

Basic Component  Supplement<sup>1</sup>

- ▶ To ensure that your application is processed more quickly, please submit if via the Social Security Online Service (*Segurança Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt).
- ▶ The provision of false statements, in addition to other legally established consequences, results in the suspension of access to the benefit for a period of 24 months after the fact becomes known.

## Personal details of beneficiary

### 1.1. Identification

Full name

Social Security Identification Number

Taxpayer no.

Birth date

 -  -   
year month day

Address<sup>2</sup>

Locality

Postal Code

Mobile phone/Phone no.

Email

<sup>2</sup> To be completed only if the person concerned does not have a Citizen Card.



- ▶ If you applied for or were granted the Basic Component, please go to [table 2](#).
- ▶ If you are receiving the Basic Component following the conversion of the Invalidity Social Pension or the Invalidity Social Pension under the Transitional Schemes for Agricultural Workers, please complete the following sections of the form.

### 1.2. Other details

Please indicate whether you have applied for or receive one of the following benefits from an authority outside the Social Security System:

Invalidity Pension  Disability Bonus

If you have selected any of these benefits, please indicate:

The authority's full name

Taxpayer no.

Address

Locality

Postal Code

Email

<sup>1</sup> This supplement can only be claimed by a person aged 18 or older.

## Personal details of the beneficiary (continuation)

### 1.3. Incapacity degree

Please state your current situation:

**1.3.1.** If you **have** a Multipurpose Medical Certificate of Incapacity<sup>1</sup>, please indicate:

- ▶ The certification date  -  -  and the incapacity degree  %  
year month day
- ▶ The year scheduled for the incapacity degree reassessment  if it was not considered permanent  
year
- ▶ The date of the appeal  -  -  of you have appealed against the Medical Board's decision  
year month day

**1.3.2.** If you **do not have** a Multipurpose Medical Certificate of Incapacity, but have applied for one, please state the application date  -  -   
year month day

**1.3.3.** If **you are aged over 55**, please tick the option that applies to your situation:

- I have a certificate of incapacity issued before I turned 55  -  -  and an incapacity degree of  %  
year month day
- I applied for certification before turning 55, on  -  -   
year month day
- I have a certificate of incapacity issued after the age of 55 and I want the Certifying Authority to prove that my incapacity is congenital or began before the age of 55, and **I am attaching supporting clinical information**
- I have an incapacity resulting from an accident while on duty in a protection and rescue operation, duly recorded in the systems of the National Emergency and Civil Protection Authority

<sup>1</sup> Statement of Incapacity issued by the health authorities or Armed Forces Disability Identification Card.

## Personal details of the applicant

(To be completed if the application is not submitted by the beneficiary)

### 2.1. Identification

Full name

Social Security Identification Number

Taxpayer no.

Birth date

 -  -   
year month day

Address<sup>1</sup>

Locality

Postal Code

 - 

Mobile phone/Phone no.

E-mail

<sup>1</sup> To be completed only if the person concerned does not have a Citizen Card.

### 2.2. Other details

Please state which is your relationship with the beneficiary:

- Mother/Father  Legal representative  Attorney-in-fact
- Accompanying person (under the Legal Scheme for Accompanied Adults)
- Person who is/wil be providing assistance to the beneficiary  Other:

# 3

## To be completed only if the beneficiary is applying for the Supplement

Please indicate if the person concerned is in one of the following situations:

- Institutionalised in a State-funded social institution
- In a foster family
- In pre-trial detention or serving a prison sentence

Was the incapacity equal to or higher than 60% caused by third-party intervention?  Yes  No

If you ticked **yes**, please attach the following statements:

- ▶ Form RP 5074 - Statement - Situation of Incapacity Caused by Third Party Intervention, completed and signed.
- ▶ Statement issued by the pension provider, if the beneficiary is not covered by the Social Security system, indicating the compensation total amount as well as the amount already deducted, if applicable.

**i** If the beneficiary has received or will receive compensation for civil liability of a third party, in the event of a disability resulting in a degree of incapacity equal to or higher than 60%, the Supplement will not be paid until the sum of the amount due reaches the value of the compensation for loss of earning capacity. When the value of this compensation is not indicated, it shall be presumed to correspond to two thirds of the total value of the compensation granted.

