



The NIHDI: a closer
look

ROLE,
PARTNERS
AND AMBITION



The NIHDI: a closer
look

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PARTNERS
AND AMBITION

Preface

The National Institute for Health and Disability Insurance (NIHDI) has a key role in the social security system. The Institute is a central public body within the health care system that also plays an important role for people who are unable to work or disabled. The NIHDI fulfils that role together with other health care providers. With this brochure we would like to make you acquainted with the functioning of our institution whose main task is to offer good services to the public.

Jo De Cock,
Chief executive officer



General management committee of the NIHDI (from left to right): Paul De Milt, Pierre Paermentier, Benoît Collin, Jo De Cock, Bernard Hepp, Ri De Ridder

Aim of this brochure

“The NIHDI: a closer look” is a brochure that gives a general overview of the tasks and activities of the National Institute for Health and Disability Insurance (NIHDI).



For more information, please have a look at the NIHDI website, www.riziv.be (Dutch version), section Het RIZIV or www.inami.be (French version), section L'INAMI.



This brochure mainly deals with the tasks of the NIHDI. Thus, health care and benefits (HCB) insurance and social security are only partially covered in this document.

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Glossary

At the end of the brochure you will find a glossary which contains a number of key words; in the brochure these are followed by an asterisk (*).



An electronic version of this brochure is also available on the website of het NIHDI: www.riziv.be (Dutch version), section Het RIZIV → Publicaties van het RIZIV or www.inami.be (French version), L'INAMI → Publications de l'INAMI.

Part I

What is the



1. What is the role of the NIHDI ?

The NIHDI

The National Institute for Health and Disability Insurance (NIHDI):

- is a public social security institution
- falls under the responsibilities of the Minister of Social Affairs
- manages and supervises the compulsory health care and benefits (HCB) insurance*.

The HCB insurance and you

The HCB insurance has a direct impact on everyday life, as it covers the:

- partial reimbursement of the medical costs (except for industrial accidents and occupational diseases)
- payment of benefits* in case of incapacity for work*, maternity, paternity or adoption

The NIHDI and the health insurance funds

The NIHDI manages and supervises the HCB insurance, but the health insurance funds* are responsible for the reimbursement, the payment of the benefits and medical costs, etc.



Examples

> **At the doctor's**
When a patient consults a doctor, he pays a certain sum. The doctor gives the patient a certificate that the patient delivers to his health insurance fund. The health insurance fund reimburses a part of the sum to the patient. The patient contribution* is the sum the health insurance fund does not reimburse.

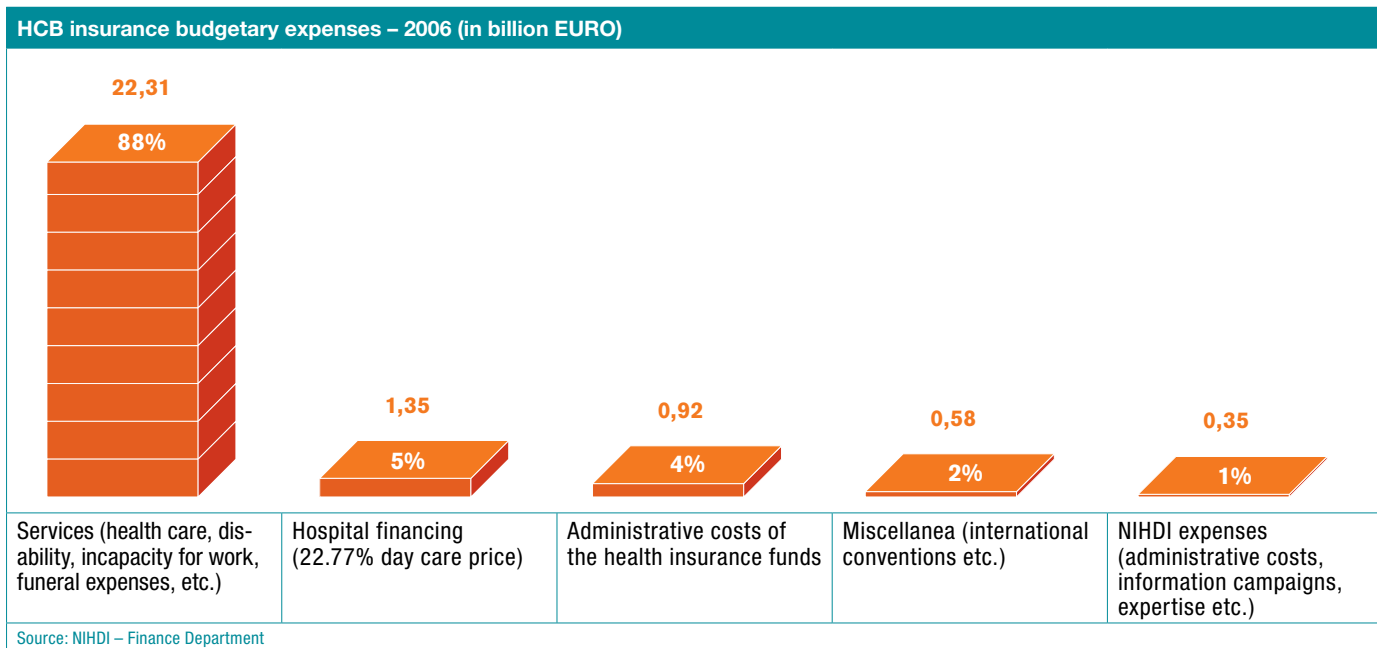
> **At the hospital**
When hospitalized, the insured person essentially only pays the patient contribution. The hospital arranges the health care insurance contribution with the insured's health insurance fund (third-party payment*).

i Some supplementary costs remain the expense of the socially insured person, for example the supplementary cost for a private hospital room.

