



1<sup>st</sup> Application       Change of circumstances



Please read the information in [table 9](#) before completing the form.

## 1 Identification of the allowance beneficiary (beneficiaries) <sup>1</sup>

### 1.1. Mother

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 -  -   
year      month      day

Mobile phone/Phone no.

Email

### 1.2. Father

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 -  -   
year      month      day

Mobile phone/Phone no.

Email

<sup>1</sup> If this application is submitted by the legal representative(s) of the allowance beneficiary (beneficiaries), please complete [the continuation sheet of this application form - RP 5049/1](#).

## 2 Information for the Parental Allowance granting

Childbirth date

 -  -   
year      month      day

Is the mother employed?

 Yes     No

Is the father employed?

 Yes     No

### 2.1. Birth of multiples (if applicable)

Did the mother give birth to more than one baby?  Yes     No    If you ticked **yes**, please indicate:

▶ How many babies were born?

▶ Do you intend to take the 30 additional days for each baby other than the first one?  Yes     No

▶ Does the father intend to take the 2 additional days to the mandatory 28-day period of the Initial Parental Allowance granted exclusively to the father, for each baby other than the first one?  Yes     No

▶ Does the father intend to take the 2 additional days to the optional 7-day period of the Initial Parental Allowance granted exclusively to the father, for each baby other than the first one?  Yes     No

### 2.2. Initial parental leave/allowance period (please tick one of the following options):

The mother and father **share** the initial parental leave or allowance period. (go to [table 3](#))

The mother and father **do not share** the initial parental leave or allowance period. (go to [table 4](#))

One of the parents takes the initial parental leave or allowance period, if the other parent is unable to do so. (go to [table 5](#))

# 3

## Initial parental leave shared by both parents

### 3.1. Period of leave/absence from work (please tick one of the following options):

- 120 days
- 150 days
- 150 days (120 + 30 additional days per sharing)
- 180 days (150 + 30 additional days per sharing)
- 180 days (150 + 30) in which the father takes a period of 60 consecutive days or 2 periods of 30 days, in addition to the period granted exclusively to the father
- Another period of  days

► If the mother is employed, did the leave start before the childbirth?  Yes  No

If you ticked **yes**, please indicate the period: from  -  -  to  -  -  =   
year month day year month day no. of days

### 3.2. Please indicate the periods of absence from work (consecutive days) corresponding to the options selected, including the additional periods due to the birth of multiples, if applicable:

#### 3.2.1. Mother

For the **Initial Parental Allowance** period

from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>

► After the 120-day period, do you intend to accumulate the leave with part-time work?<sup>1</sup> Yes No

If you ticked **yes**, please indicate the periods:

from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>

#### 3.2.2. Father

For the **mandatory 28-day period** of the Initial Parental Allowance granted exclusively to the father

from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>

For the **optional 7-day period** of the Initial Parental Allowance granted exclusively to the father

from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
<small>year month day year month day no. of days</small>	<small>year month day year month day no. of days</small>
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	
<small>year month day year month day no. of days</small>	

<sup>1</sup> Not applicable to the Initial Parental Social Allowance

3

### Initial parental leave shared by both parents (continuation)

For the period concerning the **Initial Parental Allowance shared by both parents** - after the mandatory 42-day period exclusive to the mother

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

▶ After the 120-day period, do you intend to accumulate the leave with part-time work?<sup>1</sup>  Yes  No

If you ticked **yes**, please indicate the periods:

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

<sup>1</sup> Not applicable to the Initial Parental Social Allowance

4

### Initial parental leave not shared by both parents

#### 4.1. Mother

**Period of leave/absence from work** (please tick one of the following options):

120 days     150 days     Another period   
no. of days

Only for the period corresponding to the Initial Parental Allowance granted exclusively to the mother (42 days)

▶ If the mother is employed, did the leave period begin before the childbirth?  Yes  No

If you ticked **yes**, please indicate the period: from -- to -- =   
year month day year month day no. of days

▶ Please indicate the period(s) of absence from work including the additional period due to the birth of multiples, if applicable:

from -- to -- =   
year month day year month day no. of days

▶ After the 120-day period, do you intend to accumulate the leave with part-time work?<sup>1</sup>  Yes  No

If you ticked **yes**, please indicate the periods:

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

#### 4.2. Father

**Period of leave/absence from work** (please indicate one or both options and the periods of absence from work, including the additional periods due to the birth of multiples, if applicable)

For the period of the Initial Parental Allowance granted exclusively to the father

Mandatory 28-day period     Optional 7-day period

Mandatory 28-day period

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

from -- to -- =       from -- to -- =   
year month day year month day no. of days year month day year month day no. of days

<sup>1</sup> Not applicable to the Initial Parental Social Allowance

## Initial parental leave not shared by both parents (continuation)

4

Optional 7-day period

from -- to -- =  no. of days

from -- to -- =  no. of days

from -- to -- =  no. of days

from -- to -- =  no. of days

For the remaining period of the **Initial Parental Allowance** after the mandatory 42-day period exclusive to the mother

from -- to -- =  no. of days

▶ After the 120-day period, do you intend to accumulate the leave with part-time work?<sup>1</sup>  Yes  No

