

Social Protection in Parenting



Application for the Adoption Allowance

Practical guide

Please read the information in table 9 before co	ompleting the form.	
ldentification of the applicant(s) [allow	wance beneficiary(beneficiaries)] ——	
1.1. 1st adoption candidate	•	
Full name		
Social Security Identification Number	Taxpayer Number	Birth date
Mobile phone/Phone no.	Email	year month day
1.2. 2 nd adoption candidate		
Full name		
Contribution of the officers and the original and the ori	To a such a large	Di di Livi
Social Security Identification Number	Taxpayer Number	Birth date
Mobile phone/Phone no.	Email	year month day
Information for the Adoption Allows	nee/Adention Social Allowance	wanting
Information for the Adoption Allowa		
Date of the child entrustment judicial	nce/Adoption Social Allowance g Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in	er(s) of the spouse or
Date of the child entrustment judicial or administrative decision	Is/Are the adoptee(s) the son(s)/daught	er(s) of the spouse or
Date of the child entrustment judicial or administrative decision year month day	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in	er(s) of the spouse or n a de <i>facto</i> relationship?
Date of the child entrustment judicial or administrative decision year month day	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No	er(s) of the spouse or n a de <i>facto</i> relationship?
Date of the child entrustment judicial or administrative decision	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No Is the 2 nd adoption candidate employed	er(s) of the spouse or n a de <i>facto</i> relationship?
Date of the child entrustment judicial or administrative decision	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No Is the 2 nd adoption candidate employed	er(s) of the spouse or n a de <i>facto</i> relationship?
Date of the child entrustment judicial or administrative decision year — month day Is the 1st adoption candidate employed? Yes No 2.1. Birth of multiples (if applicable) Were there multiple adoptions? Yes I	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No Is the 2 nd adoption candidate employed Yes No	er(s) of the spouse or n a de <i>facto</i> relationship?
Date of the child entrustment judicial or administrative decision	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No Is the 2 nd adoption candidate employed Yes No No If you ticked yes , please indicate:	ter(s) of the spouse or a de <i>facto</i> relationship?
Date of the child entrustment judicial or administrative decision year — hondright day Is the 1st adoption candidate employed? Yes No 2.1. Birth of multiples (if applicable) Were there multiple adoptions? Yes I How many children were adopted? Do you intend to take the 30 additional days for	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No Is the 2 nd adoption candidate employed Yes No No If you ticked yes , please indicate:	er(s) of the spouse or a de facto relationship? d? Yes Period
Date of the child entrustment judicial or administrative decision year ————————————————————————————————————	Is/Are the adoptee(s) the son(s)/daught person with whom the applicant lives in Yes No Is the 2 nd adoption candidate employed Yes No No If you ticked yes , please indicate: Teach adopted child other than the first one? 2 additional days to the mandatory 28-day personned exclusively to the father) for each additional days to the optional 7-day personned in the son of the son o	er(s) of the spouse or n a de facto relationship? Yes Period Opted Yes Yes Period Opted Period Opted Yes Period Opted Period Opted Period Opted Period Opted Period Opted Opted Period Opted Op
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The adoption candidates **do not share** the parental leave or allowance period. (go to table 4)

unable to do so. (go to table 5)

The 1st adoption candidate or the 2nd adoption candidate takes the adoption leave or allowance period if the other is

