

REQUEST TO CEASE THE AFFILIATION

To be returned to: aansluitingenattesten-osz@rsz.fgov.be

I, the undersigned (Name and first name)*:

Affiliation number*: _____ - ____

or national registry number*: _____ - _____

Declare hereby that I wish to end my affiliation to the Overseas Social Security (OSS).

The **last month** of affiliation is*:

Please send me a certificate of termination of my affiliation:

Through my e-box**

By e-mail:

By post:

Street: Nr.: Box:

Postal Code: _____ City: Country:

The reason for the termination of my affiliation is:

End of employment outside the European Economic Area

Do you intend to pursue again at a later stage an activity outside the EEA? Yes No

If the answer is yes, with coverage by the OSS? Yes No

Affiliation to a local public Social Security system

Affiliation to a private insurance

Other:

Place

Date ____/____/____

Signature*

(*) required field

(**) Please bear in mind that your e-Box must be activated. You will find more information about this on www.mysocialsecurity.be.