



! ▶ The submission of this application is waived if the situation is proven by a Certificate of Temporary Incapacity for Work, issued by the competent services of the National Health Service.

▶ Please read the information in [table 6](#) before completing the form.

Personal details of the applicant (person providing care)

1

Full name

Social Security Identification Number

Birth date

 - -

year month day

Mobile phone/Phone no.

Email

Please indicate the situation between the applicant and the person identified in [table 2](#)

- Father/Mother/Person treated as such Person to whom the child has been entrusted under a judicial or administrative decision
- Guardian Other

Personal details of the child/person treated as such

2

Full name

Social Security Identification Number

Birth date

 - -

year month day

Is he/she holder of disability benefits?

- Yes No

E.g.: Family Benefit for Children and Young People with entitlement to the Disability Bonus, the Lifetime Monthly Allowance, the Social Inclusion Benefit or another

If you ticked **yes**, please indicate the name of the paying authority

E.g.: Social Security, Civil Servants Pension Fund (*Caixa Geral de Aposentações*), foreign body or another

To be completed if the care is provided to a son/daughter aged 18 or older

Does he/she live in the same household with the applicant? Yes No

Personal details of the applicant's spouse or partner

3

Full name

Social Security Identification Number

Birth date

 - -

year month day

Does he/she carry out a professional activity?

- Yes No

If you ticked **yes**, please indicate the 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

Did he/she apply for the same allowance due to the same reason?

- Yes No

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

from - - to - -

year month day year month day

Is he/she unable to provide the care? Yes No

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Periods of absence from work of the applicant and other details

Please indicate the periods of absence from work

from -- to --
year month day year month day

from -- to --
year month day year month day

from -- to --
year month day year month day

from -- to --
year month day year month day

If you are or **have been covered by another mandatory social protection scheme (national or foreign)** in the last six months prior to the date of the absence from work, please indicate:

Name of the institution

Periods

from -- to --
year month day year month day

from -- to --
year month day year month day

from -- to --
year month day year month day

from -- to --
year month day year month day

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Statements

I am aware that I must inform the Social Security services of any fact that determines the end (cessation) of the allowance payment, **within 5 working days** from the date on which it occurred;

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

Date

--
year month day

Signature

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

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Information

Documents to submit

- ▶ For all the situations:
 - ▷ Medical certificate attesting the need to provide urgent and essential care to the child;
 - ▷ [Form for Employee Registration/Coverage - RV 1009](#), if the applicant is not identified in the Social Security system;
 - ▷ [Form for Identification of Natural Persons covered by the Citizenship Social Protection System - RV 1017](#), and the required supporting documents, if the applicant is not registered in the Social Security system;
 - ▷ Document attesting that your spouse or partner is unable to provide the care, if you ticked **"yes"** in [table 3](#).
- ▶ In the case your child has a disability:
 - ▷ Medical certificate of the disability status.
This certificate does not need to be submitted if the child is aged 12 or older and is receiving a disability benefit.
- ▶ In the case your child has a chronic illness:
 - ▷ Medical certificate of the chronic illness.
This certificate does not need to be submitted if the child is aged 12 or older and the same document has already been submitted.

Information (continuation)

6

Where to submit the documents and time limits for the submission

The application must be submitted **within 6 months from the 1st day of absence from work**:

- ▶ preferably through the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt, as this allows the application to be examined and processed more swiftly;
- ▶ in person, at the Social Security Customer Information services or sent by post.

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 Application form **MG14 – IBAN Registration or Change (*Requerimento de Registo ou Alteração de IBAN*)** – which is available at www.seg-social.pt

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

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 by the Social Security services

I confirm that the signature of the **applicant** **person that signed on his/her behalf** is in accordance with the following identification document:

Citizen Card Identity Card Passport Other

Number

Valid until

 - -
year month day

Signature and stamp