If you ticked **yes**, please indicate the periods:

from -- to -- =  no. of days

from -- to -- =  no. of days

from -- to -- =  no. of days

from -- to -- =  no. of days

<sup>1</sup> Not applicable to the Initial Parental Social Allowance

## Initial Parental Allowance/Initial Parental Social Allowance granted to one parent if the other is unable to take the leave

5

The request is due to:

Physical or mental incapacity of the other parent

Death of the other parent: Date of death --

Please indicate the period of absence from work: from -- to -- =  no. of days

## Other details

6

If you are or have been covered by another mandatory social protection scheme (national or foreign) in the last six months prior to the date of the absence from work, please indicate the name of the social protection institution and the respective insurance period.

### ▶ Mother

Name of the institution

from -- to -- =  no. of days

from -- to -- =  no. of days

### ▶ Father

Name of the institution

from -- to -- =  no. of days

from -- to -- =  no. of days

## Details concerning the other parent

(To be completed if the other parent is not identified in table 1)

Full name

Social Security Identification Number

Birth date

year month day

Does he/she carry out a professional activity?

Yes  No

If you ticked **yes**, please indicate name of the respective social protection scheme

E.g.: Social Security, Welfare Fund (*Caixa de Previdência*), Civil Servants Pension Fund (*Caixa Geral de Aposentações*) or Foreign Body

Do you intend to take or have you already taken the parental leave?  Yes  No

If you ticked **yes**, please indicate the period(s) of absence from work:

from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
year month day year month day no. of days	year month day year month day no. of days
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
year month day year month day no. of days	year month day year month day no. of days
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
year month day year month day no. of days	year month day year month day no. of days
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
year month day year month day no. of days	year month day year month day no. of days
from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>	from <input type="text"/> - <input type="text"/> - <input type="text"/> to <input type="text"/> - <input type="text"/> - <input type="text"/> = <input type="text"/>
year month day year month day no. of days	year month day year month day no. of days

## Statements

I am aware that:

- ▶ I must inform the Social Security service of any event that gives rise to the termination of the benefit granting within 5 working days from the date of its verification;
- ▶ false statements are punished according to the law.

I declare that the information I have provided is complete and true.

Date

year month day

Signature of the mother or legal representative

Signature of the applicant or of another person on her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Date

year month day

Signature of the father or legal representative

Signature of the applicant or of another person on his behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

## Information

Please see [the continuation sheet attached to this application form - RP 5049/2](#), for information on the allowance granting/completion instructions.

### Documents to submit

- ▶ For all of the Parental Allowance modalities:
  - ▷ Medical certificate stating the expected childbirth date (if the allowance application is submitted before childbirth);
  - ▷ Civil identification document of the child or medical certificate issued by the health establishment or service doctor attesting the childbirth date (if the allowance application is submitted after childbirth);
  - ▷ [Identification Form - RV 1017](#), if the allowance beneficiary does not have a Social Security Identification Number;
  - ▷ [Continuation Sheet - RP 5049/1](#), if the applicant is the beneficiary's legal representative.
- ▶ For the Initial Parental Allowance/Initial Parental Social Allowance:
  - ▷ Civil identification document of the child or medical certificate issued by the health establishment or service doctor attesting the childbirth date.
- ▶ For the Initial Parental Allowance or Initial Parental Social Allowance granted to one parent if the other is unable to take the leave:
  - ▷ Medical certificate attesting the physical or mental incapacity of the other parent or death certificate;
  - ▷ Civil identification document of the child or medical certificate issued by the health establishment or service doctor attesting the childbirth date, if the application for the Initial Parental Allowance has not been submitted.

### Where to submit the documents and time limits for the submission

The application must be submitted within six months from the date of the event that determines the protection:

- ▶ in person, at the Social Security Customer Information Services, or sent by post;
- ▶ through the Social Security Online Service (*Segurança Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt), completing the online application.

### 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 MG14 - IBAN Registration or Change \(Registo ou Alteração de IBAN\)](#) – which is available at [www.seg-social.pt](http://www.seg-social.pt)

If the registered IBAN is incorrect or if you do not have your IBAN details in the Social Security information system, the payment of all your current or future benefits/allowances or pensions will be made according to the payment method that is registered in the system.

All the references made in this form to the “mother” and “father” are considered to be references to the holders of parental rights, except those resulting from their biological condition.

## Data protection



The collected personal 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, IP-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(s)  person(s) that signed on the applicant(s) behalf is/are in accordance with the following identification document:

#### Mother or legal representative

Citizen Card  Identity Card  Passport  Other

Number

Valid until

 -  - 

year month day

Signature and stamp

#### Father or legal representative

Citizen Card  Identity Card  Passport  Other

Number

Valid until

 -  - 

year month day

Signature and stamp