SEGURANÇA SOCIAL

Protection in Occupational Disease

Application for Reimbursement of Expenses

○ Occupational Disease (national) ○ Accident at Work (migrants) ○ Occupational Disease (migrants)

⚠ Please read the information in table 5 before completing the form.

1 Personal details of the applicant

Full name

Social Security Identification Number

Birth date

year - month - day

Mobile phone/Phone no.

Email

2 Information on the expenses

Type	No. of documents	Amount (EUR)
Health care[1]		
Displacements[2]		
Accomodation[2]		
Food[2]		
Other		

[1] Including medical, surgical, nursing, medication and pharmaceutical care resulting from the occupational disease.

[2] For the purposes of health care, disability assessment examinations, recovery and vocational rehabilitation services and attending vocational training courses.

3 Request for Prior Authorisation of Benefits in Kind (*PAPE - Pedido de Autorização Prévia de Prestações em Espécie*)

Type	No. of documents
Hearing aid	
Thermal baths	
Other	

4 Statements

I am aware that 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.

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 how to sign) according to a valid identification document.

5 Information

Documents to submit

Original documents (invoices and receipts), proving the expenses incurred **exclusively in connection with the certified occupational disease**, accompanied by the respective medical/clinical prescriptions issued by official public health 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 Security 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 (*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 form is available on the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt and in the Social Security Customer Information Services.

Where to submit the documents and the time limits for the submission

The application and the required mandatory documents must be:

- Sent by post or submitted to a Social Security Customer Information Service.
- After certification of the occupational disease and/or up to 1 year from the date the expense was incurred.

Notes

The following expenses are subject to reimbursement:

- Expenses incurred with the use of public transport.
- Expenses incurred with the use of another means of transport, with the applicant's accompanying person and with accomodation and food, subject to medical prescription and authorisation by the Department of Protection against Occupational Risks.

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 wihin 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 ◯ **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