

Send the application to:

Udbetaling Danmark
Kongens Vænge 8
3400 Hillerød

Family Benefit

Information form for the payment of
child and youth benefit

Your information

Name	CPR. number
Address	Telephone number

Living and working conditions

Nationality	Foreign ID number	
Employed in Denmark Yes No	Pensioner receiving a pension in Denmark Yes No	If yes, do you also receive a pension in another country? Yes No
Have you lived within the territory of the EU/EEA, Greenland or the Faro Islands within the last 10 years? Yes No	Have you worked within the territory of the EU/EEA, Greenland or the Faro Islands within the last 10 years? Yes No	
If yes, which countries and in which period (from-to)?	If yes, which countries and in which period (from-to)?	

Information about the child

The child's name	CPR number	
The child's foreign ID number	The child's sex: BOY GIRL	Does the child live with you? Yes No
The child's address	Custody of the child FATHER MOTHER JOINT OTHER	

Information about the other parent

Other parent's name and address	Foreign ID number or date of birth
Employment: EMPLOYED OR SELF-EMPLOYED IN THE COUNTRY RECEIVE UNEMPLOYMENT OR MATERNITY/PATERNITY BENEFIT OTHER	
Has the child's other parent lived within the territory of the EU/EEA, Greenland or the Faro Islands within the last 10 years? Yes No	Have you worked within the territory of the EU/EEA, Greenland or the Faro Islands within the last 10 years? Yes No
If yes, which countries and in which period (from-to)?	If yes, which countries and in which period (from-to)?

If you work in Denmark and the child lives in an EEA country, additional information is required:

If you are employed

If you are self employed

Your Danish employer		CVR number
Start date	Number of hours worked per week	Number of hours worked per week in Denmark
		Number of hours worked per week in country of residence/other country (please state which country)

Do you also work in other countries?	YES	NO	If yes, which country(s)?	Number of hours worked per week
Do you have an expatriation agreement?	YES	NO	If yes, from which country?	

Do you receive or have you ever received family benefits from your country of residence? YES NO	If yes, please state the name and address of the foreign authority or insurance fund
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Declaration and signature

I hereby declare that the information provided above is truthful, and I am aware of my rights and duties regarding disclosure etc., as described on Page 2.
I give Udbetaling Danmark permission to gather information from other public authorities that may be necessary for processing my case, in accordance with Consolidation Act on Legal Protection and Administration in Social Matters Chapter 11a, paragraph 1.

Date and applicant's signature

You should include the following documentation with your application:

- EMPLOYMENT CONTRACT AND WAGE SLIPS FROM YOUR EMPLOYER IN DENMARK, IF YOU ARE EMPLOYED IN DENMARK
- DOCUMENTATION FOR YOUR INDEPENDENT COMPANY, IF YOU ARE SELF-EMPLOYED IN DENMARK
- YOUR CHILD'S BIRTH CERTIFICATE OR IDENTITY CERTIFICATE
- DOCUMENTATION THAT INTERNATIONAL PENSION AND SOCIAL INSURANCE (*SOCIAL SIKRING*) HAVE APPROVED YOUR EXPATRIATION, IF YOU HAVE BEEN POSTED BY A PRIVATE SECTOR EMPLOYER