

- Admission of employee/trainee/young person working during school holidays
- Beginning of activity of the employee or trainee/legal link to a new employer or similar entity
- Cessation/suspension of activity of employee or trainee



Please read the information in [table 11](#) before completing the form.

1 Personal details of the employee or trainee or young person working during school holidays

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -
year month day

Mobile phone/Phone number

Email

2 Other details of the employee or trainee or young person working during school holidays

(To be completed if the person concerned is not registered in the Social Security system yet)

2.1. Other details

► Place of birth:

Parish

Municipality

District

Country

Nationality

Civil Identification Number

Sex

 M F

Civil status

2.2. Address

(To be completed if the person concerned does not have a Citizen Card yet)

Address

Locality

Postal Code

Parish

Municipality

District

¹ This form must be used by the employer or similar entity and/or by the employee, trainee and/or young person working during school holidays.

Details of the employer or similar entity

3

Name/Company name

Social Security Identification Number

Taxpayer Number

Headquarters address

Locality

Postal Code

-

Parish

Municipality

District

Mobile phone/Phone number

Email

Professional situation of the employee or trainee

4

Please indicate the type of employment contract:

Open-ended Fixed-term Part-time Public functions

Traineeship contract
(please indicate the applicable law) Other
(please indicate the contract type)

Employment contract duration¹

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

Occupation/Activity

Base remuneration € Do you have an optional coverage?²

Yes No

If you ticked part-time contract, please indicate:

▶ Number of weekly hours:

▶ Percentage of work performed by reference to a normal full-time weekly period:

%

If the workplace is located outside the company headquarters, please indicate:

Name of the establishment where you are working or doing traineeship

Code Address

Locality Postal Code -

Parish Municipality District

Mobile phone/Phone number Fax

Email

¹ To be completed only if you have indicated a fixed-term employment contract or a traineeship contract.

² To be completed only in the case of members of churches, associations and religious bodies, who carry out a secondary religious activity of less than 30 hours a week and are covered by a mandatory Social Security scheme due to the performance of a non-religious main activity.

Personal details of the young person working during school holidays

5 Name of the educational establishment

School year Educational level

School holidays duration: from -- to --
year month day year month day

Employment contract duration: from -- to --
year month day year month day

Date on which the employment contract takes effect: --
year month day

Workplace address

Locality Postal Code -

Parish Municipality District

Members of churches, associations and religious bodies

6 ▶ Remuneration to be stated/contribution base:
Do you want to be covered by the extended protection scheme?¹ Yes No

▶ Option for the remuneration level established according to the Social Support Index (IAS - Indexante dos Apoios Sociais):

1x IAS 1,5x IAS 2x IAS 2,5x IAS 3x IAS

4x IAS 5x IAS 6x IAS 7x IAS 8x IAS

¹ It includes protection in the contingencies of Sickness, Parenting, Occupational Diseases, Invalidation, Old Age and Death.

Suspension or end (cessation) of the employment or traineeship contract

7 Please tick the option corresponding to your situation:

Suspension: from -- to --
year month day year month day

Reason for the suspension

Cessation¹: on -- Reason for the cessation
year month day

¹ The employer or similar entity is required to deliver to the worker a copy of form [RP 5044 - Declaração de Situação de Desemprego](#) (Statement of Unemployment Situation) -, or a document proving the unemployment situation communication to Social Security via the Social Security Online Service (*Segurança Social Direta*).

Other details concerning the employee or trainee

8 The employee or trainee is/was covered by another social protection system?¹ Yes No

If you ticked **yes**, please indicate:

Name of the institution

Registration no. Insurance period: from -- to --
year month day year month day

Is the employee/trainee carrying out a simultaneous activity? Yes No

¹ Welfare Fund (*Caixa de Previdência*), Civil Servants Pension Fund (*Caixa Geral de Aposentações*) or foreign body.

Other details concerning the employee or trainee (continuation)

8

If you ticked **yes**, please indicate which activity:

Does/Did the employee or trainee receive any social benefits?² Yes No

If you ticked **yes**, please indicate:

Benefit name

Name of the paying institution

² Unemployment, Sickness, Family Benefit for Children and Young People, Disability or Dependency benefits.