# 4

## Identification of the person receiving the benefit

Please indicate who receives the benefit:

- Beneficiary  Applicant  Attorney-in-fact  Legal representative
- Accompanying person (under the Legal Scheme for Accompanied Adults)

If you have ticked Attorney-in-fact and he/she has not been identified in [table 2](#), please indicate:

Full name of the Attorney-in-fact

Social Security Identification Number

# 5

## Statements

**!** If the beneficiary is **under 18**, the statements must be made by the applicant/legal representative, as minors are not authorised to do so.

**I authorise** Social Security to:

- ▶ Access the information contained in the **Multipurpose Medical Certificate of Incapacity**, made available by the Ministry of Health through data interoperability.
- ▶ Contact external authorities directly in order to check the information necessary to prove the veracity of my statements.

**I am aware** that:

- ▶ The authorisations and information provided by me will form the basis for the granting decision, calculation and maintenance of the benefit for which I have applied. These authorisations and information may change the amounts of the social benefits that are being paid.
- ▶ The effects of the authorisations end when the entitlement to this benefit ends. If I withdraw the authorisations granted to Social Security, the allocation or payment of the current benefit may be suspended. I may also lose my entitlement to this and other social benefits.
- ▶ The entitlement to benefits such as the Disability Bonus, the Solidarity Supplement for the Elderly, the Invalidity Social Pension under the Special Scheme of Protection in Invalidity or the Old-Age Social Pension ceases on the date the Social Inclusion Benefit is granted.
- ▶ False statements are punished according to the law.

# 5

## Statements (continuation)

### I undertake to:

- ▶ Provide information on my household composition, income and movable assets.
- ▶ Submit the supporting documents deemed necessary.
- ▶ Submit to the Social Security services the statement of payment of the compensation received, mentioned in [table 3](#).

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

Do you authorise the closure of the Social Inclusion Benefit application if the amount to which you are entitled is lower than the amount you receive from the following benefits: Disability Bonus/Old-Age Social Pension/Invalidity Social Pension under the Special Scheme for Protection in Invalidity/Solidarity Supplement for the Elderly?

Yes  No

### Date

-  -   
year month day

### Signature

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

# 6

## Information



### Documents to submit

#### 6.1. Beneficiary and applicant

- ▶ Valid ID document (Citizen Card, Identity Card, Passport or Residence Permit).
- ▶ Form RV 1017 - Identification of Natural Persons covered by the citizenship social protection system if the person concerned is not yet registered with Social Security.

#### 6.2. Applicant (when the beneficiary is aged 18 or older, if the applicant is not the beneficiary)

Submit one of the following supporting documents:

- ▶ Document attesting that the applicant is the beneficiary's legal representative.
- ▶ Document attesting that the person who is/will be providing to the beneficiary, has brought an action to be appointed as the beneficiary's accompanying person (under the Legal Scheme for Accompanied Adults).
- ▶ Power of Attorney with special powers, recognised by the notary, lawyer or solicitor, to receive the benefit.
- ▶ Document attesting that the legal person to which the benefit is being paid is responsible for the beneficiary who is awaiting the appointment of an accompanying person, provided that a legal action has been brought for that purpose.

#### 6.3. Applicant (when the beneficiary is aged under 18)

- ▶ Form PSI 1/1 - Statement of the beneficiary's income and household composition and income.
- ▶ Submit one of the following supporting documents:
  - ▷ Document attesting the granting of legal representation powers to the applicant.
  - ▷ Document attesting the exercise of parental responsibilities.
  - ▷ Updated birth certificate in the case of an emancipated young beneficiary.

#### 6.4. Beneficiary who receives the Basic Component and applies for the Supplement

- ▶ Form PSI 1/1 - Statement of the beneficiary's income and household composition and income.



