

☐ 1st Application

☐ Change of circumstances



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

Identification of the applicant(s) [allowance beneficiary(beneficiaries)]

1.1. 1st adoption candidate

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -

year month day

Mobile phone/Phone no.

Email

1.2. 2nd adoption candidate

Full name

Social Security Identification Number

Taxpayer Number

Birth date

 - -

year month day

Mobile phone/Phone no.

Email

Information for the Adoption Allowance/Adoption Social Allowance granting

Date of the child entrustment judicial or administrative decision

 - -

year month day

Is/Are the adoptee(s) the son(s)/daughter(s) of the spouse or person with whom the applicant lives in a *de facto* relationship?

☐ Yes ☐ No

Is the 1st adoption candidate employed?

☐ Yes ☐ No

Is the 2nd adoption candidate employed?

☐ Yes ☐ No

2.1. Birth of multiples (if applicable)

Were there multiple adoptions? ☐ Yes ☐ No If you ticked **yes**, please indicate:

How many children were adopted?

- ▶ Do you intend to take the 30 additional days for each adopted child other than the first one? ☐ Yes ☐ No
- ▶ Does the adoption candidate intend to take the 2 additional days to the mandatory 28-day period (corresponding to the Initial Parental Allowance granted exclusively to the father) for each adopted child other than the first one? ☐ Yes ☐ No
- ▶ Does the adoption candidate intend to take the 2 additional days to the optional 7-day period (corresponding to the Initial Parental Allowance granted exclusively to the father) for each adopted child other than the first one? ☐ Yes ☐ No

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

- ☐ The adoption candidates **share** the adoption leave or allowance period. (go to [table 3](#))
- ☐ The adoption candidates **do not share** the parental leave or allowance period. (go to [table 4](#))
- ☐ The 1st adoption candidate or the 2nd adoption candidate takes the adoption leave or allowance period if the other is unable to do so. (go to [table 5](#))

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?

☐ 1st adoption candidate ☐ 2nd adoption candidate

☐ Yes Please indicate the period: from -- to -- =
year month day year month day no. of days

☐ 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 days

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 -- 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?¹ ☐ 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

3.2.2. 2nd adoption candidate

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

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

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

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

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

¹ Not applicable to the Parental Social Allowance

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Adoption leave shared by both candidates (continuation)

☐ For the period concerning the Adoption Allowance shared by both candidates

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?¹ ☐ 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

¹ Not applicable to the Parental Social Allowance

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Adoption leave not shared by both candidates

4.1. 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?

☐ 1st adoption candidate ☐ 2nd adoption candidate

☐ Yes Please indicate the period: from -- to -- =
year month day year month day no. of days

☐ No

4.2. 1st adoption candidate

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

☐ For the entire duration of the allowance period ☐ 120 days ☐ 150 days

☐ Another period
no. of days

Please indicate the period(s) of absence from work including the additional period due to multiple adoptions, if applicable:

from -- to -- = ¹
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?² ☐ 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. 2nd adoption candidate

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 multiple adoptions, if applicable)

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

☐ Mandatory 28-day period ☐ Optional 7-day period

¹ Please Indicate the number of consecutive days. See example on the continuation sheet attached to this application form under completion instructions - [RP 5050/1](#).

² Not applicable to the Parental Social Allowance.

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Adoption leave not shared by both candidates (continuation)

Mandatory 28-day period

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

Optional 7-day period

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

☐ For the Adoption leave period: 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?¹ ☐ Yes ☐ No
 If you ticked **yes**, please indicate the periods:

from -- to -- =
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 -- =
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

¹ Not applicable to the Parental Social Allowance

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Adoption Allowance/Adoption Social Allowance granted to one adoption candidate if the other is unable to take the leave

The request is due to:

☐ Physical or mental incapacity of the other adopter

☐ Death of the other adopter: Date of death --
year month day

Please indicate the period of absence from work: from -- to -- = ¹
year month day year month day no. of days

¹ Please Indicate the number of consecutive days. See example on the continuation sheet attached to this application form under completion instructions - [RP 5050/1](#).

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Other details

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.

► 1st adoption candidate

Name of the institution

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

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

► 2nd adoption candidate

Name of the institution

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

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

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Details concerning the other adopter

(To be completed if the other adopter 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 adoption leave? ☐ Yes ☐ No

If you ticked **yes**, please indicate the period(s) of absence from work¹:

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

¹ Please Indicate the number of consecutive days. See example on the continuation sheet attached to this application form under completion instructions - [RP 5050/1](#).

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Statements

- ▶ The information I have provided is complete and true;
- ▶ I am aware that I must inform the Social Security services of any fact that determines the end of the allowance entitlement, within 5 working days from the date on which it occurred;
- ▶ False statements are punished according to the law.

Date

--

year month day

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

--

year month day

Signature of the 2nd 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

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

Please see the continuation sheet attached to this application form - [RP 5050/1](#), for information on the allowance granting/ completion instructions.



Documents to submit

- ▶ For all of the Adoption Allowance modalities:
 - ▷ Identification Form - [RV 1017](#), if the allowance beneficiary does not have a Social Security Identification Number;
 - ▷ Certification 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:
 - ▷ Certification of the transition and monitoring period issued by the host institution.



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, 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 Application form [MG14](#) – IBAN Registration or Change (*Registo ou Alteração de IBAN*) – which is available at www.seg-social.pt

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

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:

1st adoption candidate

☐ Citizen Card ☐ Identity Card ☐ Passport ☐ Other

Number

Valid until

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
year		month		day

Signature and stamp

2nd adoption candidate

☐ Citizen Card ☐ Identity Card ☐ Passport ☐ Other

Number

Valid until

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
year		month		day

Signature and stamp