

☐ Due to birth ☐ Due to Sickness or Accident¹



▶ Please read the information in table 8 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.

☐ Grandfather/Person treated as such ☐ Grandmother/Person treated as such

2 **Personal details of the grandchild/person treated as such**

Full name

Social Security Identification Number

Birth date

 - -

year month day

3 **Allowance due to the birth of a grandchild/person treated as such**

Name of the minor aged under 16

Social Security Identification Number

Birth date

 - -

year month day

Does the grandchild, son/daughter of the minor aged under 16, live in the same household with the allowance applicant? ☐ Yes ☐ No

Is the leave for the care of a grandchild shared by both grandparents? ☐ Yes ☐ No

If you ticked **yes**, please indicate in table 5 the period of absence from work of the other grandparent.

If you ticked **no**, please provide the following information about the other grandparent:

Does he/she carry out a professional activity? ☐ Yes ☐ No

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

Did he/she apply for the same allowance due to the same reason? ☐ Yes ☐ No

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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Allowance due to sickness or accident of a grandchild/person treated as such

Did the other grandparent have to miss work to take care of the grandchild? ☐ Yes ☐ No

If you ticked **yes**, please provide the following information about the other grandparent:

Full name

Social Security Identification Number

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

Please provide the following information about the parents:

Do they carry out a professional activity? ☐ Sim ☐ Não

Are they unable to provide the care? ☐ Sim ☐ Não

Did they apply for the same allowance due to the same reason? ☐ Sim ☐ Não

Personal details of the parent that is unable to provide the care

Full name

Social Security Identification Number

Birth date

year month day

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Personal details of the applicant's spouse or partner

Full name

Social Security Identification Number

Birth date

ano 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

Period(s) of absence from work:

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

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

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Periods of absence from work of the applicant 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

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

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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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Information

Documents to submit

- ▶ For all the situations:
 - ▷ 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.
- ▶ In the case of birth:
 - ▷ Medical certificate issued by the doctor of the health establishment or service, attesting the childbirth, or the grandchild's civil identification document.
- ▶ In the case of sickness or accident:
 - ▷ Medical certificate stating the period of absence from work that is necessary to provide urgent and essential care to the grandchild.

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;
- ▶ on paper, at the Social Security Customer Information services.

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