

## Social Protection in Parenting



## **Application for the Adoption Allowance**

Mobile phone/Phone no.  1.2. 2 <sup>nd</sup> adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  Information for the Adoption Allowance		
Identification of the applicant(s) [allowand 1.1. 1st adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  1.2. 2nd adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day	1st Application	Change of circumstances
1.1. 1st adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  1.2. 2nd adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day	eting the form.	
Mobile phone/Phone no.  1.2. 2 <sup>nd</sup> adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day	e beneficiary(beneficia	ries)]
1.2. 2 <sup>nd</sup> adoption candidate  Full name  Social Security Identification Number  Mobile phone/Phone no.  Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day	Faxpayer Number	Birth date 
Full name  Social Security Identification Number  Mobile phone/Phone no.  Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day	Email	year month day
Mobile phone/Phone no.  Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day		
Information for the Adoption Allowance  Date of the child entrustment judicial or administrative decision  year month day	Гахраyer Number	Birth date  year month day
Date of the child entrustment judicial or administrative decision  year month day	Email	year month day
or administrative decision  year month day	/Adoption Social Allo	owance granting —————
		on(s)/daughter(s) of the spouse or licant lives in a de <i>facto</i> relationship?
Is the 1st adoption candidate employed?	Yes No	
Yes No	Is the 2 <sup>nd</sup> adoption candida  Yes No	te employed?
<b>2.1. Birth of multiples</b> (if applicable)		

Date of the child entrustment judicial or administrative decision	Is/Are the adoptee(s) the son(s)/daughter(s) of the spouse or person with whom the applicant lives in a de <i>facto</i> relationship?					
year month day	Yes No					
Is the 1st adoption candidate employed?	Is the 2 <sup>nd</sup> adoption candidate employed?					
Yes No	Yes No					
<b>2.1. Birth of multiples</b> (if applicable)						
Were there multiple adoptions? Yes No	If you ticked <b>yes</b> , please indicate:					
How many children were adopted?						
▶ Do you intend to take the 30 additional days for each	h adopted child other than the first one? Yes No					
▶ Does the adoption candidate intend to take the 2 ad (corresponding to the Initial Parental Allowance grant child other than the first one?	/ \/ / \/-					
▶ Does the adoption candidate intend to take the 2 a (corresponding to the Initial Parental Allowance grant child other than the first one?						
<b>2.2. Adoption leave/allowance period</b> (please t	ick one of the following options):					
The adoption candidates <b>share</b> the adoption leave	or allowance period. (go to <u>table 3</u> )					
The adoption candidates <b>do not share</b> the parenta	al leave or allowance period. (go to <u>table 4</u> )					
The 1st adoption candidate or the 2nd adoption can unable to do so. (go to table 5)	didate takes the adoption leave or allowance period if the other is					

