

tion in Parenting



ental Allowance

Practical guide

	Socia	al Protection in Parenting
SEGURANÇA SOCIAL	Application	for Parental Allowance
	1st Application	Change of circumstances

Please read the information in <u>table 9</u> before completing the form.

1.1. Mother				
Full name				
Social Security Identification Numb Mobile phone/Phone no.		xpayer Number nail	Birth year	date month day
1.2. Father				
Full name				
Social Security Identification Numb Mobile phone/Phone no.		xpayer Number nail	Birth year	date month day
		the allowance beneficiary (benefic	ciaries), please comple	ete <u>the continua</u>
sheet of this application form - RP 504	<u>9/1</u> .		ciaries), please comple	ete <u>the continu</u> a
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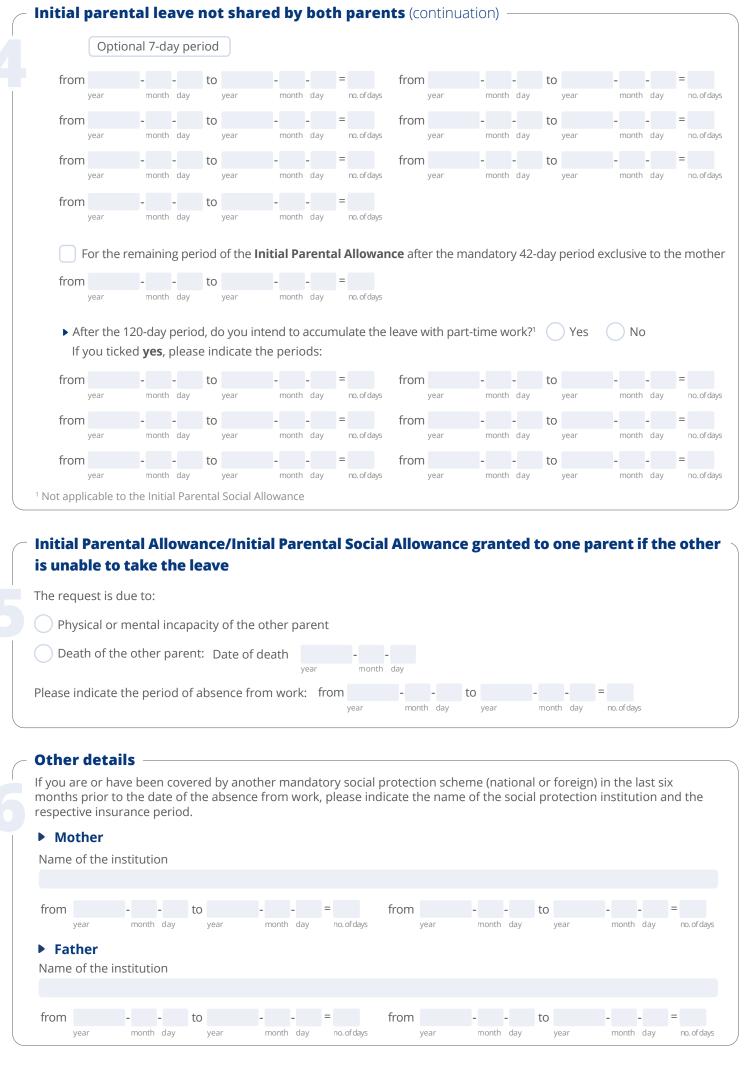
Initial pare	ntal leave	shared	by both par	rents -					
3.1. Period of	leave/abse	nce from	work (please	tick one	e of the follow	ing options)):		
120 days				18	30 days (150 + 3	30 additiona	l days per s	haring)	
150 days				СО	0 days (150 + 3 nsecutive days o anted exclusivel	or 2 periods o	of 30 days, ir		
150 days (1	20 + 30 additio	onal days p	per sharing)	Ar	nother period c	of da	ays		
▶ If the mothe	er is employed	, did the le	ave start befor	e the chil	dbirth? Ye	es No			
-			period: from	year	month day	year	month day	no. of days	
3.2. Please in selected, incl					-		•	ing to the o	ptions
3.2.1. Mother									
For the Init	tial Parental <i>i</i>	Allowance	period						
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from year	month day	to	month day	no. of days	from	month day	to	month day	no. of days
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	e 120-day peri ked yes , pleas	-	intend to accu	mulate th	ne leave with p	art-time wor	-k?¹ Ye	s No	
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3.2.2. Father For the ma	ndatory 28-d	av period	of the Initial Pa	rental All	owance grante	ed exclusively	v to the fat	her	
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from	month day	to	month day	no. of days	from	month day	to year	- month day	no. of days
For the opt	ional 7-day p	eriod of th	ne Initial Parent	al Allowa	ince granted ex	clusively to	the father		
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year	month day	year	month day	no. of days	year	month day	year	month day	no. of day:
year	month day	year	month day	no. of days	year	month day	year	month day	no. of days
from year	month day	to	month day	no. of days					
¹ Not applicable to	o the Initial Pare	ental Social	Allowance						

from		to		=	from		to		=
year	month day	year	month day	no. of days	year	month day	year	month day	no. of o
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year	month day	year	month day	no. of days	year	month day	year	month day	no. of
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	ked yes , pleas	-		arraiace c	To reave with	pare arrie wo		163 110	
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If the me	other is emplo	yed, did th	e leave perio	d begin be	fore the child	dbirth?	Yes 🔘	No	
	cked yes , plea		·	year	month day	,	month da		nles
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For the period concerning the Initial Parental Allowance shared by both parents - after the mandatory 42-day

