Canada/Belgium Agreement

Applying for a Belgian survivor's pension

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 250
Fredericton, NB E3B 4Z6
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

CLAIM FOR A BELGIAN PENSION / AANVRAAG VOOR EEN BELGISCH PENSIOEN

APPLICATION OF THE AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND BELGIUM /
TOEPASSING VAN DE OVEREENKOMST BETREFFENDE DE SOCIALE ZEKERHEID TUSSEN CANADA EN BELGIË

From / Van : INTERNATIONAL OPERATIONS
INCOME SECURITY PROGRAMS
HUMAN RESOURCES DEVELOPMENT CANADA
OTTAWA, ONTARIO, CANADA K1A OL4

To / Aan :
- ☐ Service Fédéral des Pensions (BIO)
  Tour du Midi – 1060 BRUSSELS
- ☐ L'Institut National d'Assurances Sociales pour Travailleurs Indépendants (B.C.I.)
  Quai de Willebroeck, 35 – 1000 BRUSSELS
- ☐ L'Institut National d'Assurance Maladie – Invalidité
  Avenue de Tervuren, 211 – 1150 BRUSSELS

I. SOCIAL INSURANCE NUMBER OF THE INSURED PERSON / VERZEKERINGSNUMMER VAN DE BIJDRAGEPLICHTIGE

Belgium pension number / Belgisch identificatienummer voor de Sociale Zekerheid (NISS)	Canadian social insurance number / Canadees sociaal verzekeringsnummer
☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐

II. TYPE OF BENEFIT CLAIMED / AARD VAN DE GEVRAAGDE UITKERING

Retirement pension / Rustpensioen	☐	Invalidity pension / Invaliditeitspensioen	☐	Survivor's pension / Overlevingspensioen	☐

III. CERTIFICATION OF DATA / BEVESTIGING VAN DE GEGEVENS

Personal data concerning the applicant and spouse (to be completed even if the latter is deceased : data concerning the deceased should be provided in the "spouse" column) / Persoonlijke gegevens betreffende de aanvrager en de echtgeno(o)t(e) (in te vullen, ook als de laatstgenoemde is overleden : gegevens betreffende de overledene moeten in de kolom "echtgeno(o)t(e)" worden ingevuld)			For use by the Canadian Institution / Voorbehouden voor de Canadese instelling			
	Applicant / Aanvrager	Spouse (*) / Echtgeno(o)t(e)(*)	Verified / Geverifieerd		Declared / Verklaard	
			Applicant / Aanvrager	Spouse / Echtgeno(o)t(e)	Applicant / Aanvrager	Spouse / Echtgeno(o)t(e)
Surname in block letters (for a married woman, give maiden name) / Familienaam in drukletters (voor een getrouwde vrouw, de geboortenaam)	.....	.....	☐	☐	☐	☐
Forenames (in correct order) / Voornamen (in juiste volgorde)	.....	.....	☐	☐	☐	☐
Date of birth / Geboortedatum	/ /	/ /	☐	☐	☐	☐
Place of birth / Geboorteplaats	.....	.....	☐	☐	☐	☐
Date of death / Overlijdensdatum	/ /	/ /	☐	☐	☐	☐
Nationality / Nationaliteit	.....	.....	☐	☐	☐	☐
Sex / Geslacht	.....	.....	☐	☐	☐	☐
Marital status / Burgerlijke staat Married / Gehuwd ☐ Divorced / Echtgescheiden ☐ Separated / Feitelijk gescheiden ☐ Widow(er) / Weduwe/weduwnaar ☐ Single / Alleenstaand ☐ ☐☐ ☐☐ ☐☐☐☐ day month year / dag maand jaar (*) If the applicant has other former spouses, please provide the information requested in Section III about them on a separate piece of paper and attach it to this form (*) Indien de aanvrager eerder andere echtgenote(n)(s) had, bezorg dan de in sectie III gevraagde informatie over hen op een afzonderlijk blad en voeg deze bij aan dit formulier			☐	☐	☐	☐

IV. ADDRESS / ADRES

Street and number / Straat en huisnummer : .....

City or Town / Plaats : ..... Province / Provincie : ..... Postal Code / Postcode : .....

Country / Land : .....

V. TO BE USED BY THE CANADIAN INSTITUTION / IN TE VULLEN DOOR DE CANADESE INSTELLING

Date of receipt of claim / Ontvangstdatum van de aanvraag : .. **/** .. **/** .... (day month year / dag maand jaar)

Signature / Handtekening : ..... Date / Datum : .. **/** .. **/** .... Stamp / Stempel :

QUESTIONNAIRE / VRAGENLIJST

1. Information concerning the professional career in Belgium and in other countries.
   In case of a claim for a *Retirement* or *Invalidity Pension*, give information regarding *your own* professional career.
   In case of a claim for a *Survivor's Pension*. give information regarding the career of your deceased spouse.
   Informatie betreffende de professionele loopbaan in België en in andere landen.
   Bij een aanvraag voor *rust-* of *invaliditeitspensioen*, informatie met betrekking tot *uw eigen* professionele loopbaan.
   Bij een aanvraag voor *overlevingspensioen*, informatie met betrekking tot de loopbaan van uw overleden echtgeno(o)t(e).

