

1<sup>st</sup> Application

Change of circumstances



Please read the information in [table 4](#) before completing the form.

**Identification of the allowance beneficiary(beneficiaries)<sup>1</sup>**

**1.1. Mother**

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 -  -   
year month day

Mobile phone/Phone no.

Email

**1.2. Father**

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 -  -   
year month day

Mobile phone/Phone no.

Email

<sup>1</sup> If this application is submitted by the legal representative(s) of the allowance beneficiary (beneficiaries), please complete the continuation sheet of this application form - [RP 5092/1](#).

**Information for granting the Specific Allowance in case of Hospitalisation of the Newborn Child**

Childbirth date

 -  -   
year month day

Hospital discharge date

 -  -   
year month day

Did the childbirth take place until the 33 weeks of gestation?

Yes <sup>1</sup>  No

Please indicate the periods of absence from work (consecutive days) - (to be completed by the parent who takes the additional leave period or by both parents in the case of shared leave):

**Mother**

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

**Father**

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

<sup>1</sup> If you ticked yes, the initial parental leave can be increased by the entire period of hospitalisation and an additional 30-day period.

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## Statements

- ▶ The information I have provided is complete and true;
- ▶ I am aware that I must inform the Social Security services of any fact that determines the end of the allowance entitlement, within 5 working days from the date on which it occurred;
- ▶ False statements are punished according to the law.

### Date

-  -   
 year month day

### Date

-  -   
 year month day

### 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.

### Signature of the father or legal representative

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.

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## Information

Please see the continuation sheet attached to this application form - [RP 5092/2](#), for information on the allowance granting/completion instructions.



### Documents to submit

- ▶ Identification Form - [RV 1017](#), if the allowance beneficiary does not have a Social Security Identification Number;
- ▶ Continuation Sheet - [RP 5092/1](#), if the applicant is the beneficiary's legal representative;
- ▶ Hospital statement certifying the child hospitalisation period.



### 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](http://www.seg-social.pt), completing the online application.



### 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](http://www.seg-social.pt)
- ▶ at the Social Security Customer Information Services, by submitting the Application form [MG14](#) – IBAN Registration or Change (Registo ou Alteração de IBAN) – which is available at [www.seg-social.pt](http://www.seg-social.pt)

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](http://www.seg-social.pt)

### To be completed by the Social Security services

I confirm that the signature of the  applicant(s)  person(s) that signed on the applicant(s) behalf is/are in accordance with the following identification document:

#### Mother or legal representative

Citizen Card  Identity Card  Passport  Other

Number

Valid until

--  
year month day

Signature and stamp

#### Father or legal representative

Citizen Card  Identity Card  Passport  Other

Number

Valid until

--  
year month day

Signature and stamp