> **At the pharmacist's**
When the insured person buys medication at the pharmacist's, he essentially only pays the patient contribution. The pharmacist arranges the insurance contribution with the health insurance fund of the insured person (third-party payment).

A few figures

In 2006, the expenses of the HCB insurance amounted to ± 25,5 billion EUR.



2. What are the tasks of the NIHDI?

Tasks

The NIHDI:

- organizes the reimbursement of the medical costs in order to make high quality health care accessible to as many people as possible in accordance with the stipulated tariffs
- grants an appropriate replacement income in case of incapacity for work*, disability*, maternity, paternity or adoption
- elaborates, with the Minister of Social Affairs and other partners (see page 24), the regulation concerning the health care and benefits (HCB) insurance*
- organizes the negotiation between the different partners of the HCB insurance
- makes sure the activities of the health care providers* and health insurance funds* are properly financed
- informs, evaluates and inspects the health care providers, the health insurance funds and, in some cases, the patients (the socially insured persons).

Examples

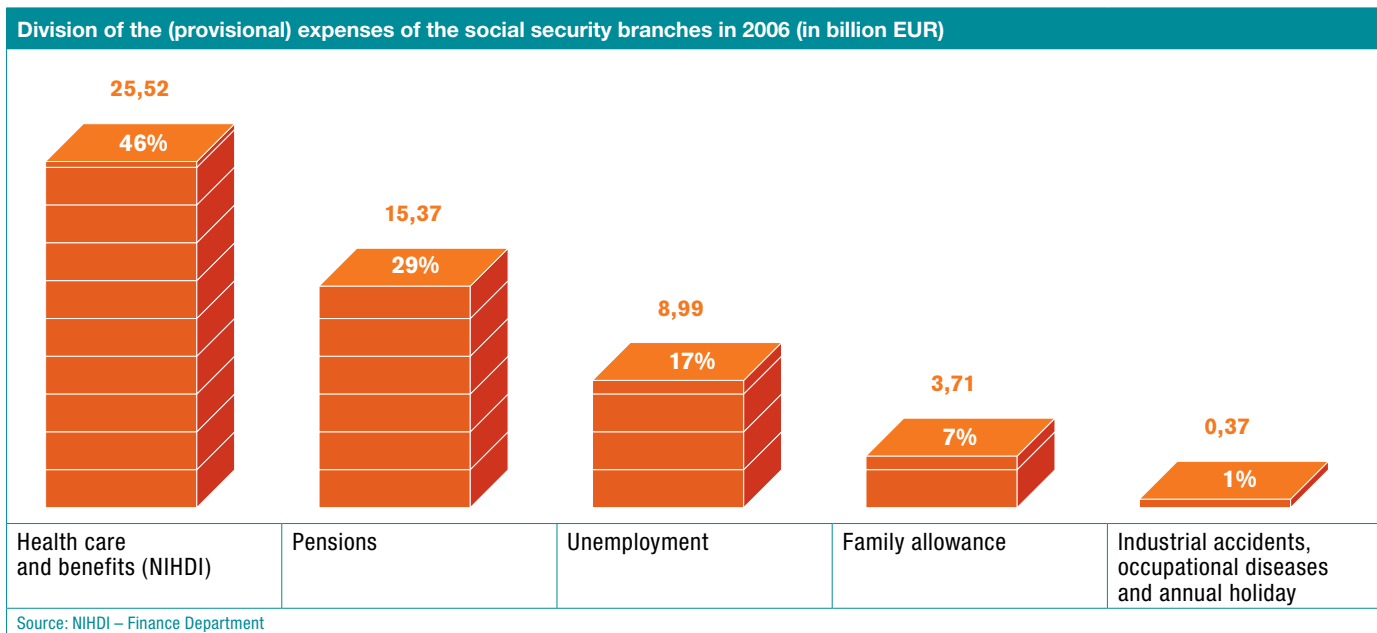
> Together with its various partners, the NIHDI draws up the nomenclature* of health care services. The nomenclature is the list of services that are reimbursed by the health care insurance (consultations, visits, physiotherapy sessions, nursing care, technical services like X-rays and blood tests, wheelchairs, prostheses and implants, etc.). Each service is identified by a code-number composed of 6 figures. That code-number is mentioned on the medical certificate. In order to simplify the consultation of the nomenclature, there is NomenSoft, a search engine which makes it possible to find the code-numbers, along with their description and tariffs (fees, prices and reimbursement rates), in the nomenclature database. That search engine is available on the website of the NIHDI: www.riziv.be, section Nomenclatuur van de geneeskundige verstrekkingen (Dutch version) / www.inami.be, section Nomenclature des prestations de santé (French version).

> The NIHDI manages the Special Solidarity Fund (SSF*). The SSF grants, in exceptional cases and under certain conditions, a financial compensation to patients with very severe diseases, for some treatments that are not reimbursed. The SSF has a limited annual budget. The Board of Medical Superintendents of the NIHDI decides on the granting of and the amount of these compensations. That Board is composed of the medical superintendents (or their representatives) of each health insurance fund and of physicians of the NIHDI.

> The NIHDI manages the disability files in cooperation with the health insurance funds; thanks to the development of an electronic disability file, this process has been modernized. The ultimate goal of this project is to offer a better service towards the insured persons by speeding up the medical as well as the administrative processing of the files.

A few figures

The HCB insurance budget represents more than 40% of the total social security budget.



3. What can the citizen/the socially insured person expect from the NIHDI ?

Health care and benefits insurance

The NIHDI manages the health care and benefits (HCB) insurance*.



Contacts with the patients, the socially insured persons, usually occur via the health insurance funds*.

Health care

The NIHDI decides on :

- the tariffs to be applied by the doctors, dentists, physiotherapists, nurses, hospitals,...
- the reimbursement conditions.

