

Basic Component  Supplement

**!** Do not complete this Statement if you have applied only for the Basic Component and your degree of incapacity is equal to or higher than 80%.

## Personal details of the beneficiary

### 1.1. Identification

Full name

Social Security Identification Number

Taxpayer no.

If you only ticked the Basic Component:



- ▶ And you are aged under 18, complete only [table 2](#).
- ▶ And you are aged 18 or older, please go to [table 3](#) and following ones and complete just the information on the beneficiary's income.

### 1.2. Social housing

Do you live in social housing?  Yes  No<sup>1</sup>

If ticked **yes**, the Social Security services consider the amount of 46,36€ as income, which is applied gradually according to the year in which the benefit was granted, as follows: one third in the 1<sup>st</sup> year (15,45€), two thirds in the 2<sup>nd</sup> year (30,91€) and the total value of 46,36€ from the 3<sup>rd</sup> year onwards.

<sup>1</sup>If you ticked **no** but eventually start living in social housing in the future, the staggered amount will be applied as of the year in which you become entitled to that support.

## The beneficiary's household composition<sup>1</sup>

No.	Full name	NISS	NIF	Birth date (year-month-day)	Family relationship	Date of absence <sup>2</sup> (year-month-day)
1	Beneficiary _____	_____	_____	- -	_____	- -
2	_____	_____	_____	- -	_____	- -
3	_____	_____	_____	- -	_____	- -
4	_____	_____	_____	- -	_____	- -
5	_____	_____	_____	- -	_____	- -
6	_____	_____	_____	- -	_____	- -
7	_____	_____	_____	- -	_____	- -
8	_____	_____	_____	- -	_____	- -

<sup>1</sup> The beneficiary's household members are the persons who live in common economy with him/her.

<sup>2</sup> To be completed if the household member is absent from the national territory due to sickness, work, studies or vocational training for a period exceeding 30 days.

## 3

## Income earned in Portugal by the beneficiary and household members

### 3.1. Employment income not stated to Social Security<sup>1</sup>

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

Household order no. <sup>2</sup>	Civil Servants Pension Fund (Caixa Geral de Aposentações) (€)	Another social protection system (€)
1		
2		
3		
4		
5		
6		
7		
8		

<sup>1</sup> Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date** (e.g., if you submit the statement in October, you must consider the income earned in August).

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

### 3.2. Movable assets held by the beneficiary and his/her household members<sup>1</sup>

Household order no. <sup>2</sup>	Bank accounts (€)	Shares (€)	Bonds (€)	Postal savings (€)	Participation securities and units in collective investment institutions (€)	Other financial assets (€)
1						
2						
3						
4						
5						
6						
7						
8						

<sup>1</sup> Please indicate the value on 31 December of the **year preceding the one in which the statement is submitted**.

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

### 3.3. Pensions not paid by Social Security<sup>1 2</sup>

Household order no. <sup>3</sup>	Old-age/Retirement Pension (€)	Invalidity Pension (€)	Survivor's Pension (€) <sup>3</sup>	Occupational Disease Pension (€)	Work Accident Pension (€)	Long-term care supplement	Other pensions/supplements (€)	Taxpayer no. of the paying authority
1								
2								
3								
4								
5								
6								
7								
8								

<sup>1</sup> Please **include** pensions from the Civil Servants Pension Fund (Caixa Geral de Aposentações), companies, unions, the Pension Fund for Lawyers and Solicitors (Caixa de Previdência dos Advogados e Solicitadores), pension funds, banking institutions, insurance companies, among others.

<sup>2</sup> Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date** (e.g., if you submit the statement in October, you must consider the income in August). **Do not include** the amounts corresponding to retroactive payments concerning previous months or the twelfth of the Holiday Pay and the Christmas Bonus.

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

<sup>4</sup> 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 beneficiary and household members (continuation)

3

### 3.4. Social benefits/allowances not paid by Social Security<sup>1 2</sup>

Household order no. <sup>3</sup>	Parenting (€)	Sickness (€)	Unemployment (€)	Other (€)	Taxpayer no. of the paying authority
1					
2					
3					
4					
5					
6					
7					
8					

<sup>1</sup> Please **include** pensions from the Civil Servants Pension Fund (*Caixa Geral de Aposentações*), companies, unions, the Pension Fund for Lawyers and Solicitors (*Caixa de Previdência dos Advogados e Solicitadores*), pension funds, banking institutions, insurance companies, among others.

<sup>2</sup> Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date** (e.g., if you submit the statement in October, you must consider the income of August). **Do not include** benefits for family expenses and benefits 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).

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

## Income earned abroad by the beneficiary and household members

4

Household order no. <sup>1</sup>	Work income (€)					
	Employment <sup>2</sup>	Business and professional income <sup>3</sup>				
		Self-employment	Commercial and industrial activities	Agricultural, forestry and livestock activities	Intellectual property <sup>4</sup>	Other activities <sup>5</sup>
1						
2						
3						
4						
5						
6						
7						
8						

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

<sup>2</sup> 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).

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

<sup>4</sup> Income covered by *Article 58 of the Tax Benefits Statute* - non-exempt part.

<sup>5</sup> Please **include** income from intellectual or industrial property, capital and property income attributable to activities generating business and professional income, positive balance of capital gains and losses and other property increases.

## Income earned abroad by the beneficiary and household members (continuation)

4

Household order no. <sup>1</sup>	Property income <sup>2</sup>	Capital income <sup>2</sup>					
		Dividends of profits - withholding tax in Portugal	Dividends of profits - without withholding in Portugal	Savings income according to Council Directive 2003/48/EC countries / territories - transitional period - Art. 10 of the Directive	Savings income according to Council Directive 2003/48/EC other countries not covered by the transitional period	Interest referred to in Art.72(5) of the Personal Income Tax Code (CIRS) - without withholding in Portugal	Other income referred to in Art. 72(5) of the Personal Income Tax Code (CIRS)
1							
2							
3							
4							
5							
6							
7							
8							

Household order no. <sup>1</sup>	Capital income <sup>2</sup> (continuation)				Pensions <sup>3</sup>	Benefits <sup>3</sup>	Supplements <sup>3</sup>	Other income <sup>3</sup>
	Income from securities - with withholding in Portugal	Capital income referred to in Art. 71(13) and Art. 72(12) of the CIRS	Royalties and technical assistance	Other capital income - without withholding tax in Portugal				
1								
2								
3								
4								
5								
6								
7								
8								

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

<sup>2</sup> Please **indicate** the value on 31 December of the **year preceding the one in which the application is submitted**.

<sup>3</sup> Please **include** income from intellectual or industrial property, capital and property income attributable to activities generating business and professional income, positive balance of capital gains and losses and other property increases.

## Statements

5

I am aware that:

- ▶ 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 benefit payment.
- ▶ 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 benefit will be suspended until the documents concerned are submitted.  
*Article 14(2) of Decree-Law no. 70/2010 of 16 June, updated version*
- ▶ 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 any supporting documents deemed 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.

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

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

### Date

-  -   
ano      mês      dia

### Signature

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

## Data protection



The collected data will be processed by the competent Social Security Services (*Instituto da Seguranga Social, I.P.*, *Instituto da Seguranga Social dos Açores, I.P.R.A.* and *Instituto de Seguranga 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 (*Seguranga 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**  **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