SEGURANÇA SOCIAL

Social Protection in Parenting

Application for Allowance for the Care of a Child with a Disability, Chronic Illness or Cancer

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

1 Personal details of the applicant (person providing care)

Full name

Social Security Identification Number

Birth date

year - month - day

Mobile phone/Phone no.

Email

Please indicate the situation between the applicant and the person identified in table 2.

- ○ Father/Mother/Person treated as such
- ○ Person to whom the child has been entrusted under a judicial or administrative decision
- ○ Guardian
- ○ Other

2 Personal details of the child or person treated as such

Full name

Social Security Identification Number

Birth date

year - month - day

Is he/she holder of disability benefits?

- ○ Yes
- ○ No

E.g.: Family Benefit for Children and Young People with entitlement to the Disability Bonus, the Lifetime Monthly Allowance, the Social Inclusion Benefit or another

If you ticked **yes**, please indicate the name of the paying authority

E.g.: Social Security, Civil Servants Pension Fund *(Caixa Geral de Aposentações)*, foreign body or another

Does the child live in the same household with the applicant?

- ○ Yes
- ○ No

3 Personal details of the applicant's spouse or partner

Full name

Social Security Identification Number

Birth date

year - month - day

Does he/she carry out a professional activity?

- ○ Yes
- ○ No

If you ticked **yes**, please indicate the name of the respective social protection scheme

E.g.: Social Security, Welfare Fund *(Caixa de Previdência)*, Civil Servants Pension Fund *(Caixa Geral de Aposentações)* or foreign body

Did he/she apply for the same allowance due to the same reason?

- ○ Yes
- ○ No

If you ticked **yes**, please indicate the period(s) of absence from work:

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

Is he/she unable to provide the care? ○ Yes ○ No

4 Periods of absence from work of the applicant and other details

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

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

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

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

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

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

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

5 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.

6 Information

Documents to submit

- Medical certificate - GIT 81, attesting the need for care due to disability[1]/chronic illness [2]/cancer[2].
- Form for Employee Registration/Coverage - RV 1009, if the applicant is not identified in the Social Security system.
- Form for Identification of Natural Persons covered by the Citizenship Social Protection System - RV 1017, and the required supporting documents, if the applicant is not registered in the Social Security system.

[1] This statement does not need to be submitted if the child is aged 12 or older and is receiving a disability benefit.

[2] This statement does not need to be submitted if the child is aged 12 or older and the same document has already been submitted.

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.

6 Information (continuation)

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 from 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(s)** ◯ **person(s) that signed on the applicant(s) behalf** is/are in accordance with the following identification document:

◯ Citizen Card ◯ Identity Card ◯ Passport ◯ Other _____

Number _____

Valid until ____ - ____ - ____ (year - month - day)

Signature and stamp