SEGURANÇA SOCIAL

Statement

Pension Application to the Competent Foreign Institution
Survivor's Pension

1 Personal details of the deceased beneficiary

1.1. Identification

Full name

Social Security Identification Number

Taxpayer no.

Birth date
year - month - day

Marital status

Date of marriage
year - month - day

Date of death
year - month - day

1.2. Other details

Countries where the deceased beneficiary has worked	Period/s (year-month-day)	Insurance or Registration Number
	from - - to - -	
	from - - to - -	
	from - - to - -	

Please state his/her last address abroad:

Locality

Postal Code

Was he/she working at the time of death? ◯ Yes ◯ No If you ticked Yes, please indicate the type of activity:

☐ Employee ☐ Self-employed person ☐ Civil servant

Last occupation

Country

Did the beneficiary work as a miner? ◯ Yes ◯ No If you ticked Yes, please specify:

☐ In underground mining ☐ Within the quarry perimeter

Type of extraction:

Countries where the deceased beneficiary worked as a miner	Employer/s

Personal details of the deceased beneficiary (continuation)

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1.3. Pensions/benefits applied for or granted at the time of death

(Please tick the pensions/benefits that the beneficiary has applied for or was receiving at the time of death)

	Pension/benefit	Applied for	Receiving
1	Sickness Benefit due to Incapacity for Work	☐	☐
2	Unemployment Benefit	☐	☐
3	Invalidity Pension	☐	☐
4	Old-age Pension	☐	☐
5	Survivor's Pension	☐	☐
6	Work Accident or Occupational Disease Pension	☐	☐
7	Military Pension	☐	☐
8	Civil Service Pension Scheme	☐	☐

If he/she has applied for or was already receiving one of the pensions/benefits referred to in sections 1 to 8, please indicate:

Name of the authority (national or foreign) to which he/she has submitted the application or that was paying the pension/benefit

Address of the authority concerned

1.4. Activity abroad (specific situations)

To be completed if the deceased beneficiary has worked in France

Did he/she receive a pension from the French supplementary scheme? ◯ Yes ◯ No

If you ticked Yes, please indicate:

The pension start date

year - month - day

Name of the paying authority

To be completed if the deceased beneficiary has worked in Germany

Have his/her contributions been reimbursed to him/her? ◯ Yes ◯ No

Did he/she raise his/her children in Germany during their first months of life? ◯ Yes ◯ No

To be completed if the deceased beneficiary has worked in Switzerland

Before your marriage to the deceased beneficiary, were you married to anyone else? ◯ Yes ◯ No

If you ticked Yes, please indicate:

Date/s of marriage (year-month-day)	Dissolution date/s (year-month-day)	Reason	
		Death	Divorce
- -	- -	☐	☐
- -	- -	☐	☐
- -	- -	☐	☐

To be completed if the deceased worker and/or the applicant are Spanish nationals

National Identity Document number (DNI) of the deceased worker:

National Identity Document number (DNI) of the applicant:

2 Details of the Survivor's Pension applicant[1]

Full name

Birth date
year - month - day

Date of marriage with the beneficiary
year - month - day

Address

Locality

Postal Code

Mobile phone/Phone no.

Email

Family relationship with the deceased beneficiary:

Current marital status[2]:

Are you living in a *de facto* relationship with another person? ◯ Yes ◯ No

Were you separated from the deceased beneficiary? ◯ Yes ◯ No If you ticked Yes, please indicate:

Separation date
year - month - day

Do you have children in common with the deceased beneficiary? ◯ Yes ◯ No

Are you working? ◯ Yes ◯ No If you ticked Yes, please indicate the type of activity:

☐ Employee ☐ Self-employed person ☐ Civil servant

Monthly remuneration amount: €

Do you have other income? ◯ Yes ◯ No If you ticked Yes, please indicate:

Type of income:

Annual amount: €

Paying authority:

Were you dependent on the deceased beneficiary? ◯ Yes ◯ No

Have you been temporarily unable to work for more than three months? ◯ Yes ◯ No

Are you permanently unable to work? ◯ Yes[3] ◯ No

Have you applied for or are you receiving any pension/benefit from the Portuguese or foreign Social Security?[4]

◯ Yes ◯ No If you ticked Yes, please indicate:

Name of the benefit:

Current monthly amount: €

Paying authority:

Beneficiary no.:

[1] Widow/widower or entitled person, except descendants.

[2] Single, married, divorced, separated.

[3] This situation can be confirmed by a medical examination, for which you will subsequently be summoned by the Social Security services, and which is intended to prove te alleged incapacity to the foreign institution.

[4] Invalidity Pension, Old-age Pension, Survivor's Pension, Work Accident or Occupational Disease Pension, Sickness Benefit, Unemployment Benefit or other benefit.

3 Details of the descendant/s[1]

Full name	Birth date (year-month-day)	Date of marriage (year-month-day)	Date of death (year-month-day)
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -
	- -	- -	- -

Please state the names of the descendants for whom you receive family benefits or the Family Benefit for Children and Young People (whether paid by a Portuguese or foreign institution) and indicate the paying authority:

[1] Even if married, disabled, in school or vocational training, adopted or deceased.

4 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 declarant or of another person on his/her behalf (signature of another person when the declarant cannot or does not know how to sign) according to a valid identification document.

5 Information

Documents to submit

- Foreign insurance or registration cards.
- All employment certificates or all payslips/salary statements.
- All insurance certificates (AVS/AI and AHV/IV), stamp booklets, permanent or temporary residence certificates, and work certificates if the person concerned has worked in Switzerland.
- Documents proving that the children or those treated as children, aged between 18 and 25, are in education or apprenticeship, if the deceased beneficiary has worked in Switzerland.
- Valid ID document of the descendant/s (Citizen Card or Identity Card).
- Pension proof - notification.
- Documents attesting the insurance career, if the deceased beneficiary has worked in Germany.
- Form 5081 - Statement - Insured Person's Career.

5 Information (continuation)

Bank account

The payment of all your current or future benefits/allowances or persions 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 MG 14 - 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 application forms are available on the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt and at the Social Security Customer Information Services.

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 ◯ **Declarant** ◯ **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