

Personal details of the carer

1.1. Identification

Full name

Social Security Identification Number

Birth date

 - -
year month day

Mobile phone/Phone number

Email

1.2. Other details

Do you receive an Anticipated Old-age Pension paid by Social Security? Yes¹ No

1.3. Social benefits not paid by Social Security (please do not include benefits paid to the person receiving care)

Please indicate whether you receive one of the following benefits:

- Total Invalidation Pension
- Early Retirement Pension¹
- Retirement Pension
- Total Permanent Disability Pension for any and all work
- Dependency Benefit
- Other benefits. Please specify:

¹ If you stated that you receive an Anticipated Old-age Pension or Early Retirement Pension, please answer the following question:

At the date of the pension application submission or up to 12 months after that date, was the person receiving care or one of the persons receiving care a member of the carer's household? Yes No

1.4. Social housing

Do you live in social housing? Yes No

2

Carer's household composition¹

(If the carer's household has more than 6 members, please complete the continuation sheet)

No.	Full name	Social Security Identification no. (NISS) ²	Family relationship/ Other ³	Reason for absence ⁴	Date of the absence ⁴	Foreign country ⁴
1	Carer _____	_____	_____		- -	
2					- -	
3					- -	
4					- -	
5					- -	
6					- -	

¹ The household members are the persons living in common economy with the carer (i.e., they live in the same household or have a relationship of mutual support and sharing of resources).
² If the person concerned does not have a Social Security Identification Number, please complete form RV 1017 - Identification of natural persons covered by the citizenship social protection system, and attach the supporting documents.
³ E.g.: Spouse or *de facto* partner, son/daughter, grandson/granddaughter, great-grandson/great-granddaughter, brother/sister, father/mother, uncle/aunt, grandfather/grandmother, great-grandfather/great-granddaughter, great-uncle/great-aunt, cousin, son-in-law/daughter-in-law, brother-in-law/sister-in-law, stepson/stepdaughter, or person without a family relationship with the carer.
⁴ To be completed if the identified person is absent from the national territory due to sickness, work, studies or vocational training.

3

Income earned in Portugal by the carer, the household members and the person/s receiving care

3.1. Employment income not stated to Social Security¹

(Please complete according to the social protection you are covered by)

Household order no. ²	Civil Servants Pension Fund (<i>Caixa Geral de Aposentações</i>) (EUR)	Another social protection system (EUR)
1		
2		
3		
4		
5		
6		

¹ Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date**. **Do not include** arrears from previous months (e.g.: if you submit the application in October, you must consider the income earned in August).
² Please indicate the order number by which the household member was referenced in [table 2](#).

3.2. Pensions not paid by Social Security^{1 2}

Household order no. ³	Old-age/ Retirement Pension (EUR)	Incapacity Pension (EUR)	Survivor's Pension (EUR) ⁴	Occupational Disease Pension (EUR)	Work Accident Pension (EUR)	Maintenance (EUR)	Taxpayer no. of the paying entity
1							
2							
3							
4							
5							
6							

¹ Please **include** pensions from the Civil Servants Pension Fund (*Caixa Geral de Aposentações*), companies, unions, the Pension Fund for Lawyers and Solicitors, pension funds, banking institutions, insurance companies, among others.
² Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date**. **Do not include** arrears from previous months.
³ Please indicate the order number by which the household member was referenced in [table 2](#).
⁴ Please **include** survivor's, widow's/widower's, orphan's pensions or other benefits of similar nature and temporary or lifetime annuities, pensions payable by insurance companies or pension funds.

Income earned in Portugal by the carer, the household members and the person/s receiving care (continuation)

3

3.3. Social benefits/allowances not paid by Social Security^{1 2}

Household order no. ³	Parenting (EUR)	Sickness (EUR)	Unemployment (EUR)	Housing Supports (EUR) ⁴	Other benefits (EUR)	Taxpayer no. of the paying entity
1						
2						
3						
4						
5						
6						

¹ Please **include** pensions from the Civil Servants Pension Fund (*Caixa Geral de Aposentações*), companies, unions, the Pension Fund for Lawyers and Solicitors, pension funds, banking institutions, insurance companies, among others.

² Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date**. Do not include benefits for family expenses within the scope of disability or dependency (e.g.: Prenatal Family Benefit, Family Benefit for Children and Young People, Scholarship, Disability Bonus, Special Education Allowance, Lifetime Monthly Allowance and Allowance for care provided by a third party).

³ Please indicate the order number by which the household member was referenced in [table 2](#).

⁴ Please **include** any House Rent and/or Residence Allowances or other Housing Public Supports.

Dependency benefits of the person/s receiving care, not paid by Social Security

4

Social Security Identification no. (NISS)	Benefit name	Amount (EUR)	Taxpayer no. of the paying entity

Income earned abroad by the carer, the household members and the person/s receiving care

5

Household order no. ¹	Work income (EUR)		
	Employment income ²	Self-employment income ³	
		Sales	Services
1			
2			
3			
4			
5			
6			

¹ Please indicate the order number by which the household member was referenced in [table 2](#).

² Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date** (e.g.: if you submit the application in October, you must consider the income earned in August).

³ Please **indicate** the value on 31 December of the **year preceding the one in which the application is submitted**.

Income earned abroad by the carer, the household members and the person/s receiving care (continuation)

5

Household order no. ¹	Pensions (EUR) ²	Social benefits (EUR) ²	Capital income (EUR) ³	Property income (EUR) ⁴	Other income (EUR) ²
1					
2					
3					
4					
5					
6					

¹ Please indicate the order number by which the household member was referenced [table 2](#).

² Please **include** the gross monthly amounts earned in the **second month prior to the application submission date**. Do not include arrears from previous months.

³ Income covered by *Article 58 of the Tax Benefits Statute* - non-exempt part.

⁴ Please **indicate** the value on 31 December of the **year preceding the one in which the application is submitted**.

Value of movable assets held by the carer and his/her household members on 31 December of the year preceding the one in which the application is submitted

6

Household order no. ¹	Bank accounts (EUR)	Shares (EUR)	Bonds (EUR)	Postal savings (EUR)	Participation securities and units in collective investment institutions (EUR)	Other financial assets (EUR)
1						
2						
3						
4						
5						
6						

¹ Please indicate the order number by which the household member was referenced in [table 2](#).

Statements

7

I am aware that:

- ▶ The authorisations and information provided by me will form the basis for the granting decision, calculation and maintenance of the allowance I have applied for and may change the amounts of the social benefits that are being paid.
- ▶ The Social Security services may consult my tax information to confirm the declared income.
Decree-Law no. 92/2004 of 20 April
- ▶ Social Security will check my contribution status in order to grant and maintain the allowance.
- ▶ The effects of the authorisations shall end on the date of the benefit entitlement cessation. If I withdraw the authorisations given to Social Security, the granting or payment of the current allowance may be suspended. I may also lose my entitlement to this allowance and to other social benefits.
- ▶ If I do not submit the authorisation statement or the relevant banking documents, whenever required and within the time limit established for that purpose, the procedure for granting this allowance will be suspended until the documents concerned are submitted.

Decree-Law no. 70/2010 of 16 June, Article 14(2), updated version

- ▶ False statements are punished according to the law.

I undertake to:

- ▶ Provide information about my income and assets.
- ▶ Submit any supporting documents deemed necessary.
- ▶ Keep the supporting documents during the allowance granting period and submit them whenever necessary.
- ▶ Submit to the Social Security services, if requested, the authorisation statements so that they may request information from *Banco de Portugal* (the Portuguese central bank) to prove the movable assets I am declaring. This information may be, *inter alia*, the information on the banking and financial entities in which I have an account, account balances and equity securities. This commitment is also valid for statements to be submitted by the other household members.

Decree-Law no. 70/2010 of 16 June, Article 14(1), updated version

Statements (continuation)

7

I **undertake** to communicate to the Social Security services with 10 working days any changes to the information I have provided.
I **declare** that the information I have provided is complete and true.

Date

- -
year month day

Signature

Signature of the carer or of another person on his/her behalf (signature of another person when the carer cannot or does not know how to sign) according to a valid identification document.

Information

8

Documents to submit

- ▶ Valid ID document (Citizen Card, Identity Card or Passport).
- ▶ **If you are holder of an Anticipated Old-age Pension paid by Social Security**
 - ▷ Tax document proving that the person/s receiving care was/were part of the carer's household on the date of the pension application submission or up to 12 months after that date.
- ▶ **If you are holder of an Early Retirement Pension paid by the Civil Servants Pension Fund (Caixa Geral de Aposentações)**
 - ▷ Tax document proving that the person/s receiving care was/were part of the carer's household on the date of the pension application submission or up to 12 months after that date;
 - ▷ Document proving that the anticipated pension, for the purposes of applying the sustainability factor or reduction factor, has been reduced more than 20%.

Forms

The forms are available on the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt and in the Social Security Customer Information Services.

Bank account

The payment of all your current or future benefits/allowances or pensions will be made by bank transfer to the IBAN (International Bank Account Number) registered in the Social Security Information System.

If you have not registered your IBAN yet or if you want to update it, you can do so:

- ▶ Through the Social Online Service (*Segurança Social Direta*) at www.seg-social.pt.
- ▶ At the Social Security Customer Information Services, by submitting the Application form MG 14 - IBAN Registration or Change (*Registo ou Alteração de IBAN*).

If the registered IBAN is incorrect or if you do not have your IBAN details in the Social Security information system, the payment of all your current or future benefits/allowances or pensions will be made according to the payment method that is registered in the system.

Data protection



The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P.*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt.

To be completed by the Social Security services

I confirm that the signature of the Carer Person that signed on behalf of the carer is in accordance with the following identification document:

Citizen Card Identity Card Passport Other

Number

Valid until

- -
year month day

Signature and stamp