



SEGURANÇA SOCIAL

REGISTRATION/COVERAGE OF AN EMPLOYEE⁽¹⁾

COMMUNICATION OF:

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

Please read the information carefully before completing the form

1 IDENTIFICATION OF THE EMPLOYEE/TRAINEE/YOUNG PERSON WORKING DURING SCHOOL HOLIDAYS

Full name			
Social Security Identification Number		Taxpayer no.	
Birth date	year month day		
Mobile Phone / Phone		E-mail	

2 OTHER DETAILS CONCERNING THE EMPLOYEE/TRAINEE/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	
Sex	<input type="radio"/> M <input type="radio"/> F	Civil status	
Nationality		Valid civil identification number	

2.2 Address – To be completed if the person concerned does not hold a Citizen Card

Address			
Locality			
Postal Code			
District		Municipality	
		Parish	

3 IDENTIFICATION OF THE EMPLOYER OR SIMILAR ENTITY

Name/company name			
Social Security Identification Number		Taxpayer no.	
Headquarters address			
Postal Code			
District		Municipality	
		Parish	
Mobile Phone / Phone		E-mail	

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

False statements and omissions are punished according to the law

4 PROFESSIONAL SITUATION OF THE EMPLOYEE OR TRAINEE (In the case of a domestic worker, please go to **table 6**)

Type of employment contract :

Open-ended Fixed-term Part-time Public functions

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

Employment contract duration _____ to ⁽¹⁾ _____ Occupation/Activity _____
year month day year month day

Base remuneration _____ Enquadramento facultativo ⁽²⁾

If you ticked part-time contract, please indicate:
 No. Monthly hours _____ Percentage of work performed by reference to a normal full-time weekly period _____ %

Name of establishment where you are working or doing a traineeship _____
 Name of establishment where you are working or doing a traineeship _____ Code _____
 Address _____
 Postal Code _____ - _____
 District _____ Municipality _____ Parish _____
 Mobile phone / Phone _____ Fax _____ E-mail _____

(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.

5 A TO BE COMPLETED IN THE CASE OF A YOUNG PERSON WORKING DURING SCHOOL HOLIDAYS

Name of the educational establishment _____

School year _____ Education level _____

School holidays duration _____ 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 _____

6 PROFESSIONAL SITUATION OF THE DOMESTIC SERVICE WORKER

Activity beginning _____ Remuneration type Monthly Hourly
year month day

Option for effective remuneration: If a written agreement has been concluded between the employer and the employee, please indicate the monthly remuneration _____

7 TO BE COMPLETED IN THE CASE OF MEMBERS OF CHURCHES, ASSOCIATIONS AND RELIGIOUS BODIES

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 de Apoios Sociais):

1 1 X IAS 2 1,5 X IAS 3 2 X IAS 4 2,5 X IAS 5 3 X IAS
 6 4 X IAS 7 5 X IAS 8 6 X IAS 9 7 X IAS 10 8 X IAS

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

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Do you want to be covered by the extended protection scheme? ⁽¹⁾ yes No

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 6 4 X IAS 7 5 X IAS 8 6 X IAS 9 7 X IAS 10 8 X IAS

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

8 SUSPENSION / CESSATION OF THE EMPLOYMENT OR TRAINEESHIP CONTRACT

Please tick the corresponding situation

Suspension from year month day to year month day

reason for the suspension _____

Cessation on year month day ⁽¹⁾

Reason for the suspension _____

(1) The employer or similar entity is required to deliver to the worker a copy of form Mod. RP 5044-DGSS - 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.

9 OTHER INFORMATION CONCERNING THE EMPLOYEE OR TRAINEE

The employee/trainee is/was covered by another social protection ⁽¹⁾ yes No If you ticked Yes, please indicate:

Name of the institution _____ Registration no. _____

Insurance Period: from year month day to year month day

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

If you ticked Yes, please indicate the activity _____

Do you receive or have you received social benefits? ⁽²⁾ yes No If you ticked Yes, please indicate:

Benefit name _____

Name of the paying institution _____

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

(2) Unemployment, Sickness, Family benefit for Children and Young People, Disability or dependence benefits.

10 CERTIFICATION OF THE EMPLOYER OR SIMILAR ENTITY

The information provided corresponds to the truth and does not omit any relevant details.

year month day

Signature and Stamp

Employer of domestic service worker

Declare:

- I hereby declare that the worker concerned provides domestic services to me, on a regular basis and under my suspension and authority, in exchange for remuneration.
- I also declare that I do not have any family relationship with the worker ⁽¹⁾ that legally prevents this employment relationship for the purposes of Social Security.

year month day

Signature of the applicant or other person on his/her behalf (signature of another person when the applicant could not or not know how to sign) in accordance with a valid identification document

(1) Spouse/de facto partner, relative and kin, in straight line and in collateral line: descendent up to 2nd degree, ascendant, brother/sister.

