

- ☐ High Permanent Disability Allowance<sup>1</sup>
- ☐ Allowance for Attendance of Vocational Rehabilitation Actions<sup>2</sup>
- ☐ Supplementary Benefit for Care Provided by a Third Party<sup>3</sup>

### Personal details of the applicant

1

Full name

Social Security Identification Number

Birth date

 -  -   
year month day

Mobile phone/Phone no.

Email

### Allowance for Attendance of Vocational Rehabilitation Actions

2

Name of the actions attended

  
  

Cost

 EUR  
 EUR  
 EUR

### Supplementary Benefit for Care Provided by a Third Party

3

Does the applicant have the autonomy to carry out acts that are essential to meeting his/her basic needs?

☐ Yes ☐ No

Is the care provided for a period equal to or higher than 6 hours per day? ☐ Yes ☐ No

Names of the persons providing care

  
  

Date of the care provision beginning:

 -  -   
year month day

Do you receive or have you applied for benefits from another entity/institution for the same purpose? ☐ Yes ☐ No

If you ticked **yes**, please state the name of the entity/institution:

<sup>1</sup> Please complete [table 1](#) and [table 4](#).

<sup>2</sup> Please complete [table 1](#), [table 2](#) and [table 4](#).

<sup>3</sup> Please complete [table 1](#), [table 3](#) and [table 4](#).

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## 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.

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## Information



### Documents to submit

#### ▶ Allowance for Attendance of Vocational Rehabilitation Actions

- ▶ Document proving the attendance of vocational rehabilitation actions and the respective costs.

#### ▶ Supplementary Benefit for Care Provided by a Third Party

- ▶ Valid ID document (Citizen Card, Bilhete de Identity Card or Passport) of the persons proving care;
- ▶ Supporting document of the remuneration paid, if the applicant already benefits from care provided by a third party;
- ▶ A duly substantiated clinical opinion on the applicant's dependency situation.



### Where to submit the documents

The application and the required mandatory documents may be submitted in person or sent by post to a Social Security service.



### 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 MG 14 - IBAN Registration or Change \(Requerimento de Registo ou Alteração de IBAN\)](#) - which is available at [www.seg-social.pt](http://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.



## 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](http://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