

## tion in Parenting



## ental Allowance

Practical guide

	Socia	al Protection in Parenting
SEGURANÇA SOCIAL	<b>Application</b>	for Parental Allowance
	1st Application	Change of circumstances

Please read the information in <u>table 9</u> before completing the form.

1.1. Mother				
Full name				
Social Security Identification Numb  Mobile phone/Phone no.		xpayer Number nail	<b>Birth</b> year	date  month day
1.2. Father				
Full name				
Social Security Identification Numb  Mobile phone/Phone no.		xpayer Number nail	<b>Birth</b> year	date  month day
		the allowance beneficiary (benefic	ciaries), please comple	ete <u>the continua</u>
sheet of this application form - RP 504	<u>9/1</u> .		ciaries), please comple	ete <u>the continu</u> a
Information for the Parer	9/1. tal Allowance gr	anting —		
Information for the Paren Childbirth date	9/1. tal Allowance gr			ather employe
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Information for the Parer Childbirth date	Is the mode of the sively to the father, for the sively to	ther employed?  No  No  If you ticked  haby other than the first one?  he mandatory 28-day period of each baby other than the first he optional 7-day period of the each baby other than the first he each baby other than the first has been baby other than the fir	Is the far Yes  yes, please indicate  Yes  the Initial Yes  one?  Initial Yes  options):	ather employed No

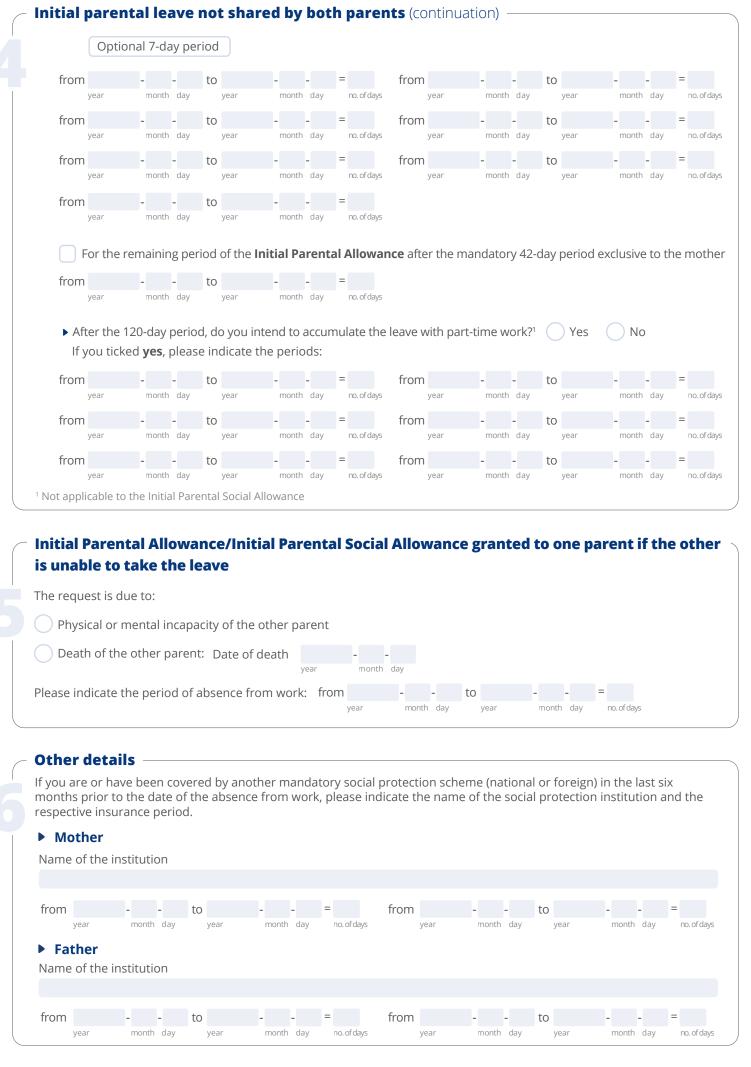
<b>Initial pare</b>	ntal leave	shared	by both par	rents -					
3.1. Period of	leave/abse	nce from	work (please	tick one	e of the follow	ing options)	):		
120 days				18	30 days (150 + 3	30 additiona	l days per s	haring)	
150 days				СО	0 days (150 + 3 nsecutive days o anted exclusivel	or 2 periods o	of 30 days, ir		
150 days (1	20 + 30 additio	onal days p	per sharing)	Ar	nother period c	of da	ays		
▶ If the mothe	er is employed	, did the le	ave start befor	e the chil	dbirth? Ye	es No			
-			period: from	year	month day	year	month day	no. of days	
<b>3.2. Please in selected,</b> incl					-		•	ing to the o	ptions
3.2.1. Mother									
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from year	day	to	month day	= 42 no. of days	from year	month day	to	month day	no. of days
from year	month day	to	month day	no. of days	from	month day	to	month day	no. of days
from year	month day	to	month day	no. of days	from	month day	to	month day	= no. of days
	e 120-day peri ked <b>yes</b> , pleas	-	intend to accu	mulate th	ne leave with p	art-time wor	-k?¹ Ye	s No	
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year	month day	year	month day	no. of days	year	month day	year	month day	no. of days
3.2.2. Father  For the ma	ndatory 28-d	av period	of the Initial Pa	rental All	owance grante	ed exclusively	v to the fat	her	
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year	month day	year	month day	no. of days	year	month day	year	month day	no. of days
from	month day	to	month day	no. of days	from	month day	to year	- month day	no. of days
For the <b>opt</b>	ional 7-day p	<b>eriod</b> of th	ne Initial Parent	al Allowa	ince granted ex	clusively to	the father		
from	<b>-</b>	to	<b></b>	=	from	<b>3</b> - <b>3</b> - <b>5</b>	to		=
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year	month day	year	month day	no. of days	year	month day	year	month day	no. of day:
year	month day	year	month day	no. of days	year	month day	year	month day	no. of days
from year	month day	to	month day	no. of days					
<sup>1</sup> Not applicable to	o the Initial Pare	ental Social	Allowance						