Statements (if the applicant is the employer or similar entity)

9

▶ The information I have provided is complete and true.

Date

- -
year month day

Signature of the employer or similar entity

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.

Statements (if the applicant is the employee or trainee or young person working during school holidays)

10

- ▶ The information I have provided is complete and true;
- ▶ I am informed that the Social Security services may consult my tax information to confirm the state income (Decree-Law no. 92/2004 of 20 April).

Date

- -
year month day

Signature of the employee or trainee or young person working during school holidays

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.

Information

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- ▶ The communication of the admission of employees or trainees does not exempt the mandatory inclusion of these in the Earnings Statement corresponding to the month of the employment or professional traineeship beginning.
- ▶ The non-communication of the admission of an employee/trainee determines the payment of contributions, by the employer or similar entity, as of the 1st day of the 6th month prior to the employment or professional traineeship beginning.
- ▶ If the employer or similar entity hires workers or trainees who are receiving Sickness or Unemployment benefits and this fact is known to him/her, he/she shall be jointly and severally liable with the worker or trainee for the reimbursement of the unduly received benefits to the Social Security services, being also subject to the application of an administrative offence.
- ▶ The non-communication by the employee or trainee of the beginning of activity or legal link to a new employer or similar entity determines that the non-stated activity periods will not be considered for the entitlement or calculation of Social Security benefits.
- ▶ **In the case of communication of suspension or termination of the employment contract or professional traineeship or employment contract with a young person working during school holidays, it is not necessary to complete tables 2, 4, 5, 6 and 8 of this form.**

Documents to submit

- ▶ Taxpayer ID documents.
- ▶ If you are an employee or trainee or young person working during school holidays and you are not registered in the Social Security system yet:
 - ▷ Valid ID document (Citizen Card or Passport or Temporary/Permanent residence permit, in the case of a foreign citizen).
- ▶ If you are a Member of church, association and religious body:
 - ▷ Written agreement stating the option for the extended protection scheme and/or for a contribution base higher than one time the Social Support Index (*IAS - Indexante dos Apoios Sociais*) value;
 - ▷ Document(s) attesting the period(s) completed under another social protection system, to complete the total period of 40 years of contributory career, in case of cessation of the obligation to pay contributions.
- ▶ If you are a foreign citizen from one of the States referred to in ¹:
 - ▷ Certificate of registration of an EU citizen, issued by the municipal council of your residence area.
- ▶ If you are a foreign citizen from a State non belonging to the group of States referred to in ¹, provided that you are residing on national territory for at least one year:
 - ▷ Proof of legal residence in Portugal, such as temporary stay visa, a residence visa, a temporary residence permit and a permanent residence permit.
- ▶ If you are residing on national territory as a refugee:
 - ▷ Proof of refugee status.
- ▶ If you are a foreign worker without a Portuguese Social Security Identification Number:
 - ▷ Application for the allocation of a Social Security Identification Number - [RV 1006](#).

¹ A State of the European Union, the European Economic Area or a third State that has concluded an agreement on the free movement of persons within the European Union.

Where to submit the documents and time limits for the submission

- ▶ The communication must be made through the Social Security Online Service (SSD - *Social Social Direta*), at www.seg-social.pt.
- ▶ The employer or similar entity must communicate the admission of new workers or trainees within 15 days before the employment or traineeship contract takes effect.
- ▶ In duly substantiated exceptional cases concerning very short-term contracts or shift work situations, the admission of workers/trainees must be communicated in the 24 hours following the activity beginning.
- ▶ The employee/trainee must communicate the beginning of activity/legal link to a new employer or similar entity until the end of the second day of employment or professional traineeship.
- ▶ The suspension/cessation of activity of the employee or trainee must be communicated until the 10th day of the month following the cessation or suspension.

Notes

False statements provided by the employer, namely those concerning the employment relationship determine the cancellation of the worker's coverage by the Social Security scheme.

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. e 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 within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt

To be completed by the Social Security services

I confirm that the signature of the person identified in **table 1** is in accordance with the following identification document:

Citizen Card

Identity Card

Passport

Other

Number

Valid until

 - -

year

month

day

Signature and stamp