



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

Personal details of the applicant

Full name

Social Security Identification Number

Birth date

year month day

Mobile phone/Phone no.

Email

Information on the expenses

Type	No. of documents	Amount (EUR)
Health care ¹		
Displacements ²		
Accommodation ²		
Food ²		
Other		

¹ Including medical, surgical, nursing, medication and pharmaceutical care resulting from the occupational disease.

² For the purposes of health care, disability assessment examinations, recovery and vocational rehabilitation services and attending vocational training courses.

Statements

I am aware that false statements are punished according to the law.

I undertake to inform the Social Security services of any changes to the information provided, **within 10 working days** from the date on which they 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.

Information

Documents to submit

- ▶ Original documents (invoices and receipts) proving the expenses incurred, accompanied by the respective medical/clinical prescriptions.

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 MG 14 - 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.

Where to submit the documents

The application and the required mandatory documents must be submitted:

- ▶ in person or sent by post to a Social Security service;
- ▶ within 1 (one) year as of the date on which the expense was incurred.

Notes

The following expenses are subject to reimbursement:

- ▶ expenses incurred with the use of public transport;
- ▶ expenses incurred with the use of another means of transport, with the applicant's accompanying person and with accommodation and food, subject to medical prescription and authorisation by the Department of Protection against Occupational Risks.

Data protection



The collected 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, I.P.-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