The tariff security is important for all insured persons. The NIHDI also provides advice on the reimbursement of (new) medicines. These decisions concern all insured persons who are ill and/or need medical assistance.

In some cases, the NIHDI directly takes the decision whether or not to reimburse certain services, for example in case of :

- new dental prostheses
- individual rehabilitation
- electronic wheelchairs
- certain speech therapy services
- certain expensive prostheses
- exceptional care that is not reimbursed by health care insurance (this compensation can take place through the Special Solidarity Fund*).

Benefits

The NIHDI determines the criteria the insured persons have to satisfy in order to receive the various benefits* (disease, accident, maternity, paternity, adoption); it also determines the amounts of those benefits. This concerns the whole working population (wage earners and self-employed persons).

The NIHDI also takes certain individual decisions on the benefits. Persons who have been ill for more than one year, are recognized as disabled and the NIHDI opens a disability* file for them. These persons can be called for a medical examination.

Other activities

The NIHDI also delivers certain certificates or duplicates, so that the socially insured persons should avoid problems with their health insurance fund.

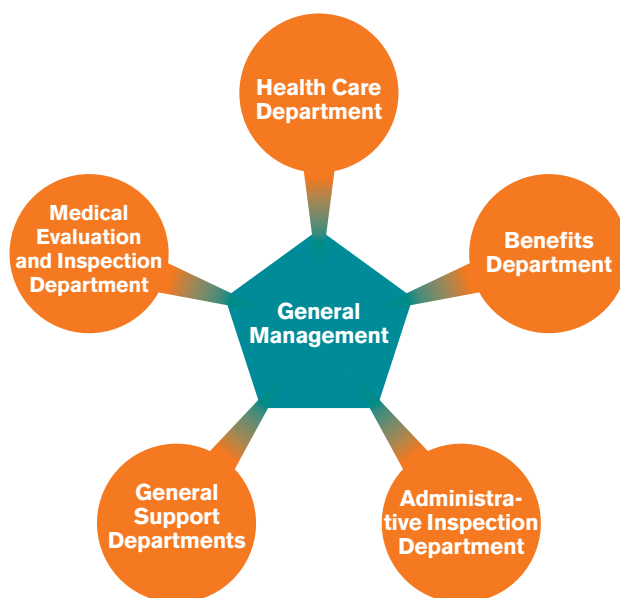
The inspection of the health insurance funds by the NIHDI guarantees a uniform application of the regulation and equal treatment of the insured.

Finally, the NIHDI also informs the health care providers* so that they are able to offer high quality care to their patients according to the rules of the insurance, and thereby those patients can be reimbursed correctly by their health insurance fund.

4. What are the NIHDI departments ?

General overview

The NIHDI is subdivided into 5 departments.



Management of the NIHDI

The General Management consists of the Direction Committee and the General Management Committee.

The General Management Committee is in charge of the NIHDI management, and more specifically of keeping the accounts, establishing the budget for the administrative costs and making staff-related decisions.

The Chief Executive Officer and the Deputy Chief Executive Officer are, together with the Direction Committee, in charge of the daily management of the NIHDI. This committee is composed of the leading functionaries of each department together with the heads of the informatics, human resources and communication services.

A few figures

The NIHDI consists of ± 1 400 staff members executing very diverse tasks: doctors, social inspectors, pharmacists, social workers, jurists, translators, computer scientists, actuaries, economists, nurses, technical workers, administrative staff, etc.

a. The Health care department

Tasks

The Health care department manages the health care insurance*. This department :

- determines the criteria for the reimbursement of the health care services
- draws up the budget, monitors the budget overruns and checks the accounts
- informs the health care providers*, more specifically about the fees, prices and rules that have to be applied
- promotes better quality health care
- organizes the negotiation (see page 24) between the various partners (health care providers, health insurance funds*, scientific associations, etc.).

Examples

> This department is in charge of the management, the organization and the financing of the accreditation system. Thanks to the accreditation, a doctor can follow an extra training and discuss medical issues with his colleagues in "Local Quality Groups (LQGs)". The accreditation aims to promote health care quality.

> The department determines the regulation concerning the increased reimbursement* which consists in a higher health care compensation. It is granted to certain categories of insured persons with limited financial resources (thus, these people have to pay a less patient contribution*). This is also called the "preferential rate"*. As from July 1, 2007, the increased reimbursement is extended to all families with limited incomes through the "Omnia"* system.

> The Health care department establishes the legal framework for and determines the conditions of the Maximum Billing* (abbreviated "MAF" in Dutch/French). The MAF ensures that socially insured people do not spend more than a maximum amount on certain health costs. That maximum amount depends on how much a family earns. The department determines more specifically who the beneficiaries of the MAF are, what net incomes are taken into account within the MAF or what patient contributions qualify to receive the MAF.

> The Minister of Social Affairs determines whether specific medication is reimbursed or not. He takes his decision on the basis of a proposal of the Commission for Reimbursement of Pharmaceuticals of the NIHDI. When the Minister takes a favourable decision, the medication is reimbursed and added to the list of pharmaceutical specialties.