Initial parental leave shared by both parents (continuation)

period exclusive to the mother



Details concerning the other parent

(To be completed if the other parent is not identified in table 1)

Full name

Social Security Identification Number

Birth date

year month day

Does he/she carry out a professional activity?

Yes No

If you ticked \emph{yes} , please indicate name of the respective social protection scheme

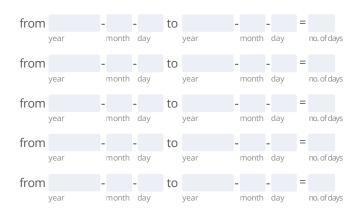
E.g.: Social Security, Welfare Fund *(Caixa de Previdência)*, Civil Servants Pension Fund *(Caixa Geral de Aposentações)* or Foreign Body

Do you intend to take or have you already taken the parental leave?

/e? Yes



If you ticked **yes**, please indicate the period(s) of absence from work:



from		to	-	=
year	month day	year	month day	no. of days
from		to		=
year	month day	year	month day	no. of days
from		to		=
year	month day	year	month day	no. of days
from		to	-	=
year	month day	year	month day	no. of days
from		to	-	=
year	month day	year	month day	no. of days

Statements

I am aware that:

- I must inform the Social Security service of any event that gives rise to the termination of the benefit granting within 5 working days from the date of its verification;
- false statements are punished according to the law.

I declare that the information I have provided is complete and true.

Date



Signature of the mother or legal representative

Signature of the applicant or of another person on her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Date Signature of the father or legal representative

year month day

Signature of the applicant or of another person on his behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Information

9

Please see <u>the continuation sheet attached to this application form - RP 5049/2</u>, for information on the allowance granting/completion instructions.

Documents to submit

- ▶ For all of the Parental Allowance modalities:
 - D Medical certificate stating the expected childbirth date (if the allowance application is submitted before childbirth);
 - Description Civil identification document of the child or medical certificate issued by the health establishment or service doctor attesting the childbirth date (if the allowance application is submitted after childbirth);
 - D Identification Form RV 1017, if the allowance beneficiary does not have a Social Security Identification Number;
 - D Continuation Sheet RP 5049/1, if the applicant is the beneficiary's legal representative.
- ► For the Initial Parental Allowance/Initial Parental Social Allowance:
 - Decivil identification document of the child or medical certificate issued by the health establishment or service doctor attesting the childbirth date.
- ▶ For the Initial Parental Allowance or Initial Parental Social Allowance granted to one parent if the other is unable to take the leave:
 - D Medical certificate attesting the physical or mental incapacity of the other parent or death certificate;
 - Divil identification document of the child or medical certificate issued by the health establishment or service doctor attesting the childbirth date, if the application for the Initial Parental Allowance has not been submitted.

Where to submit the documents and time limits for the submission

The application must be submitted within six months from the date of the event that determines the protection:

- in person, at the Social Security Customer Information Services, or sent by post;
- through the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt, completing the online application.

E Bank account

The payment of all your current or future benefits/allowances or pensions will be made by bank transfer to the IBAN (International Bank Account Number) registered in the Social Security Information System.

If you have not registered your IBAN yet or if you want to update it, you can do so:

- via the Internet, through the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt
- ▶ at the Social Security Customer Information Services, by submitting the <u>Application form MG14 IBAN Registration or Change (Registo ou Alteração de IBAN)</u> which is available at <u>www.seg-social.pt</u>

If the registered IBAN is incorrect or if you do not have your IBAN details in the Social Security information system, the payment of all your current or future benefits/allowances or pensions will be made according to the payment method that is registered in the system.

All the references made in this form to the "mother" and "father" are considered to be references to the holders of parental rights, except those resulting from their biological condition.

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 and Instituto de Segurança Social da Madeira, IP-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	d by the Social Security services		• • • • • • • • • • • • • • • • • • • •
		person(s) that	signed on the applicant(s) behalf is/are in
Mother or legal rep	presentative		
Citizen Card	Oldentity Card Passport	Other	
Number	Valid until year month day		Signature and stamp
Father or legal rep	resentative		
Citizen Card	Oldentity Card Passport	Other _	
Number	Valid until year month day		Signature and stamp
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