SEGURANÇA SOCIAL

Social Inclusion Benefit
Statement

This statement:

- Is aimed to prove that the beneficiary has applied for or is receiving the Disability Bonus.
- Must be submitted together with form PSI 1 - Application for the Social Inclusion Benefit (Basic Component) in case the beneficiary does not know the details of the authority that is paying the benefit.

1 Personal details of the beneficiary

Full name

Social Security Identification Number

Taxpayer no.

Birth date

year - month - day

2 Paying authority details and certification

Full name of the authority

Taxpayer no.

Address

Locality

Postal Code

Email

It is hereby declared that the beneficiary identified in table 1 has applied for or is receiving the Disability Bonus.

Date

year - month - day

Signature and stamp

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.