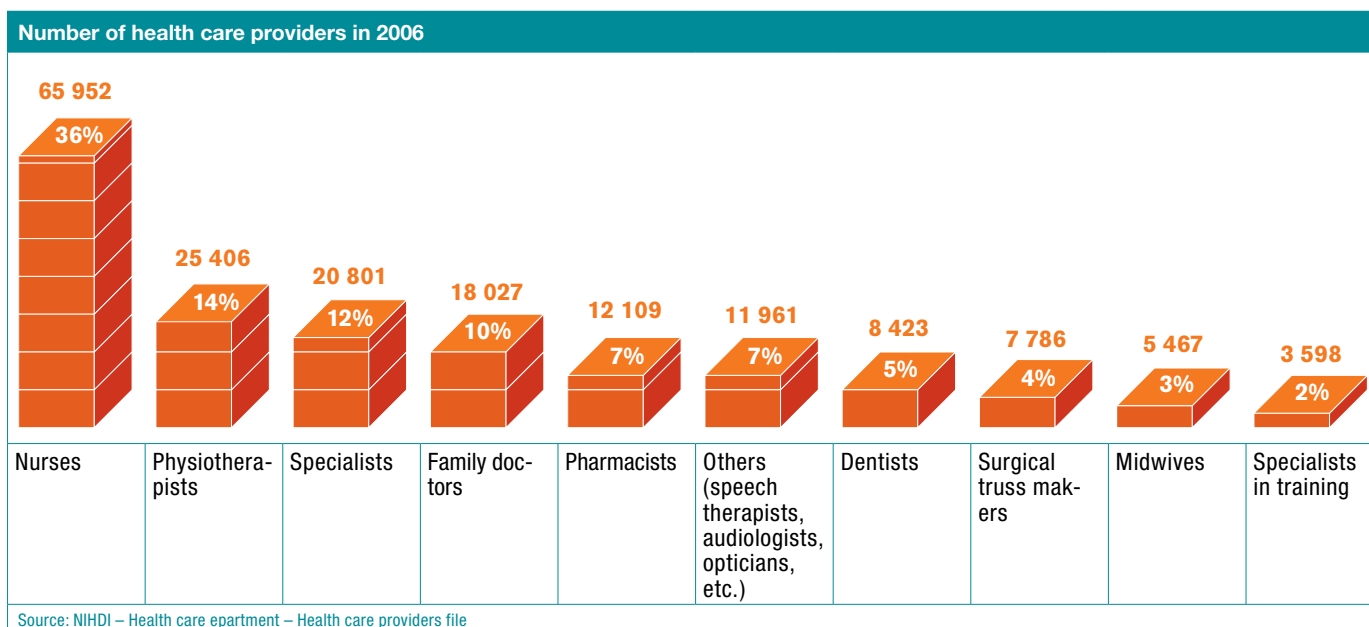


That list is managed by the NIHDI and available on the website, in the form of a database with a search engine. (www.riziv.be section Geneesmiddelen en andere farmaceutische verstrekkingen → Directe toegang databanken en formulieren → Databank farmaceutische specialiteiten (Dutch version) / www.inami, section Médicaments et autres fournitures pharmaceutiques → Accès direct banque de données et formulaires → Banque de données spécialités pharmaceutiques (French version).

A few figures

The Health care department:

- manages a budget of ± 21,5 billion EUR for the health care branch in 2007;
- disseminates information to ± 180 000 health care providers with a NIHDI number, including ± 40 000 doctors and ± 65 000 nurses (see chart below)



b. The Benefits department

Tasks

The Benefits department :

- determines the grants criteria and the calculation guidelines for the benefit* amounts in case of:
 - incapacity for work*
 - maternity, paternity or adoption

- determines the benefit guidelines for funeral expenses

- manages the individual disability* files (medical files).

Examples

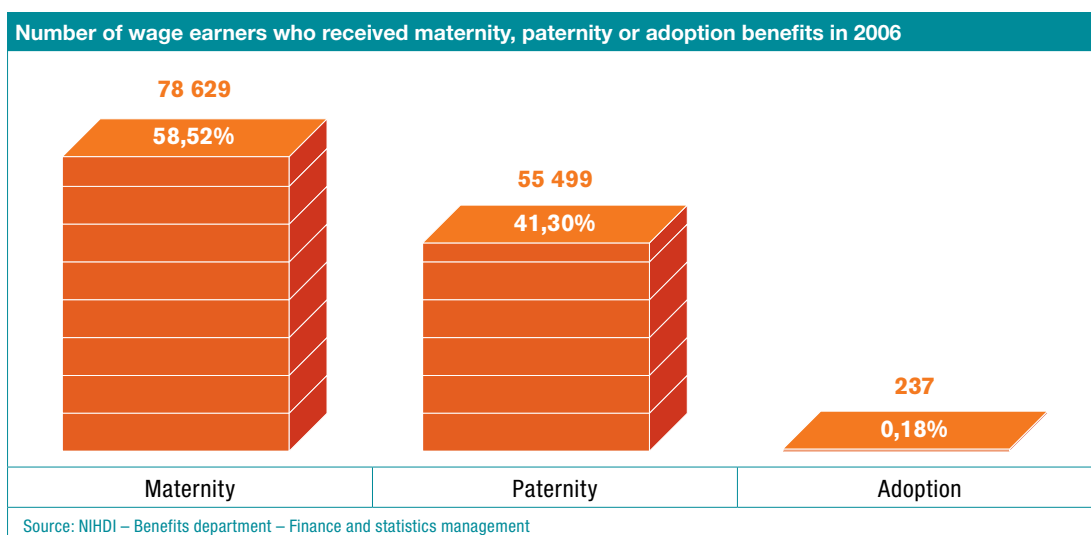
> When a person is unable to work due to medical reasons, he receives an incapacity for work benefit. The health insurance fund* evaluates and verifies the incapacity for work during the first year (=primary incapacity for work*). After one year of incapacity, the health insurance fund makes a proposal in order to recognize the disability* for the NIHDI's Medical Council for Disability. If the Council takes a favourable decision, the incapacity for work ruling continues and the person is then considered to be disabled.

> Each wage earning or unemployed pregnant woman is entitled to maternity leave. The duration of that leave varies between 15 and 19 weeks. She receives benefits that are calculated on the basis of her wages. Those benefits are paid by the health insurance fund*.

The father of the child is entitled to 10 days of paternity leave. He maintains his wages, which are paid by his employer, during the first 3 days. The 7 remaining days he receives a benefit from the health insurance fund, calculated on the basis of his wages.

