SEGURANÇA SOCIAL



# Application for Dependent Spouse Supplement

## 1 Personal details of the beneficiary

Full name

Social Security Identification Number

Taxpayer no.

Birth date (year - month - day)

Address

Locality

Postal Code

Parish

Municipality

District

Mobile phone/Phone no.

Email

The beneficiary is applying for the supplement as a pensioner of:

Please state one of the following situations: Invalidity Pension or Old-age (applicable to pensions granted before 1 January 1994, in accordance with Article 100 of Decree-Law no. 329/1993 of 25 September).

## 2 Personal details of the spouse

Full name

Social Security Identification Number

Taxpayer no.

Birth date (year - month - day)

## 3 Current income of the spouse

### 3.1. Employment income

Does the beneficiary's spouse carry out any gainful employment in Portugal or abroad? ◯ Yes ◯ No

If you ticked Yes, please indicate:

| Montly amount | Social Security body/bodies covering him/her |
|---|---|
| € | |
| € | |

Beneficiary number:

### 3.2. Pensions income

Does the beneficiary's spouse receive another pension? ◯ Yes ◯ No

If you ticked Yes, please indicate:

| Montly amount | Paying authority/authorities |
|---|---|
| € | |
| € | |

Has he/she applied for another pension? ◯ Yes ◯ No

If you ticked Yes, please state the name of the paying authority:

## 3 Current income of the spouse (continuation)

Does the beneficiary's spouse have any other income? ◯ Yes ◯ No

If you ticked Yes, please indicate the monthly amount: € 

## 4 Current income common to the beneficiary and the spouse

Do the beneficiary and the spouse have any common income? ◯ Yes ◯ No

If you ticked Yes, please indicate:

| Montly amount | Income source |
|---|---|
| € | |
| € | |

## 5 Statements

**I am aware** that false statements are punished according to the law.

**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 applicant cannot or does not know how to sign) according to a valid identification document.

## 6 Information

### Documents to submit

- Valid ID document (Citizen Card, Identity Card, Passport or Residence Permit) of the spouse.
- Birth certificate of the beneficiary with the marriage endorsement.
- Income tax return for personal income tax purposes.

### Where to submit the documents

The application form and the additional mandatory documents must be submitted at any Social Security Customer Information Service or sent by post to a Social Security Service.

## 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.

## 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**