



# Application for Protection in Occupational Disease

- 1<sup>st</sup> Application
- Request for review
- Occupational Disease diagnosis and characterisation (CGA Subscriber)

**!** To ensure that your application is processed more quickly, please submit it via the Social Security Online Service (*Seguranga Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt).

- ▶ The application and clinical details will be scanned and registered electronically by the Social Security services.
- ▶ The original documents will be delivered to the applicant and must be kept by him/her.

## Personal details of the applicant

Full name

Please state the social protection system you are covered by:

Social Security

Social Security Identification Number

Civil Servants Pension Fund

Caixa Geral de Aposentações Subscriber Number

Taxpayer no.

Birth date

year month day

Nationality

Address

Locality

Postal Code

Municipality

District

Country

Mobile phone/Phone no.

Email

## Occupational activity details

(To be completed if you have ticked 1<sup>st</sup> Application or Occupational Disease diagnosis and characterisation at the top of the form)

### 2.1. Current employer

Name

Social Security Identification Number

Country

Address

Locality

Postal Code

Occupation

Work period

from  -  -  to  -  -

year month day year month day

Tasks performed

Job position

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**Occupational activity details** (continuation)

Risks to which you are or have been subject/products with which you work or have worked

[Input field]

If the occupational disease was contracted and/or aggravated while you were working for this employer, please go to table 3.

Did you have any other occupations/carry out other activities?  Yes  No

If you answered Yes, please complete also form GDP 15 - Statement of Occupational Activity.

**2.2. Employer where the occupational disease was contracted/aggravated**

Name

[Input field]

Social Security Identification Number

[Input field]

Country

[Input field]

Address

[Input field]

Locality

[Input field]

Postal Code

[Input field]

Occupation

[Input field]

Work period

from [year] - [month] - [day] to [year] - [month] - [day]

Tasks performed

[Input field]

Job position

[Input field]

Risks to which you have been subject/products with which you have worked

[Input field]

If the occupational disease was contracted and/or aggravated while you were working for this employer, please go to table 3.

**2.3. Employer where the occupational disease was aggravated**

Name

[Input field]

Social Security Identification Number

[Input field]

Country

[Input field]

Address

[Input field]

Locality

[Input field]

Postal Code

[Input field]

Occupation

[Input field]

Work period

from [year] - [month] - [day] to [year] - [month] - [day]

Tasks performed

[Input field]

Job position

[Input field]

Risks to which you have been subject/products with which you have worked

[Input field]

### 3 Details of the health service that provides or has provided you health care

(To be completed if you have ticked 1<sup>st</sup> Application or Occupational Disease diagnosis and characterisation at the top of the form)

Name of the health establishment

Have you used hospital services because of an occupational disease?  Yes  No

If you ticked Yes, please indicate the type of service:  Hospitalisation  Emergency

Medical speciality consultation  Treatment

Hospital name

Periods

from  -  -  to  -  -   
year month day year month day

from  -  -  to  -  -   
year month day year month day

### 4 Change of clinical or professional situation

(To be completed if you have ticked Request for review at the top of the form)

Occupational disease that motivates the request for review:

Situation that motivates the request for review:

Worsening of the clinical situation

Change of professional situation following a change of:

Job position or working environment

Occupation

Company

Work risks

Products handled

Other relevant changes:

### 5 Other details

Are you a pensioner under another social protection system?  Yes  No

If you ticked Yes, please complete the following table:

Nature of the pension	Entitlement date	Paying authority
Accident at work with _____ % devaluation	- -	
Occupational disease with _____ % devaluation	- -	
Civil service	- -	
Another	- -	

Are there any ongoing legal proceedings due to an accident at work or occupational disease?  Yes  No

If you ticked Yes, please complete the following table:

District	Court/Public Prosecution Service	Court/Chamber	Case no.

### 6 Statements

I am aware that:

► Social Security can consult my tax information to confirm the declared income.

*Decree-Law no. 92/2004 of 20 April*

► False statements are punished according to the law.

I undertake to inform the Social Security services within 10 workind days of any changes to the information I have provided.

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### Statements (continuation)

I declare that the information I have provided is complete and true.

#### Date

-  -   
 year month day

#### Signature

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

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### Information

#### Documents to submit

- ▶ Form GDP 13 - Mandatory Participation/Clinical Opinion, completed, dated and signed by the doctor.
- ▶ Copies of the complementary diagnostic medical examinations proving the occupational disease.

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

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

#### Forms

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

#### Where to submit the documents

If you choose to submit the application in paper format, you may complete it electronically and either deliver it in person or send it by post to a Social Security Service, along with the required mandatory documents.

### Data protection



The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A. and Instituto de Segurança Social da Madeira, I.P.-RAM*) 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](http://www.seg-social.pt).

### To be completed by the Social Security services

I confirm that the signature of the  Applicant  Person that signed on his/her behalf is in accordance with the following identification document:

- Citizen Card   
  Identity Card   
  Passport   
  Other

Number

Valid until

-  -   
 year month day

Signature and stamp