



SEGURANÇA SOCIAL

Social Protection in Parenting

Application for:

- ☐ Allowance for clinical risk during pregnancy¹ ☐ Allowance in case of Pregnancy Termination¹ ☐ Allowance for Specific Risks



Please read the information in table 6 before completing the form.

Personal details of the applicant

Full name

Social Security Identification Number

Birth date

year month day

Mobile phone/Phone no.

Email

Details of the allowances

Please tick the situations that apply to you

☐ **Clinical risk during pregnancy** Expected date of the childbirth - -
year month day

☐ **Pregnancy Termination** Date of the event - -
year month day

☐ **Specific Risks**

Are you self-employed or covered by the Voluntary Social Insurance Scheme? ☐ Yes ☐ No

If you ticked **yes**, please state the conditions in which you carry out the activity:

☐ Night shift work

☐ Exposure to agents, processes or working conditions that pose a risk to your health and safety

Periods of absence from work and other details

Please indicate the periods of absence from work

from - - to - -
year month day year month day

from - - to - -
year month day year month day

from - - to - -
year month day year month day

from - - to - -
year month day year month day

from - - to - -
year month day year month day

from - - to - -
year month day year month day

If you are or **have been covered by another mandatory social protection scheme (national or foreign)** in the last six months prior to the date of the absence from work, please indicate:

Name of the institution

Periods

from - - to - -
year month day year month day

from - - to - -
year month day year month day

from - - to - -
year month day year month day

from - - to - -
year month day year month day

¹ The submission of this application is waived if the situation is proven by a Certificate of Temporary Incapacity for Work, issued by the competent services of the National Health Service.

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Statements

I am aware that I must inform the Social Security services of any fact that determines the end (cessation) of the allowance payment, **within 5 working days** from the date on which it occurred.

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.

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Statements of the employer (To be completed only in the case of application for the Allowance for Specific Risks)

Full name

Social Security Identification Number

- ☐ Pregnant workers, workers who have recently given birth and workers who are breastfeeding cannot be granted compatible daytime working hours
- ☐ Pregnant workers, workers who have recently given birth or workers who are breastfeeding cannot be assigned tasks that avoid exposure to agents, processes or working conditions that pose a risk to their safety and health

Date

- -
 year month day

Signature and Stamp

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Information



Documents to submit

- ▶ For all the allowances:
 - ▷ Form for Employee Registration/Coverage - RV 1009, if the applicant is not identified in the Social Security system.
- ▶ Allowance for clinical risk during pregnancy/Social Allowance for clinical risk during pregnancy:
 - ▷ Medical certificate attesting the clinical risk situation with indication of the period of absence from work.
- ▶ Allowance in case of Pregnancy Termination/Social Allowance in case of Pregnancy Termination:
 - ▷ Medical certificate attesting that the pregnancy has been terminated, indicating the period of absence from work (the duration of this period must be between 14 and 30 days).
- ▶ Allowance for Specific Risks/Social Allowance for Specific Risks (only if the applicant is self-employed or covered by the Voluntary Social Insurance Scheme):
 - ▷ Medical certificate issued by an occupational doctor or by an institution or service of the National Health Service, attesting that the person concerned preforms night shift work or is exposed to agents, processes or working conditions that pose a risk to his/her health and safety.

€ 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 forms are 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 time limits for the submission

The application must be submitted **within 6 months as of the 1st day of absence from work**:

- ▶ through the Social Security Online Service (*Segurança Social Direta*), at www.seg-social.pt, by completing the online application form, if the competent entity for the application examination is the Social Security Institute, P.I. (*Instituto da Segurança Social, I.P.*) or the competent bodies of the Autonomous Regions administrations;
- ▶ in person, at the Social Security Customer Information services or sent by post.

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