De facto relationship status

◯ Household Allowance   ◯ Death Benefits

1 Personal details of the applicant

Full name

Social Security Identification Number

Birth date

year — month — day

Civil identification no.[1]

Valid until

year — month — day

[1] Citizen Card/Identity Card/Passport or valid Temporary/Permanent Residence Permit.

2 Personal details of the active beneficiary[1]

(To be completed only if you are applying for the Household Allowance)

Full name

Social Security Identification Number

[1] Beneficiary of the Special Fund for Insurance Professionals.

3 Personal details of the deceased beneficiary

(To be completed only if you are applying for Death Benefits)

Full name

Social Security Identification Number

Date of death

year — month — day

4 Statement of the applicant

4.1. Statement of *de facto* relationship status

⚠ You must ask the Parish Council of your residence area to complete table 5, in order to confirm your *de facto* relationship status.

▶ I declare, on my word of honour, that I ◯ live ◯ have lived in a *de facto* relationship with the beneficiary identified in table 2 or 3, in the following period(s) and address(es):

From: year — month — day to year — month — day   Locality

Address

Postal Code

Parish

As of year — month — day   Locality

Address

Postal Code

Parish

4 Statement of the applicant (continuation)

4.2. Other statements

▶ The information I have provided is complete and true.

I am aware that:

▶ if my family situation changes, I must communicate this fact immediately to the Social Security services;

▶ false statements are punished according to the law.

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.

5 Statement from the Parish Council of the applicant's residence area *(article 2-A of Law no. 1/2001 of 11 May)*

I declare by:

[ ] direct knowledge of the facts

[ ] oral testimony from two registered voters in the parish

[ ] written testimony from two registered voters in the parish

[ ] verbal statement of the interested party

that [   ] ◯ lives ◯ has lived

with [   ] in this Parish

in the period(s) and address(es) stated in table 4.

Identification of the Parish Council

[   ]

Date

[ ] - [ ] - [ ]
year   month   day

Signature and embossing stamp

Signature of the Parish Council President

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