## Documents to submit

### 6.5. Beneficiary who:

- ▶ **Receives the Basic Component following the conversion of the Invalidity Social Pension or the Invalidity Social Pension under the Transitional Schemes for Agricultural Workers, or;**
- ▶ **Applies for the Basic Component<sup>1</sup> / Basic Component and Supplement / only the Supplement<sup>2</sup>:**
  - ▷ Form PSI 1/1 - Statement of the beneficiary's income and household composition and income.
  - ▷ Multipurpose Medical Certificate of Incapacity or, failing that, proof that the person concerned has applied for a Certificate of incapacity, **or** Declaration of Incapacity issued by the health authorities, provided that it has been issued before 4 December 2009, **or** Armed Forces Disability Identification Card approved by Ministerial Order no. 816/85 of 28 October, if it was issued before 1 October 2017.
  - ▷ Document attesting that the person concerned has appealed against the Medical Board's decision, if applicable.

#### **6.5.1. If the beneficiary is receiving a Disability Bonus or Invalidity Pension and does not know the details of the authority that is paying the benefit**

- ▷ Form PSI 19 - Statement.

#### **6.5.2. If the beneficiary has an incapacity resulting from an accident while on duty in a protection and rescue operation, duly recorded in the systems of the National Emergency and Civil Protection Authority**

- ▷ Document attesting that the incapacity resulted directly and exclusively from an accident that occurred during the performance of duties in a protection and rescue operation, duly recorded in the systems of the National Emergency and Civil Protection Authority.

#### **6.5.3. If the beneficiary has a certificate of incapacity issued after the age of 55 and wants the Certifying Authority to prove that his/her incapacity is congenital**

- ▷ Medical reports issued by the National Health Service or another health organisation, or by the attending physician, and auxiliary diagnostic means.

<sup>1</sup> If the beneficiary has only applied for the Basic Component and his/her degree of incapacity is equal to or higher than 80%, he/she does not need to submit the PSI 1/1 - Statement.

<sup>2</sup> If the beneficiary has only applied for the Supplement, he/she does not need to submit the documents referred to in sections 6.5.2. and 6.5.3.



## 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 at the Social Security Customer Information Services.

**Definitions**

- ▶ The **Social Inclusion Benefit** has three components:
  - ▷ The **Basic Component**, aimed to compensate for general costs resulting from a disability, with a view to promoting autonomy and social inclusion of persons with disabilities.
  - ▷ The **Supplement**, aimed to support persons with disabilities who are in a situation of economic hardship.
  - ▷ The **Increase**, aimed to compensate for specific charges resulting from the the person's disability.
- ▶ The **Certifying Authority** is the Medical Board of the Social Security Incapacity Verification System, which is competent for analysing the clinical documentation submitted in order to verify whether the beneficiary meets the entitlement conditions for the Social Inclusion Benefit.



Persons under 18 are only entitled to the Basic Component.



**Who may apply for the Social Inclusion Benefit?**

- ▶ Adult relatives, in the ascending direct line and in the collateral line, up to the 3<sup>rd</sup> degree (e.g, great-grandparents, grandparents, parents, siblings, children, stepchildren, stepparents, nephews and nieces, uncles and aunts), who are members of the beneficiary's household and have parental responsibilities.
- ▶ Adopters, guardians and persons to whom the beneficiary is entrusted by a judicial or administrative decision or entities/services legally competent for this purpose.
- ▶ The beneficiary, if aged 18 or older.
- ▶ The beneficiary's legal representative.
- ▶ The person who is providing or willing to provide assistance to the beneficiary, on condition that the person concerned is awaiting to be appointed as an accompanying person under the Legal Scheme for Accompanied Adults.
- ▶ The Attorney-in-fact if the beneficiary is aged 18 or older.



**To whom the Social Inclusion Benefit can be paid?**

- ▶ The beneficiary, if aged 16 or older and if emancipated.
- ▶ The beneficiary, if aged 18 or older.
- ▶ The accompanying person under the Legal Scheme for Accompanied Adults or the beneficiary's legal representative.
- ▶ The natural person who is providing or willing to provide assistance to the beneficiary, on condition that the person concerned submits proof that he/she has brought an action to be appointed as the accompanying person of the adult beneficiary under the Legal Scheme for Accompanied Adults.
- ▶ The person to whom the minor has been administratively or judicially entrusted.
- ▶ A legal person that proves to be responsible for the beneficiary, if the beneficiary is awaiting the appointment of an accompanying person, and provided that a legal action has been brought for that purpose.

**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  **Beneficiary/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**