Years / Jaren	Profession or occupation [1] / Beroep [1]	- Name and address of the employer (if applicable, relationship) - Name of the unemployment fund, the sickness fund or the insurance company which has paid allowances or benefits during the periods of interruption of work - If applicable, mention "self-employment" - Naam en adres van de werkgever (indien van toepassing, relatie) - Naam van de werkloosheidsinstelling, het ziekenfonds of de verzekeringsmaatschappij die de uitkeringen betaalde tijdens werkonderbreking - Indien van toepassing, vermeld "zelfstandige"	Country / Land
Before / Voor 1955			
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2007			

[1] For miners, please indicate the exact nature of the occupation (underground, surface, hoisting - engineer, worker in washing or sorter devices).
Voor mijnwerkers, de exacte aard van de tewerkstelling aanduiden, aub (ondergrond, bovengrond, ophaalmachinist, wasserij/zeverij).

2008	.....	.....	.....
2009	.....	.....	.....
2010	.....	.....	.....
2011	.....	.....	.....
2012	.....	.....	.....
2013	.....	.....	.....
2014	.....	.....	.....
2015	.....	.....	.....
2016	.....	.....	.....
2017	.....	.....	.....
2018	.....	.....	.....
2019	.....	.....	.....
2020	.....	.....	.....
2021	.....	.....	.....
2022	.....	.....	.....

2. Name and address of the sickness fund to which you or your deceased spouse were affiliated in Belgium / Naam en adres van het ziekenfonds waaraan u of uw overleden echtgeno(o)t(e) verbonden was

   Name / Naam : .....

   Address / Adres : Street / Straat ..... N° / Nr. ..... City or Town / Plaats .....

   Note : The “sickness fund" (mutuelle - ziekenfonds) is the institution you chose as an insurer for purposes of sickness and invalidity benefits (daily allowances and health care) and to which you submitted the proof of contributions you were receiving quarterly from your employer.
   Opmerking: Het ziekenfonds is de instelling die u als verzekeraar koos voor ziekte- en invaliditeitsuitkeringen (dagvergoedingen en gezondheidszorg) en waar u de bijdragebons indiende die u trimestrieel van uw werkgever ontving.

3. Date of termination of the last occupational activity / Datum van stopzetting van de laatste beroepsactiviteit

	Applicant / Aanvrager	Spouse / Echtgeno(o)t(e)
- In Belgium / In België	☐☐☐	☐☐☐
- In Canada / In Canada	☐☐☐	☐☐☐
	day month year / dag maand jaar	**day month year / dag maand jaar**
- Since this date, have you our your spouse started to work again ? / Heeft u of uw echtgeno(o)t(e) na die datum nog gewerkt?	☐ yes / ja ☐ no / nee	☐ yes / ja ☐ no / nee
- If yes : Since when / Indien ja : sinds wanneer	.....	.....
	from/van ..... to/tot	from/van ..... to/tot .....
Type of work / Aard van tewerkstelling	.....	.....
Weekly duration / regime	..... hrs./week / u./week	..... hrs./week / u./week

4. Were you married more than once ? / Was u meer dan eens gehuwd? ☐ yes / ja ☐ no / nee

5. Have you or has your spouse done military service in Belgium? Heeft u of uw echtgenoot legerdienst volbracht in België? ☐ yes / ja ☐ no / nee

   If you did, during which periods ? / Indien ja, wanneer? .....
   .....

6. Do you (or did your deceased spouse) enjoy a Belgian status of national gratitude or a Belgian invalidity pension due to wartime events ? / Geniet u (of genoot uw overleden echtgenoot) een Belgische status van nationale erkentelijkheid of een Belgisch invaliditeitspensioen door oorlogsfeiten? ☐ yes / ja ☐ no / nee

7. Only to be completed in case of a claim for a survivor’s pension by widows or widowers under 47 years of age. / Enkel in te vullen bij een aanvraag voor overlevingspensioen door weduwen of weduwnaars jonger dan 47 jaar.

   - Do you have at least one dependant child ? / Heeft u minstens één kind ten laste? ☐ yes / ja ☐ no / nee
   - Do you suffer from an incapacity for work of at least 66 % ? / Bent u minstens 66% arbeidsongeschikt? ☐ yes / ja ☐ no / nee

8. Dependant children and other dependant persons / Kinderen ten laste of andere personen ten laste

Name / Familienaam	First names / Voornamen	Date of Birth / Geboortedatum	Relation-ship / Verwant-schap	Address / Adres	Professional income / Beroeps-inkomen
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....
.....	.....		.....	.....	.....

