

Basic Component  Supplement

- Changes in household composition  Changes for additional amount due to single parenthood  Changes in income  Other changes



- ▶ If you ticked **changes in household composition**, you must complete [table 2](#).
- ▶ If you ticked **changes for additional amount due to single parenthood**, you must complete [table 2](#).
- ▶ If you ticked **changes in income**, you must complete [table 3](#).
- ▶ If you ticked **other changes**, you must complete [table 5](#).

### Personal details of the beneficiary

Full name

Social Security Identification Number

Taxpayer no.

Birth date

 -  -   
year month day

Mobile phone/Phone no.

Email

### The beneficiary's household composition

(Please complete this table if you have ticked Supplement at the top of the form)

#### 2.1. Persons who are no longer members of the beneficiary's household

Full name	Social Security Identification no. (NISS)	Date on which he/she ceased to be a member of the household (year-month-day)	Reason
		- -	
		- -	
		- -	
		- -	

#### 2.2. Persons who have become members of the household or whose income has changed

No.	Full name	NISS	Taxpayer no. (NIF)	Birth date (year-month-day)	Family relationship with the beneficiary	Date on which the person became a member of the household <sup>1</sup> (year-month-day)
1				- -		- -
2				- -		- -
3				- -		- -
4				- -		- -

<sup>1</sup> Complete only if the person concerned is a new member of the household.

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## Household income

## 3.1. Income that is no longer available or has changed

Household order no. <sup>1</sup>	Monthly income that is no longer available			New or changed monthly income		
	Income type <sup>2,3</sup>	Amount (€)	Date (year-month-day)	Income type <sup>2,3</sup>	Amount (€)	Date (year-month-day)
1			- -			- -
			- -			- -
2			- -			- -
			- -			- -
3			- -			- -
			- -			- -
4			- -			- -
			- -			- -
Beneficiary			- -			- -
			- -			- -

<sup>1</sup> Please indicate the order number by which the household member was referenced in [table 2](#). If one row is not sufficient for one person, use as many rows as necessary, always indicating the same sequence number.

<sup>2</sup> Income from employment, self-employment, business and professional activities, capital income, pensions, maintenance payments and social benefits paid by other authorities, benefits paid by the Child Maintenance Guarantee Fund, rent allowances, residence allowances or other public housing support.

<sup>3</sup> Please **do not include** social benefits paid by the Social Security Institute, P.I. **Include** benefits 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 and foreign organisations, among others.

## 3.2. Movable assets amounts

Household order no. <sup>1</sup>	Income that is no longer available			New or changed monthly income		
	Income type <sup>2</sup>	Amount (€)	Date (year-month-day)	Income type <sup>2</sup>	Amount (€)	Date (year-month-day)
1			- -			- -
			- -			- -
2			- -			- -
			- -			- -
3			- -			- -
			- -			- -
4			- -			- -
			- -			- -
Beneficiary			- -			- -
			- -			- -

<sup>1</sup> Please indicate the order number by which the household member was referenced in [table 2](#). If one row is not sufficient for one person, use as many rows as necessary, always indicating the same sequence number.

<sup>2</sup> Amounts deposited in bank accounts, shared, bonds, postal savings, participation securities and units in collective investment institutions and other financial assets.

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## 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)

Full name

Social Security Identification Number

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## Other changes

- As of  -  - ,   
year month day name of the person concerned
- ceased to
  began to:
- Reside in social housing<sup>1</sup>  
 Be institutionalised in a State-funded social institution  
 Be in a foster family  
 Be in pre-trial detention or serving a prison sentence  
 Be absent from the national territory, due to   
 with his/her return expected on  -  -   
year month day
- The beneficiary's degree of incapacity was changed to  % as of  -  - <sup>2</sup>  
year month day
- The beneficiary passed away on  -  -   
year month day

<sup>1</sup> If you stated that the beneficiary moved into social housing, 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>2</sup> In this case, you must attach the Multipurpose Medical Certificate of Incapacity, Declaration of Incapacity issued by the health authorities, or the Armed Forces Disability Identification Card.

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## Statements

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.

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

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

### Date

-  -   
 year month day

### Signature

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

## Information

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### € 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 application 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.

## 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  Declarant  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