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year	month day	year	month day	no. of days	year	month day	year	month day	no. of o
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year	month day	year	month day	no. of days	year	month day	year	month day	no. of
▶ After the	e 120-day peri	od do vou	intend to acc	umulate tl	ne leave with	part-time wo	rk?1	Yes No	
	ked <b>yes</b> , pleas	-		arraiace c	To reave with	pare arrie wo		163 110	
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If the me	other is emplo	yed, did th	e leave perio	d begin be	fore the child	dbirth?	Yes 🔘	No	
	cked <b>yes</b> , plea		·	year	month day	,	month da		nles
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For the period concerning the Initial Parental Allowance shared by both parents - after the mandatory 42-day

Initial parental leave shared by both parents (continuation)

period exclusive to the mother



## **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  $\emph{yes}$ , please indicate name of the respective social protection scheme

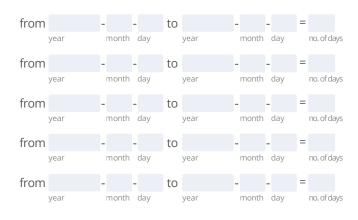
E.g.: Social Security, Welfare Fund *(Caixa de Previdência)*, Civil Servants Pension Fund *(Caixa Geral de Aposentações)* or Foreign Body

Do you intend to take or have you already taken the parental leave?

/e? Yes



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



from		to	<b>-</b>	=
year	month day	year	month day	no. of days
from		to		=
year	month day	year	month day	no. of days
from		to		=
year	month day	year	month day	no. of days
from		to	<b>-</b>	=
year	month day	year	month day	no. of days
from		to	<b>-</b>	=
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** 



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 Signature of the father or legal representative

year month day

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**

9

Please see <u>the continuation sheet attached to this application form - RP 5049/2</u>, for information on the allowance granting/completion instructions.

## Documents to submit

- ▶ For all of the Parental Allowance modalities:
  - D Medical certificate stating the expected childbirth date (if the allowance application is submitted before childbirth);
  - Description 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);
  - D Identification Form RV 1017, if the allowance beneficiary does not have a Social Security Identification Number;
  - D Continuation Sheet RP 5049/1, if the applicant is the beneficiary's legal representative.
- ► For the Initial Parental Allowance/Initial Parental Social Allowance:
  - Decivil 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:
  - D Medical certificate attesting the physical or mental incapacity of the other parent or death certificate;
  - Divil 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 <a href="www.seg-social.pt">www.seg-social.pt</a>, completing the online application.

# **E** 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 <u>Application form MG14 IBAN Registration or Change (Registo ou Alteração de IBAN)</u> which is available at <u>www.seg-social.pt</u>

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 <a href="www.seg-social.pt">www.seg-social.pt</a>

To be completed	d by the Social Security services		• • • • • • • • • • • • • • • • • • • •
		person(s) that	signed on the applicant(s) behalf is/are in
Mother or legal rep	presentative		
Citizen Card	Oldentity Card Passport	Other	
Number	Valid until  year month day		Signature and stamp
Father or legal rep	resentative		
Citizen Card	Oldentity Card Passport	Other _	
Number	Valid until  year month day		Signature and stamp
	I confirm that the sign accordance with the Mother or legal rep  Citizen Card  Number  Father or legal rep  Citizen Card	I confirm that the signature of the applicant(s) accordance with the following identification document:  Mother or legal representative  Citizen Card Identity Card Passport  Number Valid until  Father or legal representative  Citizen Card Identity Card Passport  Valid until  Valid until  Valid until  Valid until  Valid until  Valid until	accordance with the following identification document:  Mother or legal representative  Citizen Card Identity Card Passport Other  Number Valid until  year month day  Father or legal representative  Citizen Card Identity Card Passport Other  Number Valid until  Valid until