9. Information concerning other social benefits (pensions, work accident benefits, unemployment benefits, sickness or invalidity benefits or any other such benefit) payable by Canada, Belgium or another foreign institution, that you or your spouse receive (or that your deceased spouse received)
Informatie betreffende andere sociale uitkeringen (pensioenen, arbeidsongevallenuitkeringen, werkloosheids-uitkeringen, ziekte- of invaliditeitsuitkeringen of gelijkaardige uitkeringen) ten laste van Canada, België of een andere buitenlandse instelling, die u of uw echtgeno(o)t(e) ontvangen (of die uw overleden echtgeno(o)t(e) ontving)

A	Name and address of the institution that pays the benefits / Naam en adres van de instelling die de uitkeringen betaalt	Type of benefit / Aard van de uitkering	Number of the file or the benefit / Dossier- of uitkeringsnummer	Amount per month, quarter or year (to be specified) / Bedrag per maand, trimester of jaar (te specifiëren)
Applicant / Aanvrager	.....	.....	.....	.....
	.....	.....	.....	.....
Spouse / Echtgeno(o)t(e)	.....	.....	.....	.....
	.....	.....	.....	.....
Dependent children or other dependants / Kinderen ten laste of andere personen ten laste	....	....	....	....
Names / Namen :				
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

B If such a social benefit has been claimed by you or your spouse but has not yet been granted / Indien een dergelijke uitkering door u of uw echtgeno(o)t(e) werd aangevraagd maar nog niet werd toegekend :

- Applicant's name / Naam van de aanvrager : .....
- Date of submission of the claim / Datum van indiening van de aanvraag : | | | | day month year / dag maand jaar
- Institution to which the claim has been submitted / Instelling waarbij de aanvraag werd ingediend .....
- Type of benefit claimed / Aard van de aangevraagde uitkering .....

10. DECLARATION OF THE APPLICANT / VERKLARING VAN DE AANVRAGER

I, the undersigned, declare on my honour that the information given is correct and complete. I authorize the Canadian liaison agency to provide to the competent Belgian agency all information and evidence in its possession which relate or could relate to this application for benefits.

Ondergetekende verklaart bij erewoord dat de verstrekte informatie correct en volledig is. Hij geeft het Canadese verbindingsorgaan de toelating alle informatie en bewijsstukken in haar bezit, die betrekking hebben of kunnen hebben op deze aanvraag voor uitkeringen aan het betrokken Belgisch orgaan te verschaffen.

.

Date / Datum :

Signature of the applicant /
Handtekening van de aanvrager :

Canada / Belgium Agreement

Documents and/or information required to support your application [CAN/BEL 4] for a Belgian survivor's pension

Complete the attached forms:

- **Canadian Residence [SC ISP5015]** indicating information concerning the deceased
- **Annex A [INT'L OPS 221.18A]** indicating information concerning the deceased

Information required:

- Belgian pension number for the deceased: _____

Original or certified documents to be submitted:

- Birth certificate for you and the deceased
- Marriage certificate (if applicable)
- Decree or judgement of divorce (if applicable)
- Death certificate
- Proof of the deceased's date(s) of entry into and departure(s) from Canada (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)
- Proof of current citizenship for you and the deceased. For assistance regarding Canadian Citizenship, please contact your local Registrar of Canadian Citizenship
- All relevant documents in support of the deceased's employment history

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.

Service Canada

PROTECTED B (when completed)

Personal Information Bank ESDC PPU 175

CANADIAN RESIDENCE - INFORMATION REGARDING A DECEASED PERSON

Canadian Social Insurance Number: _____

◯ Mr. ◯ Mrs.
◯ Ms. ◯ Miss

_____ Given Name and Initial

_____ Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If the deceased was born outside of Canada, please provide us with the following information:

   Date of arrival in Canada (YYYY-MM-DD): _____

   Place of arrival in Canada: _____

2. List all the places where the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	**To** YYYY-MM-DD	**City**	**Province/Territory**

3. List all absences from Canada, which were longer than six months, during his/her Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	**Return** YYYY-MM-DD	**Destination**	**Reason**

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you or the deceased by blood or marriage, who can confirm his/her Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

X _____

Date (YYYY-MM-DD)

_____

Telephone number

_____

Annex A

The following information is required by the Belgian authorities to complete your application.

Please complete and return this document with your application

Your spouse's:

Name at Birth: _____

Date of Birth: _____

Date of Death: _____

Date of Marriage: _____

Date of Divorce: _____

Citizenship: Canadian _____ Belgian _____ Other _____

De volgende informatie wordt vereist door de Belgische autoriteiten om uw aanvraag te voltooien.

Gelieve dit document in te vullen en samen met uw aanvraag terug te sturen.

Informatie van uw echtgenoot/-genote:

Naam bij de geboorte : _____

Geboortedatum : _____

Overlijdensdatum : _____

Huwelijksdatum : _____

Echtscheidingsdatum : _____

Nationaliteit : Canadese _____ Belgische _____ Anders _____

(INT'L OPS 221.18A/05-2019)