

Allowance for	protection in	the event of:
	Sickness	Parenting

Communication of early return to work

Social Security Identification Number Birth date Security Statements	Full name	
Mobile phone/Phone no. E-mail Communication Thereby inform that		
Communication	Social Security Identification Number	
Statements I declare that the information I have provided is complete and true. I am aware that: I as of the date of my early return to work I will no longer receive the allowance; I if I receive allowance payments after the end of the entitlement period, I may have to return these amounts, in case not entitled to them (unduly paid amounts); I must inform the Social Security services of any changes to the information provided, within 5 working days from the date on which they occur. Date 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. The collected personal data will be processed by the competent Social Security services (Instituto da Segurança Social das Açores, I.P.R. A and Instituto de Segurança Social da Madeira, IP-RAM) and will be kept for the period necessary to fulfill 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:	Mobile phone/Phone no.	
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