SEGURANCA SOCIAL

Invalidity Pension

Application for Permanent Incapacity Review

The invalidity pensioner may be subject to a medical examination for the review of his/her incapacity, either by decision of the paying authority or at his/her request, three years after the pension was granted, except in the event of a worsening of the pensioner's incapacity.

1 Personal details of the applicant

Full name

Social Security Identification Number

Taxpayer no.

Birth date

year - month - day

Address

Locality

Postal Code -

Mobile phone/Phone no.

Email

2 Ground/s justifying the request

3 Statements

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

I undertake to communicate to the Social Security services any changes to the information I have provided.

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.

4 Information

Documents to submit

Valid ID document (Citizen Card, Identity Card, Passport or Residence Permit) of the pensioner or the person who signed on his/her behalf.

Where to submit the documents

The application form must be submitted through the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt or sent by post to a Social Security Service.

Information (continuation)

4

If you are called for a medical examination for the review of your incapacity, you must submit form SVI 7 - Medical Information, duly completed, on the day of the examination.

Forms

The application form is available on the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt and at any Social Security Customer Information 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