Adoptive parents (father and mother) are entitled to an adoption leave of maximum 6 weeks when the child is younger than 3 years and a maximum of 4 weeks when the child is 3 years or older.

In these 3 cases, the Benefits Department supervises the observance of the conditions to receive the maternity, paternity or adoption benefits. The department also determines how the amounts of these benefits are calculated.



A few figures

The Benefits department in figures :

- 220,000 disability files
- a budget of 4 billion EUR for the benefits branch in 2006.

c. The Medical evaluation and inspection department

Tasks

The Medical evaluation and inspection department (MEID) :

- informs the health care providers* about the correct application of the health care and benefits (HCB) insurance* regulation, more specifically to prevent administrative errors
- evaluates the professional practice of a group of health care providers by examining the use of health care services
- verifies whether the services performed by the health care providers and the medication prescriptions are correctly carried out and are in line with the rules of the HCB regulation. The inspection also encompasses the incapacity for work* and the cumulation of incapacity for work benefits* with the practice of a non-allowed activity.

Examples

> As a part of its goal in distributing relevant information, the MEID has drawn up a brochure which serves as a guide to the regulation: the “Infobox RIZIV. Wegwijzer naar de reglementering voor de huisarts” (Dutch version) / “l’Infobox INAMI. La réglementation décryptée pour le médecin généraliste” (French version). That brochure offers answers to the key questions a family doctor may have about the health care system.



The “Infobox RIZIV” / “Infobox INAMI” is available on the website of the NIHDI: www.riziv.be, section Het RIZIV → Publicaties van het RIZIV (Dutch version) / www.inami.be, section L’INAMI → Publications de l’INAMI (French version)

> The department evaluates very specific areas of medical practice; for example, a recent study relates to the proper use of intensive care services in hospitals.

> The MEID inspects the health care providers. Thus, a health care provider charging services that have not been carried out, has to reimburse the services that are not due and pay a fine. A health care provider charging superfluous services (overcharging), may incur similar sanctions.

A few figures

The Medical evaluation and inspection department in figures :

- 169 investigators in 2007
- 1 000 examinations per year
- approximately 10 evaluation studies per year
- more than 9 000 medical examinations related to incapacity for work
- provincial departments and a department in the Brussels-Capital Region.

d. The Administrative inspection department

Tasks

The Administrative inspection department (AID) :

- informs, advises and inspects the health insurance funds* to ensure the correct application of the obligatory health care and benefits (HCB) insurance* and equal treatment of the socially insured persons*
- manages, supervises and checks the implementation of the Maximum Billing* (abbreviated "MAF" in Dutch/French), the increased reimbursement* and the "Omnie"* statute in cooperation with the health insurance funds, the Federal Public Service (FPS) Finance (the former Ministry of Finance) and the Crossroads Bank for Social Security*. The aim is to make sure that the entitlement to those 3 compensations is guaranteed for the socially insured persons
- prevents and sanctions the non-adherence to the rules by the health insurance funds, by some health care providers* or by the insured
- issues in some cases contribution certificates*, so that the socially insured persons can have their situation regularized with their health insurance fund
- draws up certain certificates (socially insured person certificate or certificate of temporary coverage by the health insurance fund, widow's or widower's certificate, pension certificate, etc.) so the socially insured persons can prove their statute to their health insurance fund.

Examples

> The department manages the system and checks the application of the MAF by the health insurance funds. As soon as a family's health costs reach a certain maximum amount, the expenses exceeding that amount are reimbursed completely through the MAF. The maximum amount depends on the social situation or on the total family income. The AID provides the health insurance funds with the necessary information, so that they can grant the MAF to the families. The health insurance fund then takes care of the reimbursement. The department verifies more specifically whether the health insurance funds apply the concept of "family" correctly and handles the complaints or questions concerning the MAF.

> The department's social inspectors carry out inspections at the health insurance funds in order to verify the correct application of the health care and benefits regulation. These inspectors report their conclusions and point out the elements of negligence that may be disciplined. They make recommendations and give advice to the health insurance funds and the other NIHDI departments concerning the application and interpretation of the legal texts.

A few figures

The Administrative inspection department in figures :

- approximately 40 social inspectors and technical experts
- a verification of 5% of all applications for the MAF with regard to the composition of the family (\pm 50 000 verifications); the department's goal is to effect this completely electronically
- more than 7 000 files a year concerning the contribution certificates
- 3 000 files that the health insurance funds are given notice of in order to correct the payment of services.

