



SEGURANÇA SOCIAL

APPLICATION CONTINUATION SHEET

- Prenatal family allowance
- Family allowance for children and young people

APPLICANT'S PERSONAL DETAILS

Full name					
Date of birth	year	month	day	Social Security Identification Number	
Tax Identification Number					

MEMBERS OF THE HOUSEHOLD ⁽¹⁾

Order No.	Full name	Social Security Identification Number ⁽²⁾	Tax Identification Number	Date of absence year month day	Family relationship ⁽³⁾
7	Applicant				
8					
9					
10					
11					
12					

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
7		
8		
9		
10		
11		
12		

(1) All columns must be filled in.

(2) If not known, please fill in the 'Identification of individuals covered by the citizens' social welfare system' form, Form RV 1017-DGSS, and attach the proof requested.

(3) E.g. spouse, father, mother, son, grandfather, son-in-law, daughter-in-law, brother, etc.

(4) Order No of the household member referenced in the table 'MEMBERS OF THE HOUSEHOLD'.

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 are punishable by law

HOUSEHOLD INCOME⁽⁵⁾

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	
7				
8				
9				
10				
11				
12				

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
7					
8					
9					
10					
11					
12					

(5) 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.

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

(7) 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.

(8) 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.

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

VALUE OF THE HOUSEHOLD'S MOVEABLE ASSETS ON 31 DECEMBER OF THE YEAR PRECEDING THAT IN WHICH THE APPLICATION IS SUBMITTED

Household order No. ⁽¹⁰⁾	Value of bank account deposits	Value of shares	Value of bonds	Value of saving certificates	Value of securities and units in collective investment undertakings	Value of other financial assets
7						
8						
9						
10						
11						
12						

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

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

I confirm that the signature of: applicant or person on his/her behalf matches that on the following identification document:

Citizen Card Identity card Passport Other _____

Number valid until year month day _____

Signature and stamp of Social Security