



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 105 314.40.
- 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](http://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 \_\_\_\_\_  
(Citizen Card, ID card, etc.) year month day

**2.2 Other information**Is 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 105 314.40? <sup>(1)</sup>  Yes  No<sup>(1)</sup> Corresponding to 240 times the value of the Social Support Index.**4****MEMBERS OF THE HOUSEHOLD <sup>(1)</sup>** (If there are more than 6 household members, please complete the continuation sheet)

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

<sup>(1)</sup> All columns must be filled in.<sup>(2)</sup> If not known, please fill in Form RV1017-DGSS and attach the proof requested.<sup>(3)</sup> 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. <sup>(4)</sup>	Name of country of residence	Name of country of employment
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

#### 5 HOUSEHOLD INCOME<sup>(1)</sup>

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

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

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

(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.

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

Household order No. <sup>(1)</sup>	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
1						
2						
3						
4						
5						
6						

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

**7 SOCIAL HOUSING OF THE APPLICANT**

Do you live in social housing?  Yes  No

**8 MODO DE PAGAMENTO**

The benefit may be paid by way of a deposit into a bank account. For this purpose, you must indicate the International Bank Account Number (IBAN), which will be registered or changed in the Social Security Information System.

\_\_\_\_\_

Should this information not be provided or if an incorrect IBAN is given, the payment method details recorded in the Social Security information system will be used.

**9 DECLARATION OF THE APPLICANT**

I hereby declare that the information provided is truthful and does not omit any relevant information.

I undertake to provide such evidence as may be necessary for the granting and/or maintenance of the benefit applied for.

I undertake, at any time and when requested, with a view to proving the declarations made pertaining to the value of the securities, pursuant to the provisions of Article 14<sup>(1)</sup> of Decreto-Lei No. 70/2010 of 16 June <sup>(1)</sup>, to deliver a statement of authorisation to the competent social security services requesting the Bank of Portugal to indicate the banking or financial entities in which I hold an account and obtaining from the respective entities all the relevant financial information, pertaining to balances of current accounts, fixed-term accounts or other securities which I hold or jointly hold or, alternatively, to submit the relevant bank documents that may be required by Social Security. This commitment shall also apply to declarations that are required to be submitted by other members of my household.

I am aware that failure to submit the statement of authorisation or to provide the aforementioned relevant bank documents, when required and within the period granted for this purpose, constitutes grounds for the suspension of the ongoing procedure to grant or pay the social benefit, with loss of entitlement to that benefit until the required statement of authorisation has been submitted, in accordance with Article 14<sup>(2)</sup> of Decreto-Lei No. 70/2010 of 16 June <sup>(1)</sup>.

I am aware that the competent Social Security services may have access to the relevant tax information, under the provisions of Decreto-Lei No. 92/2004 of 20 April, for the purposes of confirming the income declared here.

I authorise the competent Social Security services to obtain directly from other entities that hold information relevant for verifying the means test, any information deemed necessary to confirm the veracity of the income statements provided here.

All the information, which I hereby confirm, has been specifically, clearly and freely given, and is provided with regard to and for the purposes of Decreto-Lei No. 70/2010 of 16 June <sup>(1)</sup> laying down the rules for determining the status of resources to be taken into account in the granting and continuation of benefits under the family protection and solidarity sub-systems. The information so provided shall expire upon the rejection of the application or when the granting of the benefit ends. This information cannot be revoked without the express consent of the competent Social Security services, under penalty of the suspension of the granting or payment of the benefits, and the respective loss of entitlement to the benefits.

\_\_\_\_\_  
year      month      day

\_\_\_\_\_  
 Signature of the applicant or another person on his/her behalf, in accordance with a valid identification document

(1) In its current version.

**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