

APPLICATION FOR

Prenatal family allowance
Family allowance for children and young people
 most benefits and accepted allowance depends on the value of the moveble accepte of value be

Important:

- Entitlement to family allowances, unemployment benefits and parental allowances depends on the value of the movable assets of your household not exceeding EUR 122 222.40.
- Providing false information about the members of the household and their respective income will lead to the disqualification of the entitlement to the abovementioned social benefits for a period of 24 months.

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

1 APPLICANT'S PERSONAL DETAILS					
1.1 Identification					
Full name					
Date of birth Social Security Identification Number					
Address					
Post code					
Town					
Tax Identification Number					
1.2 Other information (to be filled in depending on the situation)					
Has the prenatal family allowance been applied for from another institution?					
Has the same child or young person applied for the family allowance from another institution? Yes No					
If you answered Yes to either of these questions, please indicate:					
Name of applicant Beneficiary No					
Name of institution					
Mark 'X' as appropriate to indicate the applicant's relationship with the child or young person					
Father / Mother or equivalent A suitable adult living in the same household as the child or young person					
Legal representative Legal guardian (to whom the child or young person is administratively or judicially					
Entity with the child or young person in its care The young person himself/herself (aged over 18)					
NB: In cases where the child/young person is staying in a social support establishment, reception centre, protective educational or detention centre, please fill in Sections 2, 8 and 9 only .					

The personal data provided in this application 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) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For more information on data protection, please consult the Social Security website at www.seg-social.pt

False statements and omissions are punishable by law

∠.1 Ide	children and young people)				
- "	entification				
Full nam	e				
Date of b	nieth	Social Socurity Ido	ntification Number	.	
Date of t	year month day	social security ide	ntification Number		
Sex (F or	M) Marital status				
Tax Iden	tification Number	Fi	inance Office Code		
Parents:					
Father's	name				
Mother's	name				
Place of	birth:				
Country	District		_Municipality		
Village			_ Nationality		
Address					
Post cod	e				
Town					
Identifica			No	of	ar month day
	(Cartão de Cidadão, B.I., etc.)			ye	ar month day
2.2 Oth	ner information				
Is the yo	ung person working? Yes No				
If yes, in	ndicate under which social welfare scheme he/s	she is covered			
3	INFORMATION ON THE VALUE OF TH THE DATE THE APPLICATION IS SUBI		ID THE HOUSE	HOLD'S MOVEABL	E ASSETS ON
Do you	currently have money deposited in bank accou		ngs certificates, sec	urities or units in colle	ective investmen
,	kings or other securities, the total amount of wh		_		
undertak					
	sponding to 240 times the value of the Social Support I	Index.			
	sponding to 240 times the value of the Social Support I	Index.			
	sponding to 240 times the value of the Social Support I		ısehold members, p	olease complete the co	ontinuation sheet
(1) Corres		nere are more than 6 hou	Tax Identification	Date of absence	Family
(1) Corres	MEMBERS OF THE HOUSEHOLD (1) (If the	ere are more than 6 hou			
(1) Corres 4 Order No. 1	MEMBERS OF THE HOUSEHOLD (1) (If the	nere are more than 6 hou	Tax Identification	Date of absence	Family
(1) Corres	MEMBERS OF THE HOUSEHOLD (1) (If the	nere are more than 6 hou	Tax Identification	Date of absence	Family
(1) Corres 4 Order No. 1 — 2	MEMBERS OF THE HOUSEHOLD (1) (If the	nere are more than 6 hou	Tax Identification	Date of absence	Family
(1) Corres 4 Order No. 1 — 2 3	MEMBERS OF THE HOUSEHOLD (1) (If the	nere are more than 6 hou	Tax Identification	Date of absence	Family

4 MEMBERS OF THE HOUSEHOLD (continued)

MEMBERS OF THE HOOGENGED (Continued)							
Please indicate the number of children or young people entitled to family allowance who are part of the household To be completed if there are members of the household living and/or working outside the country							
Household order No. [4]	Name of country of residence	Name of country of employment					
1							
2							
3							
4							
5							
6							
(4) Order number of th	ne household member referenced in Table 4 .						