11 CERTIFICATION OF THE EMPLOYEE / TRAINEE / YOUNG PERSON WORKING DURING SCHOOL

The information provided corresponds to the truth and does not omit any relevant details.

_____|_____|_____
year month day

Signature and stamp

Domestic service worker

Declare:

- I hereby declare that I provide domestic services to the employer concerned, on a regular basis and under his/her supervision and authority, in exchange for remuneration.
- I also declare that I do not have any family relationship with the employer ⁽¹⁾ that legally prevents this employment relationship for the purposes of Social Security.

_____|_____|_____
year month day

Signature of the applicant or other person on his/her behalf (signature of another person when the applicant could not or not know how to sign) in accordance with a valid identification document

(1) Spouse/de facto partner, relative and kin, in straight line and in collateral line: descendent up to 2nd degree, ascendant, brother/sister

12 INFORMATION

The communication of the admission of employees/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/professional traineeship/employment contract with a young person working during school holidays, it is not necessary to complete tables 2, 4, 5, 6, 7 and 9 of this form.

Domestic service workers special situations

Contributions shall be paid on the basis of the remuneration actually received by the domestic service worker, calculated by applying the global contribution rate of 33.3%, from which 22.3% is paid by the employer and 11% by the worker, if the following conditions are cumulatively met:

- A written agreement has been concluded between the worker and the employer for the payment of contributions on the basis of the remuneration actually received;
- The worker's age must be under the age provided for in the Code of Contributory Schemes of the Social Security Welfare System;
- The worker has been hired by the month, on a full-time basis;
- The amount of remuneration earned is equal to or higher than the Guaranteed Minimum Monthly Wage (RMMG – Remuneração Mínima Mensal Garantida)

Documents to submit

- Taxpayer document:

of the employee/trainee/young person working during school holidays, if he/she is not registered in the Social Security system yet:

- Valid ID document (citizen's card, Passport or Residence Permit, if you are a foreign citizen)

If the **domestic service worker has concluded an agreement with the employer for the payment of contributions based on the remuneration actually received:**

- Photocopy of the agreement or contract containing the option for effective remuneration and medical certificate stating the worker's ability to carry out the activity.

Members of churches, associations and religious bodies:

- 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.

⁽¹⁾ European Union, State that is part of the European Economic Area or a Third State that has concluded an agreement on the EU free movement of persons

12 INFORMATION (continuation)

If the applicant is a **foreign citizen from one of the States referred to in ⁽¹⁾**

- Registration certificate of the residence in Portugal issued by the Municipal Council of the residence area.

If the applicant is a **foreign citizen not from the states referred to in ⁽¹⁾**, provided that they are on national territory and have remained there for at least one year.

Proof of legal residence in Portugal, such as temporary stay visa, residence visa, temporary residence permit and permanent residence permit.

If the applicant is a **refugee**:

- Document proving the **refugee status**.

Foreigner worker without allocated Social Security Identification Number:

- Form RV 1006-DGSS - Application – Allocation of the Social Security Identification Number

Where to submit the documents

The information in this form must be mandatorily communicated via the Social Security Online Service (Segurança Social Direta), at www.seg-social.pt.

For this purpose, please use the form available at www.seg-social.pt/formularios.

Domestic Service Workers

The information must be communicated to the Social Security Services. For this purpose, please use the form available at www.seg-social.pt/formularios.

Time limits to submit the documents**Employer or similar entity**

- **The admission** of new workers or trainees **must be communicated within the 15 days prior to the date on which the employment or internship 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 twenty-four hours following the activity beginning**.
- **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

Employee or trainee

The beginning of activity/legal link to a new employer or similar entity must be communicated **until the end of the second day of employment or professional traineeship**.

Note: 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.

The personal data provided in this application 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) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

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

SIGNATURE VALIDATION (to be completed by the Social Security services)

I confirm that the signature of the person identified in **table 1** is according to the following ID document:

Citizen Card
 ID Card
 Passport
 Other _____

Number Validity _____

Signature and Social Security stamp

PLEASE NOTE: IN OUR OWN INTEREST, KEEP THE SUPPORTING DOCUMENT OF YOUR COMMUNICATION TO SOCIAL SECURITY