



SEGURANÇA SOCIAL

APPLICATION

Extension of coverage exemption by the Portuguese Social Security general scheme for a posted worker sent by an employer from a country not bound to Portugal by an international social security instrument, to carry out an activity in Portugal ⁽¹⁾

1 EMPLOYER IDENTIFICATION

Employer	<input type="text"/>
Social Security Identification Number (NISS)	<input type="text"/>
National Identification Number for Legal Persons (NINPC)	<input type="text"/>
Address	<input type="text"/>
Postal code	<input type="text"/> - <input type="text"/>

2 FOREIGN WORKER IDENTIFICATION

Full name	<input type="text"/>
Birth date	<input type="text"/> year <input type="text"/> month <input type="text"/> day
Address	<input type="text"/>
Postal code	<input type="text"/> - <input type="text"/>

The above identified worker:

- is at your service in Portugal since year | month | day , to carry out the following activity ⁽²⁾

and for which he/she has the following skills ,
having been submitted proof at the District Centre of the Instituto da Segurança Social, I.P.,
that, during the 12-month period after that date, he/she was covered by the social protection scheme of the sending country ⁽³⁾

- shall be subject, during the performance of such activity, to the Social Security legislation with mandatory registration from ⁽³⁾ , under the terms of the stated legal provisions, according to the attached (original) supporting document and the respective certified translation into Portuguese.

⁽²⁾ Please describe the activity nature.
⁽³⁾ Please state the name of the country.

3 REQUEST FOR THE EXTENSION OF COVERAGE EXEMPTION

I hereby request that, for the worker identified in table 2, the exemption of coverage by the Portuguese Social Security general scheme is extended for a period not exceeding 12 months, from year | month | day to year | month | day , on the following grounds ⁽⁴⁾:

⁽⁴⁾ Please state the grounds.

4 EMPLOYER CERTIFICATION

The information provided corresponds to the truth and does not omit any relevant details.

year | month | day

Signature and stamp

⁽¹⁾ Application of Article 6(1) of Decree-Law no. 64/93 of 5 de March and Paragraph 5 of Ministerial Order no. 224/96 of 24 June.

The personal data provided in this application 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) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For more information on data protection, please consult the Social Security website at www.seg-social.pt

False statements are punished according to the law