e. The General support departments

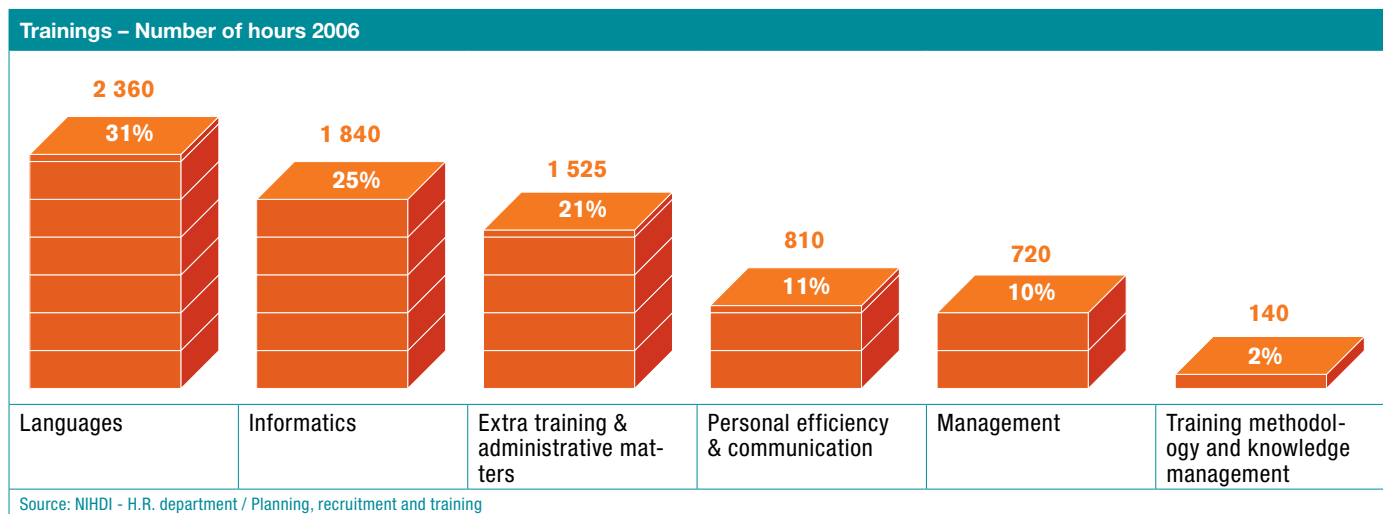
Tasks

- The General support departments have to offer support to the other NIHDI departments. They are, amongst other things, in charge of human resources, finance, disputes, informatics. They take care of the translation, documentation, reception of the visitors, maintenance of the buildings, stationery, dispatching, printing, staff cafeteria, security, logistics, etc.
- The Communication, Modernization and Data Management sections are staff services offering strategic support.

A few figures

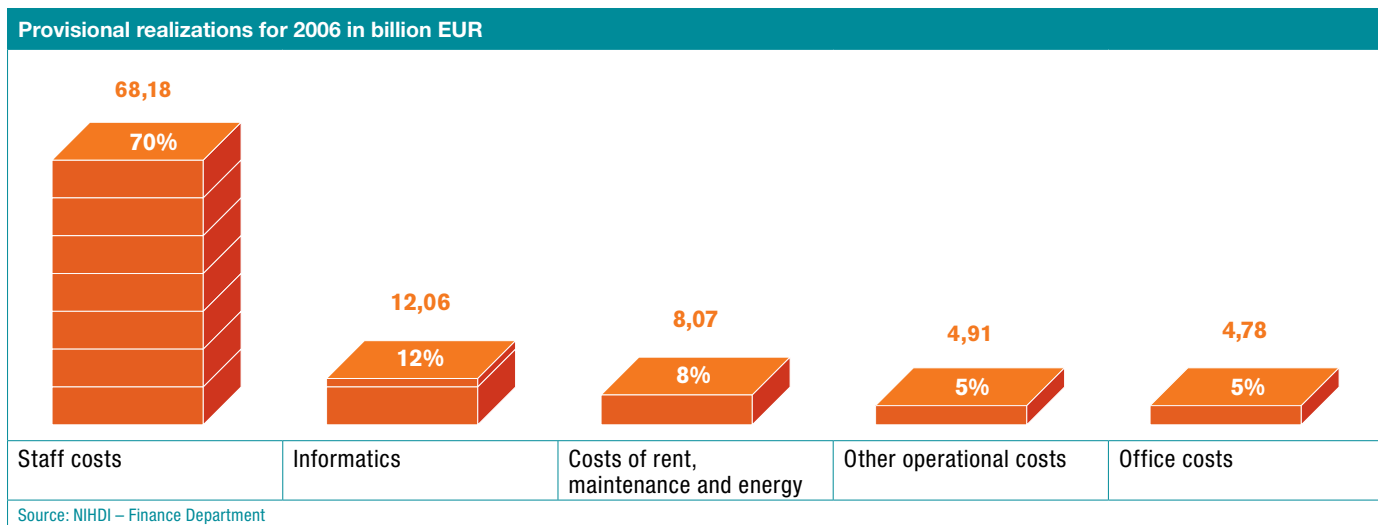
Yearly, the General support departments:

- translate \pm 3 000 texts (\pm 30 000 pages);
- offer \pm 8 000 training hours to the staff (see chart below).



Administrative costs

In 2006, the administrative costs of the NIHDI amounted to ± 98 million EUR. They are divided as follows:



Part II

Who are
the NIHDI partners?



1. Negotiation

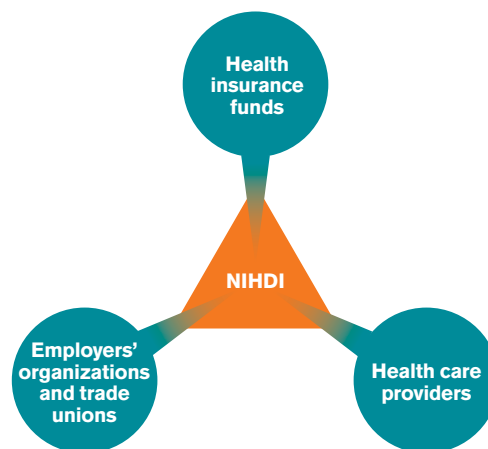
The Health care and benefits (HCB) insurance* is based on the consultation principle, meaning that the partners negotiate on the different aspects of that insurance.

Example

> At the NIHDI, the doctors and health insurance funds* regularly come to an agreement through the representatives of the health care providers* and the health insurance funds. When a doctor accepts that agreement, he has “acceded to the convention”*, meaning that he has undertaken to respect the tariffs laid down in the convention.

2. The NIHDI partners

The NIHDI has several partners. The health insurance funds, the employers’ organizations and trade unions and the health care providers are represented in various committees established within the NIHDI: they play an important part in the management and execution of the health care and benefits (HCB) insurance.



The health insurance funds

The health insurance funds reimburse the health care services and grant the benefits*. They also participate actively in the discussions in the different NIHDI committees to determine or adapt the rules related to those services. They are also represented in the management committees that discuss the insurance finances in order to, for example, adapt the tariffs of the health care services.

