



Please read the information in table 7 before completing the form.

Benefit details [do not complete if you are submitting your application via the Social Security Online Service (*Segurança Social Direta*)]

Protection in the event of: ☐ Sickness ☐ Parenting (including the Allowance for clinical risk during pregnancy)

Application for: ☐ Holiday pay ☐ Christmas bonus ☐ Holiday Pay + Christmas bonus

Year to which the payments concern

year

Personal details of the beneficiary

Full name

Social Security Identification Number

Birth date

 - -

year month day

Mobile phone/Phone no.¹

Email¹

¹ do not complete if you are submitting your application via the Social Security Online Service (*Segurança Social Direta*)

Details of the employer (where you work or have worked)

Name of the employer

Social Security Identification Number

Amounts declared by the employer

Holiday pay total amount

€

Holiday pay **not paid** by the employer

€ , corresponding to: ☐ the total amount ☐ part of the amount due

Christmas Bonus total amount

€

Christmas Bonus **not paid** by the employer

€ , corresponding to: ☐ the total amount ☐ part of the amount due

In the case of termination of the employment contract, please state the end date

 - -
year month day

Statements of the employer

I confirm that the stated bonus(es) amount(s) was(were) not paid to the employee, in accordance with:

☐ Law no. 7/2009 of 12 February (Labour Code)

☐ Collective labour regulation instrument

Please state which

Date

 - -
year month day

Signature and Stamp

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Statements of the beneficiary [do not complete if you are submitting your application via the Social Security Online Service (*Segurança Social Direta*)]

I authorise the Social Security services to obtain from external bodies all the information necessary to prove my statements.

I undertake to submit the necessary supporting documents.

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

Date

- -
year month day

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.

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Information

Beneficiaries

Persons entitled to the compensatory benefit of the Holiday Pay, Christmas Bonus or other payments of a similar nature:

- ▶ employees;
- ▶ managers and directors of legal persons.

Provided that

- ▶ they are not entitled to the payment of those bonuses, in whole or in part, by the employer and;
- ▶ the period of absence from work corresponds to 30 consecutive days or more.

Document to submit

[not applicable if you are submitting your application via the Social Security Online Service (*Segurança Social Direta*)]

- ▶ Valid ID document (Citizen Card, Identity Card or Passport) of the beneficiary or of another person when the beneficiary cannot or does not know how to sign.

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 MG14 – 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.

Time limit for the application submission

The application must be submitted within **six months**, as of:

- ▶ 1 January of the year following that in which the bonus/es was/were due;
- ▶ the date of termination of the employment contract, when applicable.

Where to submit the application

The application should preferably be submitted through the Social Security Online Service (SSD - *Segurança Social Direta*) at www.seg-social.pt.

If you do not have a password to access the Social Security Online Service (SSD), you must go the above mentioned Website to make your registration.

In your own interest, you should use this method to submit the application and all the required documents, as this allows the Social Security services to examine the application and take a decision more swiftly.

If you choose to submit the application in paper form, it may be completed electronically and submitted in person or sent by post to a Social Security customer information service.

€ Compensatory Benefit amounts

- ▶ 60% of the amount that the beneficiary did not receive, in the case of Sickness Benefit;
- ▶ 80% of the amount that the beneficiary did not receive, in the case of Parental Allowance. In situations of leave taken by the parent for the care of a child with a disability or chronic illness, the amount of the compensatory benefits cannot exceed two times the Social Support Index (IAS - *Indexante dos Apoios Sociais*) value.

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