



SEGURANÇA SOCIAL

FAMILY BENEFITS
DECLARATION / CHANGES
COMPOSITION AND INCOME OF THE HOUSEHOLD

Important:

- To be able to claim family benefits, the value of your household's moveable assets must not exceed 240 times the Social Support Index (IAS) value.
- Under the legislation in force, any earnings relevant to the granting of this benefit, whether those covered by the exchange of information between the Tax and Customs Authority departments and the Social Security institutions, or the social benefits granted by Social Security, will be obtained automatically for the purposes of deciding on this declaration.
- False declarations on household composition and income will lead to disqualification from entitlement to family benefits for a period of 24 months.

Before completing this form, please read the information sheet and instructions carefully

1 DECLARANT'S PERSONAL DETAILS

Full name					
Date of birth	year	month	day	Social Security Identification Number	
Tax Identification Number					
Mobile / Phone no.		Fax no.		E-mail	

2 INFORMATION ON THE VALUE OF THE HOUSEHOLD'S MOVEABLE ASSETS

Do you currently have money deposited in bank accounts, shares, bonds, savings certificates, securities or units in collective investment undertakings or other transferable securities, the total amount of which exceeds 240 times the IAS value? Yes No

3 MEMBERS OF THE HOUSEHOLD ⁽¹⁾ (If there are more than 6 household members, please complete the continuation sheet)

Order No	Full name	Social Security Identification Number ⁽²⁾	Family relationship ⁽³⁾	Reason for absence ⁽⁴⁾	Date of departure ⁽⁴⁾ year month day	Name of foreign country ⁽⁴⁾
1	Declarant					
2						
3						
4						
5						
6						

⁽¹⁾ Persons living together as a family unit are considered to be part of the same tax household.

⁽²⁾ If not known, please fill in Form RV1017-DGSS and attach the proof requested.

⁽³⁾ E.g. spouse, father, mother, son, grandfather, son-in-law, daughter-in-law, brother, etc.

⁽⁴⁾ To be completed if the household member is outside of the country due to illness, work, study or professional training.

4 SOCIAL HOUSING

Do you live in social housing? Yes No

False statements and omissions are punishable by law

5 HOUSEHOLD INCOME EARNED IN PORTUGAL

5.1 Annual earnings from employment not declared to Social Security for the year preceding the year in which the declaration is submitted (Please fill in the column according to the social welfare system under which you are insured)

Household order No ⁽¹⁾	Caixa Geral de Aposentações [General Pensions Fund]	Other social welfare system
1		
2		
3		
4		
5		
6		

(1) Order number of the household member referenced in **Section 3**.

5.2 Pensions not paid by Social Security for the year preceding the year in which the declaration is submitted⁽¹⁾

Household order No ⁽²⁾	Old-age pension/retirement	Invalidity pension/retirement	Survivor's pension ⁽³⁾	Occupational illness pension	Pension for accident at work	Maintenance allowance	NIF (tax identification number) of paying entity
1							
2							
3							
4							
5							
6							

(1) **Include** pensions from the Caixa Geral de Aposentações [General Pensions Fund], companies, trade unions, the Caixa de Previdência dos Advogados e Solicitadores [Welfare Fund for Barristers and Solicitors], pension funds, banking institutions, insurance companies, etc.

(2) Order No of the household member referenced in **Section 3**.

(3) **Include** survivors', widow's, orphans' and similar pensions and temporary or life annuities, pensions payable by insurance companies or pension funds.

5.3 Benefits/allowances not paid by Social Security for the year preceding the year in which the declaration is submitted⁽¹⁾

Household order No ⁽²⁾	Parental	Sickness	Unemployment	Value of housing support ⁽³⁾	Other	NIF (tax identification number) of paying entity
1						
2						
3						
4						
5						
6						

(1) **Include** benefits from the Caixa Geral de Aposentações [General Pensions Fund], companies, trade unions, the Caixa de Previdência dos Advogados e Solicitadores [Welfare Fund for Barristers and Solicitors], pension funds, banking institutions, insurance companies, etc.

(2) Order No of the household member referenced in **Section 3**.

(3) **Include** household rent subsidies, residence allowances or other public housing support.

6 GROSS ANNUAL INCOME EARNED ABROAD FOR THE YEAR PRECEDING THE YEAR IN WHICH THE DECLARATION IS SUBMITTED

Household order No ⁽¹⁾	Value of income from work		
	Employment	Self-employment	
		Sales	Services
1			
2			
3			
4			
5			
6			

Household order No ⁽¹⁾	Pensions	Social benefits	Capital income	Income from property	Other income
1					
2					
3					
4					
5					
6					

(1) Order number of the household member referenced in **Section 3**.

9 STATEMENT BY THE DECLARANT

I hereby declare that the information provided herein is true and does not omit any relevant information.

I undertake to provide the evidence deemed necessary for the granting and/or continuation of the benefit sought, at any time and when requested, to corroborate declarations concerning the value of moveable assets, in accordance with the provisions of Article 14⁽¹⁾ of Decreto-Lei No. 70/2010 of 16 June⁽¹⁾, in particular by providing the names of the banks or financial institutions with which I hold an account, and to obtain from them all relevant financial information relating to balances of current accounts or term accounts or other moveable assets held by me individually or in joint accounts, and to submit any relevant bank documents as requested by Social Security. This commitment shall also apply to declarations that are required to be submitted by other members of my household.

I am aware that failure to submit such documentation or to provide the relevant bank documents, where required and within the time limit permitted for that purpose, constitutes a ground for suspending the granting or payment of the social benefit, with loss of entitlement to the benefit until the required declaration of authorisation has been submitted, in accordance with Article 14⁽²⁾ of Decreto-Lei No. 70/2010 of 16 June⁽¹⁾.

I authorise the competent Social Security services to obtain directly from other entities in possession of information relevant to verifying the status of resources, and all the information considered necessary to prove the income declarations provided herein.

All the information, which I hereby confirm, has been specifically, clearly and freely given, and is provided with regard to and for the purposes of Decree-Law No. 70/2010 of 16 June⁽¹⁾ laying down the rules for determining the status of resources to be taken into account in the granting and continuation of benefits under the family protection and solidarity sub-systems. The information so provided shall expire upon the rejection of the application or when the granting of the benefit ends. This information cannot be revoked without the express consent of the competent Social Security services, under penalty of the suspension of the granting or payment of the benefits, and the respective loss of entitlement to the benefits.

 year month day

 Signature of the applicant or another person on his/her behalf, in accordance with a valid identification document

(1) As amended.

10 INFORMATION

In accordance with the rules governing family allowances, where there is a need to declare/change the composition of the household ⁽¹⁾, its income or other changes that constitute the conditions for granting an allowance, this form must be used, as indicated below, by reference to the numbers in the sections:

(1) In the event of doubt, you can consult which persons make up the household at www.seg-social.pt, under the option "entitlements and obligations, protection of family expenses/concepts".

Section No	When to be completed
1, 2, 3, 4 and 9	Mandatory fields
5, 6 and 7	When there is a need to declare income, or when income has changed
8.1	When there are changes concerning the beneficiary of the benefits
8.2	When there are changes concerning the prenatal allowance
8.3	When there are changes concerning the person who actually receives the benefit

SIGNATURE VALIDATION (to be completed by the Social Security services)

I confirm that the signature of: **declarant** or **person on his/her behalf** matches that on the following identification document:

Citizen Card Identity card Passport Other _____

Number _____ valid until _____
 year month day

 Signature and stamp of Social Security