

Personal details of the beneficiary

Full name

Social Security Identification Number

Birth date

 - -

year month day

Mobile phone/Phone no.

E-mail

Communication

I hereby inform that ☐ I have returned ☐ will return to work on - -

year month day

Statements

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

I am aware that:

- ▶ as of the date of my early return to work I will no longer receive the allowance;
- ▶ if I receive allowance payments after the end of the entitlement period, I may have to return these amounts, in case I am not entitled to them (unduly paid amounts);
- ▶ I must inform the Social Security services of any changes to the information provided, within **5 working days** from the date on which they occur.

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.

Data protection

The collected personal 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, IP-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

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