

Request for determination of permanent incapacity for the agreed work EMPLOYEE

Please complete all fields correctly. This data is essential to enable correct processing of your request.
If the data is incomplete, we will need to contact you again before we can process the request.

The undersigned (first name and last name of employee):

Date of birth: / /

Social security ID number:

Health insurance fund:
(add sticker or note health
insurance fund number here)

Address: Street:

Number:

Postbox:

Postal code:

Municipality:

E-mail address (work):

E-mail address (private):

Mobile/Tel. (work):

Mobile/Tel. (private):

hereby requests that the prevention advisor – occupational health doctor initiate the special procedure to determine permanent incapacity for the agreed work:

Currently agreed work:

I have been unfit for work since: / /

The period of incapacity for work must have been uninterrupted for at least 6 months. This special procedure cannot be started:

- If you returned to work during the period of incapacity, unless you became unable to work again within the first 14 days of resuming work.
- In the event of a reintegration process that is still ongoing.

The prevention advisor – occupational health doctor will invite you for an examination three times in accordance with the provisions of Article I.4-82/1, §2. If you do not accept any of these invitations, the prevention advisor – occupational health doctor will inform your employer and the special procedure will be closed.

Company name:

Name of personnel manager (HRM):

Name of manager:

Date and signature of the employee:

/ /

Note for employee:

1. In the event of determination of permanent incapacity for the agreed work, you are entitled to request that the prevention advisor – occupational health doctor investigate the possibilities for adapted or other work in accordance with the special procedure described in the Codex on Wellbeing at Work, Book I, Title 4, Chapter VI, Section 3.
2. A trade union representative from your company may assist you during this procedure.

This request must be sent by registered mail to both your employer and to our regional customer service.

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Hasselt

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