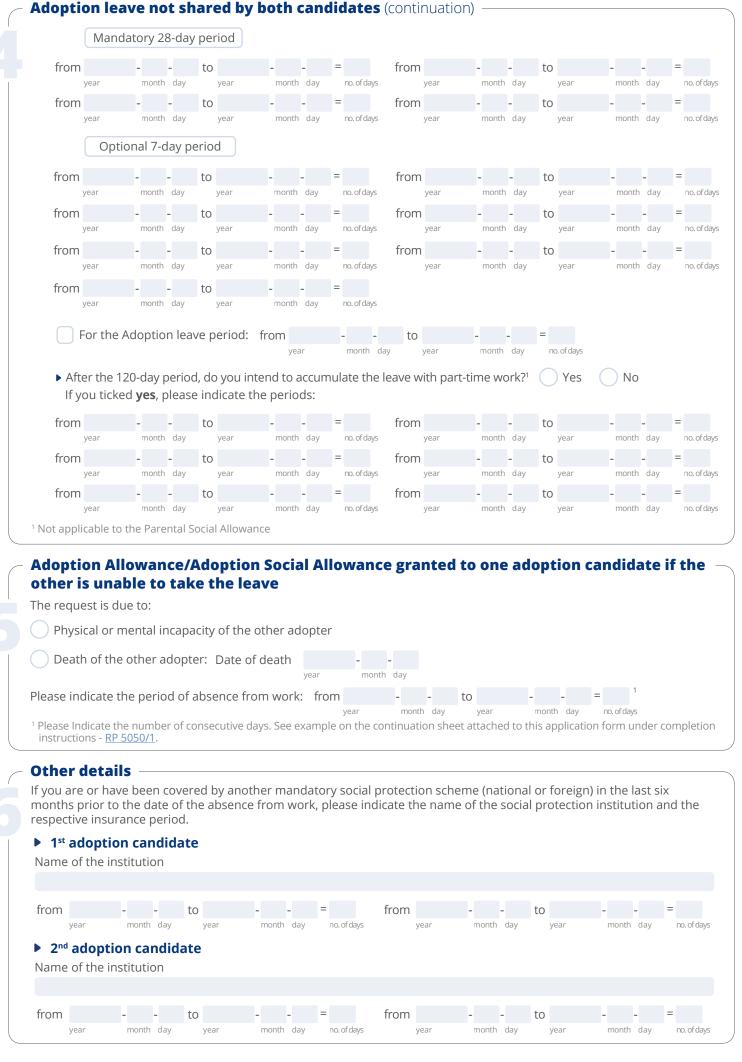
Adoption leave shared by both candidates 3.1. Adoption Allowance/Adoption Social Allowance during the transition period Do you intend to take up to 30 days of adoption leave during the transition and monitoring period? 1st adoption candidate 2nd adoption candidate Please indicate the period: from month 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. 2nd 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

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If you ticked yes, please indicate the periods: from		After the 1	20-day	nerio	d do vou ir	itend to	ם אככווו	mulate th	ne leav	e with na	rt-time	e work	21 V	os No	
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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? 1'4' adoption candidate Yes Please indicate the period: from		year	month	day	year	month	day	no. of days		year	month	day	year	month day	no. of days
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Yes Please indicate the period: from												01			
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¹ Please Indicate the number of consecutive days. See example on the continuation sheet attached to this application form under	fr fr 4.2. 2 P	year year year om year om year adoption eriod of le /ork, includi	month	day day day day addidate bsen	to year to year e ce from we tional period	month month month month month month	day day day day day day	no. of days no. of days no. of days indicate nultiple a	from from from e one cadopti	year year year or both o	month month month ptions	day day day day t day t s and tole)	year year year year	month day month day month day	no. of days no. of days
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completion instructions - <u>RP 5050/1</u> .	fr fr 4.2. 2 P W	year om year om year om year om year od adoption eriod of le york, includi For the po Mano	month	day	to year to year to year to year e ce from w tional perional	month month month month month month month ods du ntal Allo	day day day day day day day day	no. of days no. of days no. of days indicate nultiple a e granted al 7-day p	from from from e one cadopti	year year or both oons, if ap	month month ptions plicab	- t day t day t day t day t day t day t bole)	year year year year the perio	month day month day month day ods of absen	no. of days no. of days no. of days
² Not applicable to the Parental Social Allowance.	fr fr 4.2. 2 P W	year om year om year om year om year om year ond adoption eriod of le york, includi For the po Mano Please Indicat completion in	month month month cance ave/a ng the eriod o latory 2 e the nustructio	day day day day day day day day didate bsen addit fthe I 28-day	to year to	month month month month month month month ods du atal Allo we days.	day day day day day day day day	no. of days no. of days no. of days indicate nultiple a e granted al 7-day p	from from from e one cadopti	year year or both oons, if ap	month month ptions plicab	- t day t day t day t day t day t day t bole)	year year year year the perio	month day month day month day ods of absen	no. of days no. of days no. of days

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

year month day

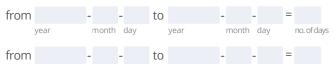
If you ticked **yes**, please indicate name of the respective social protection scheme

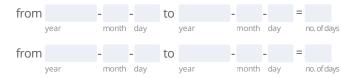
E.g.: Social Security, Welfare Fund *(Caixa de Previdência)*, Civil Servants Pension Fund *(Caixa Geral de Aposentações)* or Foreign Body

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 work¹:

month day





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.

no. of days

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

9

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:
 - 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:
 - D 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.

9

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