birth	.....	.....
1.10	Place of death	.....	.....
1.11	Date of death	.....	.....
1.12	Place of marriage	.....	.....
1.13	Date of marriage	.....	.....
1.14	Address: Town - municipality	.....	.....
	Province	.....	.....
	Street and Number	.....	.....
	Country	.....	.....
1.15	File reference in Belgium		.....
	File reference in The Philippines		.....

2	Information to be communicated only if the applicant is a surviving spouse aged less than 45 years ⁽⁶⁾		
2.1	Information concerning the dependent children of the surviving spouse		
	<u>Name</u>	<u>Given name(s)</u>	<u>Date of birth</u>
	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
	4.	_____	_____
2.2	The surviving spouse		
	<input type="checkbox"/> has		<input type="checkbox"/> has not
	an invalidity of at least 66%		

3	Information concerning the application		
3.1	Submission date	_____	
3.2	Desired effect date	_____	

4	Information communicated by the applicant about the career of the deceased insured person in Belgium – in The Philippines ⁽⁷⁾ (activity periods as employed or self-employed person, unemployment periods, periods of incapacity to work, military service, ...)			
	Periods		Nature of the periods	Name and seat of the company or nature of the self-employed activity
	from	till		
	1			
	2			
	3			
	4			
	5			
	6			
	7			

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 ⁽⁹⁾ _____
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 ⁽⁹⁾ _____
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 ⁽⁹⁾ _____
5.5	Amount <input type="checkbox"/> of the wage	<input type="checkbox"/> of the professional income	<input type="checkbox"/> of other incomes

6	Information concerning the social benefits of the applicant		
	The applicant	has applied for the following benefits	enjoys the following benefits
6.1	Sickness benefits	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Invalidity benefits	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Early retirement pensions	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Benefits for career interruption	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Benefits for reduced labour	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Other benefits (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Period or effect date		

7	Any pension arrears
<input type="checkbox"/> May <input type="checkbox"/> may not Be paid directly to the beneficiary	

The civil status data are conform with the original documents.

<p>THE PHILIPPINES</p> <p>The person in charge of the institution</p> <p style="text-align: center;">Stamp:</p>	<p>BELGIUM</p> <p>On behalf of the leading official</p> <p style="text-align: center;">Stamp:</p>
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(1) For the application of only the Philippines legislation, not only the widower or the widow, the divorced spouse, the legal, natural and adopted children of the insured person may claim a survivors' benefit, but also the children of another spouse, the grandchildren and the other dependent children of the insured person, the parents and the dependant brothers and sisters of the insured person.

(2) If the applicant has been married several times, please mention all information concerning the previous spouse(s) on an added sheet.

(3) Please use capitals.

(4) Mention all given names in the right order.

(5) To be mentioned when the applicant is not the widower or the widow.

(6) To fill in only for a pension application to the account of Belgium.

(7) Delete what is not appropriate.

(9) Specify the nature of the activity.