



SEGURANÇA SOCIAL

APPLICATION FOR

Prenatal family allowance

Family allowance for children and young people

Important:

- Entitlement to family allowances, unemployment benefits and parental allowances depends on the value of the movable assets of your household not exceeding EUR 122 222.40.
- Providing false information about the members of the household and their respective income will lead to the disqualification of the entitlement to the above-mentioned social benefits for a period of 24 months.

Before filling in this form, please read the information sheet and instructions carefully

1 APPLICANT'S PERSONAL DETAILS

1.1 Identification

Full name

Date of birth Social Security Identification Number

Address

Post code -

Town

Tax Identification Number

1.2 Other information (to be filled in depending on the situation)

Has the prenatal family allowance been applied for from another institution? Yes No

Has the same child or young person applied for the family allowance from another institution? Yes No

If you answered **Yes** to either of these questions, please indicate:

Name of applicant _____ Beneficiary No _____

Name of institution _____

Mark 'X' as appropriate to indicate the applicant's relationship with the child or young person

- Father / Mother or equivalent A suitable adult living in the same household as the child or young person
- Legal representative Legal guardian (to whom the child or young person is administratively or judicially
- Entity with the child or young person in its care The young person himself/herself (aged over 18)

NB: In cases where the child/young person is **staying** in a social support establishment, reception centre, protective educational or detention centre, **please fill in Sections 2, 8 and 9 only.**

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Seguranga Social, I.P., Instituto da Seguranga Social dos Açores, I.P.R.A and Instituto de Seguranga 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

False statements and omissions are punishable by law

2**PERSONAL DETAILS OF THE CHILD OR YOUNG PERSON** (To be completed if applying for family allowance for children and young people)**2.1 Identification**

Full name _____

Date of birth _____ Social Security Identification Number _____
year month day

Sex (F or M) Marital status _____

Tax Identification Number _____ Finance Office Code _____

Parents:
 Father's name _____
 Mother's name _____

Place of birth:
 Country _____ District _____ Municipality _____
 Village _____ Nationality _____

Address _____
 Post code _____ - _____
 Town _____

Identification Document _____ No _____ of _____
(Cartão de Cidadão, B.I., etc.) year month day

2.2 Other informationIs the young person working? Yes No

If yes, indicate under which social welfare scheme he/she is covered _____

3**INFORMATION ON THE VALUE OF THE APPLICANT'S AND THE HOUSEHOLD'S MOVEABLE ASSETS ON THE DATE THE APPLICATION IS SUBMITTED**Do you currently have money deposited in bank accounts, shares, bonds, savings certificates, securities or units in collective investment undertakings or other securities, the total amount of which exceeds EUR 122 222.40? ⁽¹⁾ Yes No⁽¹⁾ Corresponding to 240 times the value of the Social Support Index.**4****MEMBERS OF THE HOUSEHOLD ⁽¹⁾** (If there are more than 6 household members, please complete the continuation sheet)

Order No.	Full name	Social Security Identification Number ⁽²⁾	Tax Identification Number	Date of absence			Family relationship ⁽³⁾
				year	month	day	
1	Applicant						
2							
3							
4							
5							
6							

⁽¹⁾ All columns must be filled in.⁽²⁾ If not known, please fill in Form RV1017-DGSS and attach the proof requested.⁽³⁾ E.g. spouse, father, mother, son, grandfather, son-in-law, daughter-in-law, brother, etc.

(continued on the next page)

4 MEMBERS OF THE HOUSEHOLD (continued)

Please indicate the number of children or young people entitled to family allowance who are part of the household

To be completed if there are members of the household living and/or working outside the country

Household order No. ⁽⁴⁾	Name of country of residence	Name of country of employment
1		
2		
3		
4		
5		
6		

(4) Order number of the household member referenced in **Table 4**.

5 HOUSEHOLD INCOME⁽¹⁾

Gross annual income for the year preceding that in which the application is submitted

Household Order No. ⁽²⁾	Value of income from work			Value of maintenance payments
	As an employee	Self-employment		
		Sales	Services	
1				
2				
3				
4				
5				
6				

Household order No. ⁽²⁾	Value of benefits paid by other entities ⁽³⁾		Value of benefits paid by the Fundo de Garantia dos Alimentos a Menores [Child Maintenance Guarantee Fund]	Value of housing support	
	Pensions ⁽⁴⁾	Social benefits ⁽⁵⁾		Household rent subsidies	Residence allowances or other public housing support
1					
2					
3					
4					
5					
6					

(1) Under the legislation in force, any earnings relevant to the granting of this benefit, whether those covered by the data linkage between the Tax and Customs Authority departments and the Social Security institutions, or the social benefits granted by Social Security, will be obtained automatically for the purposes of deciding on this application.

(2) Order number of the household member referenced in **Table 4**.

(3) Do not include social benefits paid by the Instituto de Segurança Social, I.P. Include benefits from the Caixa Geral de Aposentações [General Pensions Fund], companies, trade unions, the Caixa de Previdência dos Advogados e Solicitadores [Welfare Fund for Advocates and Solicitors], pension funds, banking institutions, insurers and foreign entities, etc.

(4) Do not include pensions paid by the Instituto da Segurança Social, I.P. Include survivors' pensions, old-age pensions, invalidity pensions, retirement pensions or similar pensions and temporary or life annuities, pensions payable by insurance companies or pension funds, paid by national or foreign entities.

(5) Do not include family allowances or disability or dependency benefits.