The health care providers

The first task of the health care providers within the scope of the HCB insurance is to treat their patients according to the established rules so that those patients receive the reimbursement from the health insurance funds. This is an important task; therefore they are also represented in the different NIHDI

committees through their organizations. Along with the health insurance funds and the other partners, they discuss the adaptations of the regulation concerning the granting of the services and the allocation of the financial means.

The employers' organizations and trade unions

The HCB insurance is financed for 75% by the social security contributions. Those contributions are paid by the employers, the self-employed and the wage earners. These different groups are represented in the NIHDI's management committees that discuss the granting and allocation of those financial means.

Part III

The Belgian context?



1. Social security and the NIHDI

Définition

Social security is based on solidarity between :

- the employed and the unemployed
- the working population and the pensioners
- the healthy and the ill
- people with an income and people without
- families with and without children
- etc.

7 branches

Social security consists of 7 branches :

- health care and benefits*
- family allowance
- unemployment
- pensions
- industrial accidents
- occupational diseases
- annual holiday.



The Overseas Social Security Office (OSSO) is an institution managing the social security of people working abroad who have paid a contribution, more specifically the people who work or have worked outside the European Economic Area and Switzerland.

The NIHDI

The NIHDI manages and inspects the health care and benefits branch.

Guarantees

The solidarity is guaranteed because :

- working people pay contributions based on their salary
- the trade unions, the health insurance funds*, the employers' organizations and the government co-decide on the functioning of the system.

3 regulations

Social security consists of 3 regulations :

- the regulation for the employees (employment contract) and those placed on the same footing (the unemployed, etc.)
- the regulation for the self-employed
- the regulation for the public sector (civil servants with a specific statute).

2 functions

Social security has 2 functions :

- **It grants** a replacement income in case of loss of income (e.g. unemployment, pension, incapacity for work*)
- **It grants** income support in case of social charges (e.g. raising children (family allowance), reimbursement of medical expenses).

2. Health care policy in Belgium

Health care competences

Beside the NIHDI, several federal, regional and communal authorities have other health care competences. The list below states a couple of authorities as well as examples of their competences.

Federal Public Service (FPS) Health

- Recognition of the health care providers*
- Hospital regulation

FPS Social Security

- Recognition of and benefits for handicapped persons

FPS Economy

- Determination of the medicine price

Federal Pharmaceuticals and Health Products Agency ("FAGG-AFMPS")

- Pharmaceutical inspection
- Registration of medicines and medical devices

Belgian Health Care Knowledge Centre ("KCE")

- Scientific support of the federal government's health policy

Communities and regions

- Health promotion
- Activities and services concerning preventive medicine
- Recognition of general and psychiatric hospitals and residential care homes

Part IV

The NIHD
making
continuous
improvement



1. Continuous improvement

The NIHDI is an organization that wants to improve itself continuously and listens to its partners. In this context the NIHDI uses management tools.

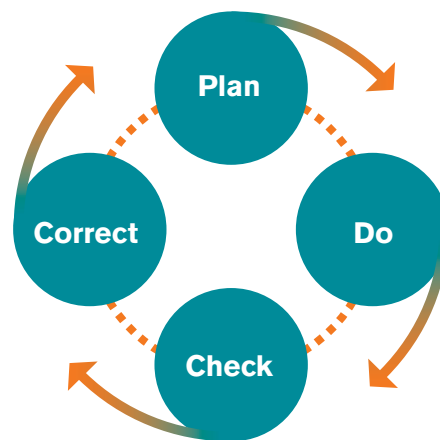
2. Management tools

The management agreement

The management agreement is an agreement made between the government and a public social security institution (PSSI). By making a management agreement, the NIHDI has made a number of commitments towards the federal government in order to improve its services by means of a greater management autonomy.

The strategic management plan

Thanks to the strategic management plan of the NIHDI, the most important NIHDI tasks can be better defined, the strategic and operational aims can be described and the tools for the realization of those aims can be fixed.



Example

> On the basis of the management agreement, the NIHDI carried out a satisfaction survey on its website (www.riziv.be (Dutch version) or www.inami.be (French version)). That survey consisted of 2 parts:

- an on-line questionnaire
- tests with a user panel.

Thanks to this survey, it was possible to detect certain problems: more specifically, difficulties with regard to the search for information and browsing of the website.

Several measures have been taken: improved search function, sitemap facilitating browsing, better page structure, etc.

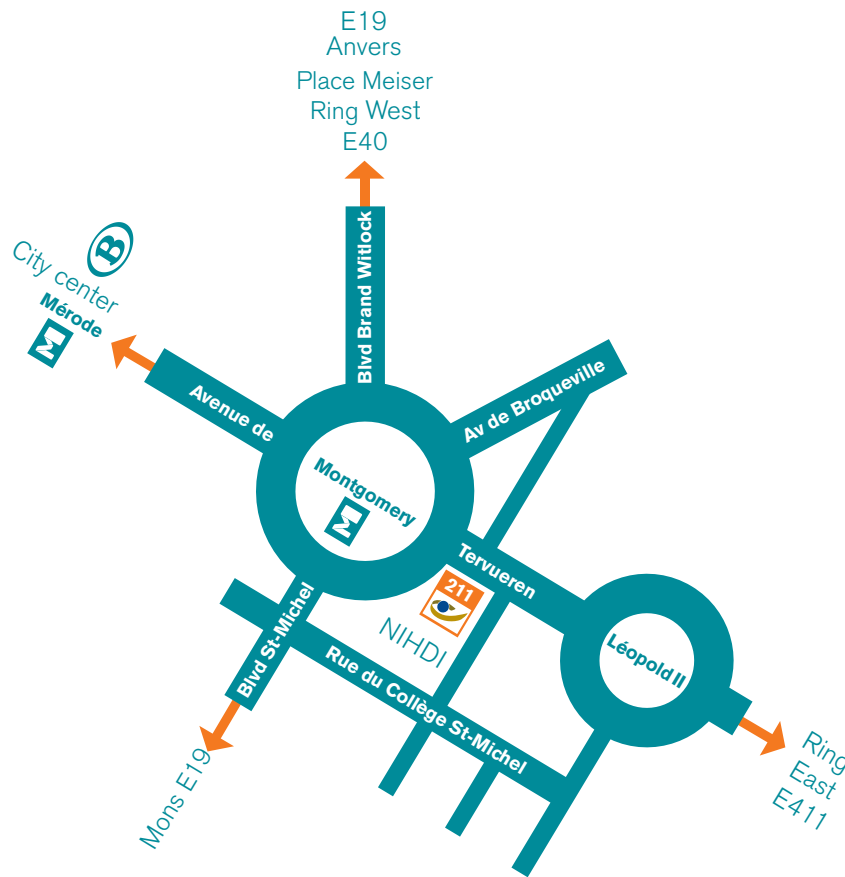
We thank everyone that contributed in one way or another to compile this brochure, especially the group that reviewed the text but also the many staff members of the NIHDI who offered us advice and support.