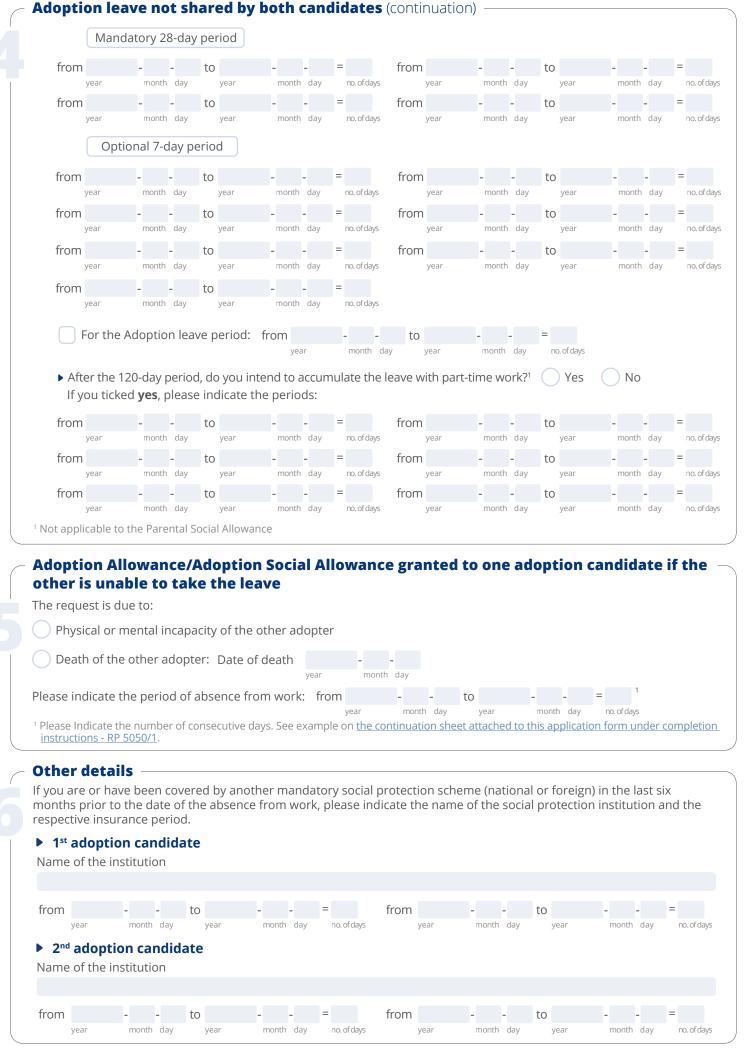
#### Adoption leave shared by both candidates 3.1. Adoption Allowance/Adoption Social Allowance during the transition period Do you intend to take up to 30 days of adoption leave during the transition and monitoring period? 1<sup>st</sup> adoption candidate 2<sup>nd</sup> adoption candidate Please indicate the period: from month day month day No **3.2. Period of leave/absence from work** (please tick one of the following options) 120 days 180 days (150 + 30 additional days per sharing) 150 days 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 150 days (120 + 30 additional days per sharing) Another period of 3.2. Please indicate the periods of absence from work (consecutive days) corresponding to the allowance and option selected, including the additional periods due to multiple adoptions, if applicable: 3.2.1. 1st adoption candidate from from month day month day month day no. of days from to from to year month day month day no. of days year month day month day no. of days ▶ After the 120-day period, do you intend to accumulate the leave with part-time work?¹ ) No If you ticked **yes**, please indicate the periods: from to from to year month day month day no, of days year month day month day no, of days from from to to month day year month day no. of days month day year month day no. of days year year from to from to month day month day no. of days month day month day no. of days 3.2.2. 2<sup>nd</sup> adoption candidate For the mandatory 28-day period of the Initial Parental Allowance granted exclusively to the father from to from to month day month day no. of days month day month day no. of days vear vear from from to month day month day month day veai month day no. of days For the optional 7-day period of the Initial Parental Allowance granted exclusively to the father from to from to month day no. of days month day month day month day no. of days year year vear year

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Not applicable to	the Parental S	Social Allov	vance											
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Adoption leave shared by both candidates (continuation)

For the period concerning the Adoption Allowance shared by both candidates



## **Details concerning the other adopter**

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

Full name

Social Security Identification Number

Does he/she carry out a professional activity?

Yes No

Birth date

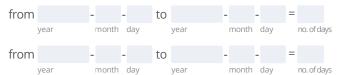


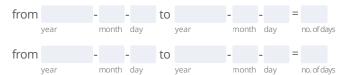
If you ticked **yes**, please indicate name of the respective social protection scheme

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 adoption leave? Yes

If you ticked **yes**, please indicate the period(s) of absence from work<sup>1</sup>:





<sup>&</sup>lt;sup>1</sup> Please Indicate the number of consecutive days. See example on the continuation sheet attached to this application form under completion instructions - RP 5050/1.

### 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 1st adoption candidate

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.

Date



Signature of the 2<sup>nd</sup> adoption candidate

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**

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This form is aimed to be completed by one or two allowance beneficiaries.

Please see <u>the continuation sheet attached to this application form - RP 5050/1</u>, for information on the allowance granting/completion instructions.

### **Documents to submit**

- ▶ For all of the Adoption Allowance modalities:
  - D Identification Form RV 1017, if the allowance beneficiary does not have a Social Security Identification Number;
  - Decrification of administrative or judicial entrustment of the adopted minor if the adoption process did not take place in the social security services.
- For the Adoption Allowance granted to one adopter if the other is unable to take the leave/Adoption Social Allowance granted to one adopter if the other is unable to take the leave:
  - Medical certificate attesting the physical or mental incapacity of the other adopter or Death Certificate;
- ▶ For the Adoption Allowance/Adoption Social Allowance if you choose to take the leave during the transition period:
  - D Certification of the transition and monitoring period issued by the host institution.

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# 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="https://www.seg-social.pt">www.seg-social.pt</a>, 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
- ▶ at the Social Security Customer Information Services, by submitting the <u>Application form MG14 IBAN Registration or</u> <u>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.

#### **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 complete	ed by the Social Security servic	es ·····
	signature of the <b>applicant(s)</b> (ne following identification document:	person(s) that signed on the applicant(s) behalf is/are in
1 <sup>st</sup> adoption cand	idate	
Citizen Card	Oldentity Card Passport	Other
Number	Valid until  year month day	Signature and stamp
2 <sup>nd</sup> adoption cand	idate	
Citizen Card	Oldentity Card Passport	Other
Number	Valid until  year month day	Signature and stamp