5 HOUSEHOLD INCOME(1)

	Value of income from work								
Household	Self-employment								
Order No. ⁽²⁾	As an employee		Sales			Services Val		lue of maintenance payments	
1									
2									
3									
4									
5									
6									
	Value of benefits paid by other entities (3)			Value of benefits paid by the Fundo de Garantia dos		Value of housing support		ising support	
Household order No. ⁽²⁾	Pensions (4)	9	Social benefits ⁽⁵⁾	Alimentos a Menore [Child Maintenance Guarantee Fund]		Household rent subsidies		Residence allowances or other public housing support	
1									
2									
3									
4									

⁽¹⁾ Under the legislation in force, any earnings relevant to the granting of this benefit, whether those covered by the data linkage 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 application.

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⁽²⁾Order number of the household member referenced in **Table 4**.

⁽³⁾ Do not include social benefits paid by the Instituto de Segurança Social, I.P..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 Advocates and Solicitors], pension funds, banking institutions, insurers and foreign entities, etc.

funds, banking institutions, insurers and foreign entities, etc.

(4) Do not include pensions paid by the Instituto da Segurança Social, I.P.. Include survivors' pensions, old-age pensions, invalidity pensions, retirement pensions or similar pensions and temporary or life annuities, pensions payable by insurance companies or pension funds, paid by national or foreign entities.

(5) Do not include family allowances or disability or dependency benefits.

VALUE OF THE HOUSEHOLD'S MOVEABLE ASSETS ON 31 DECEMBER OF THE YEAR PRECEDING THAT IN WHICH THE APPLICATION IS SUBMITTED

Household order No. ⁽¹⁾	Value of bank account deposits	Value of shares	Value of bonds	Value of saving certificates	Value of securities and units in collective investment undertakings	Value of other financial assets		
1								
2								
3								
4								
5								
6								
(1) Order n	(1) Order number of the household member referenced in Table 4 .							

2								
3								
4								
5								
6								
(1) Order n	number of the househo	old member reference	d in Table 4 .					
7	SOCIAL HOUSIN	NG OF THE APP	LICANT					
Do you li	ve in social housing	? Yes	No					
	MODO DE PAGA							
	efit may be paid by (IBAN), which will b				you must indicate the Internation System.	nal Bank Account		
	nis information not b ystem will be used.	oe provided or if an	incorrect IBAN is gi	ven, the payment n	nethod details recorded in the So	ocial Security infor-		
9	DECLARATION	OF THE APPLIC	ANT					
l hereby	declare that the in	nformation provided	d is truthful and doe	es not omit any rele	vant information.	`		
	•	,	,	<i>y y</i> ,	naintenance of the benefit applied			
I undertake, at any time and when requested, with a view to proving the declarations made pertaining to the value of the securities, pursuant to the provisions of Article 14 ⁽¹⁾ of Decreto-Lei No. 70/2010 of 16 June (1), to deliver a statement of authorisation to the competent social security services requesting the Bank of Portugal to indicate the banking or financial entities in which I hold an account and obtaining from the respective entities all the relevant financial information, pertaining to balances of current accounts, fixed-term accounts or other securities which I hold or jointly hold or, alternatively, to submit the relevant bank documents that may be required 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 the statement of authorisation or to provide the aforementioned relevant bank documents, when required and within the period granted for this purpose, constitutes grounds for the suspension of the ongoing procedure to grant or pay the social benefit, with loss of entitlement to that benefit until the required statement of authorisation has been submitted, in accordance with Article 14 ⁽²⁾ of Decreto-Lei No. 70/2010 of 16 June (1).								
I am awa		ent Social Security se	ervices may have acc		tax information, under the provisi	ons of Decreto-Lei		
					ies that hold information relevan tatements provided here.	t for verifying the		
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 Decreto-Lei 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] In its current version.								
SIGNATURE VALIDATION (to be completed by the Social Security services)								
I confirm that the signature of: applicant or person on his/her behalf matches that on the following identification document:								
Citizen Card Identity card Passport Other								
Number								

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