The Editorial Committee

Glossary

Notion	Définition
Benefit	Replacement income that is paid to an ill employee / self-employed person or a woman on maternity leave. Benefits are also granted within the scope of paternity or adoption leave.
Compulsory insurance or health care and benefits (HCB) insurance	Social security branch comprising the reimbursement of health care and the payment of benefits. The services which are provided at the expense of the compulsory insurance, are managed by the NIHDI
Contribution certificate	Certificate the employer delivers in order to prove the employee has paid a social security contribution.
Crossroads Bank for Social Security (CBSS)	Institution managing the electronic data exchange between the different social security institutions.
Disability	Period of incapacity for work starting 1 year after the beginning of the incapacity for work. The first year is called "primary incapacity for work".
HCB	See "Compulsory health care and benefits insurance"
Health care provider who has "acceded to the convention"	Health care provider who has accepted the agreements (conventions) with regard to the fees.
Health care providers	Term comprising all doctors (family doctors and specialists), dentists, physiotherapists, hospitals, rest homes, etc. It involves professional health care providers or institutions providing health care.
Health insurance fund (2 types:)	<ul style="list-style-type: none"> - Private associations that, based on the principles of social welfare, mutual assistance and solidarity, aim at promoting physical, mental and social health, and have joined a recognized national union of health insurance funds. - Public health insurance funds, i.e. the Auxiliary Fund for Health and Disability Insurance ("HZIV-CAAMI") and the Health Insurance Fund of the Belgian Railways Group "NMBS-SNCB"
Incapacity for work	Inability to work due to a disease, an accident or hospitalization. The health insurance fund grants a replacement income that is called "incapacity for work benefit".
Increased reimbursement	Increased compensation for health care (see "IRB" and "Omnio").
Increased reimbursement beneficiary (IRB)	Person, formerly called WDPO (widows, disabled persons, pensioners and orphans), who receives an increased reimbursement for certain health care services. It mainly involves the following persons: the beneficiaries of benefits for handicapped persons, of a guaranteed income, of the integration income or of similar support, and also widow(er)s, pensioners, disabled persons, orphans and some unemployed persons, if they satisfy the income conditions.
"MAF" (Dutch/French abbreviation for Maximum Billing)	System making sure each family does not have to spend more than a maximum amount on some health costs. The exact amount depends on the family income. The MAF is calculated yearly.
Nomenclature	Official catalogue of all services carried out by the health care providers. Each medical or paramedical act is defined by a 6-figure code-number. That nomenclature code-number corresponds to the fee asked by the health care provider and to the amount reimbursed by the health insurance fund.
"Omnio"	Recent statute expanding, from July 1 2007 onwards, the increased reimbursement to all families whose incomes do not exceed a certain maximum amount.
Patient contribution	See "Personal share".
Personal share	Share that has to be paid by the patient for the health care service, obtained after deduction of the health care insurance contribution; also called "patient contribution".
Preferential rate	See "Increased reimbursement", "Increased reimbursement beneficiary" and "Omnio".
Primary incapacity for work	Period of incapacity for work lasting less than a year.
Socially insured person	Each person who is entitled to the social security system.
Special Solidarity Fund (SSF)	Additional safety net next to the "ordinary" coverage of the health care insurance.
Third-party payment	System through which the health insurance fund directly pays the health care providers, persons or institutions the amount which comes at the expense of health care insurance. The health care beneficiary only has to pay the amount of the patient contribution.

How to contact the NIHDI?



By mail	NIHDI Avenue de Tervueren 211 1150 Brussels
By telephone	+32 (0)2 739 71 11
By fax	+32 (0)2 739 72 91
By e-mail	communication@inami.fgov.be

How to reach the NIHDI?

By underground	Take line 1B in the direction Stokkel/Stockel and get off at Montgomery.
By train	The easiest way is via the Brussels Central Station or Brussel-Schuman Station where you can change to the underground 1B. Passengers on line 26 (Vilvoorde-Halle) can get off at Merode and then take the underground.
By car	Please see our easy-to-reach plan.
By tram or bus	Tram lines 23, 39, 44, 90, 81, 82 and bus lines 22, 27, 61, 80 stop at Montgomery.

Provincial departments

The NIHDI also has departments in the different provinces and in the Brussels-Capital Region.

The department addresses can be found on the NIHDI website: www.riziv.be, section Contact → De provinciale diensten (Dutch version) or www.inami.be, section Contacts → Services provinciaux (French version); in both cases, just click on the map

Site internet

You can also consult the NIHDI website: www.riziv.be (Dutch version) or www.inami.be (French version).

Editor
J. DE COCK, Chief Executive Officer
Avenue de Tervueren 211
1150 Bruxelles

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