

# Request for determination of permanent incapacity for the agreed work

## EMPLOYER

*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 employer** (employer's first name, last name and address, natural person or legal form, name and registered office of the company or institution):

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

**Mr/Ms** (first name and last name of person to be examined)

Date of birth:        /        /

Social security ID number:

Address: Street:

Number:

Postbox:

Postal code:

Municipality:

Email address of the employee concerned (work):

Email address of the employee concerned (private):

Mobile/Tel. (work):

Mobile/Tel. (private):

Health insurance fund of the employee:

(affix sticker here or state  
the association number)

Currently agreed work:

Start date of incapacity for work:        /        /

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

- *If the employee returned to work during the period of incapacity, unless they 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 the employee for an examination three times in accordance with the provisions of Article I.4-82/1, §2. If the employee does not accept any of these invitations, the prevention advisor – occupational health doctor will inform the employer and the special procedure will be closed.

Company name:

Name of HR Manager (HRM):

Position of contact person:

Phone of contact person:

Email address of contact person:

Name of manager:

Date and signature of employer or their representative:

/      /

**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 the employee and to our regional customer service.**

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**Brussels**

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