



Your social security rights

in Portugal

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

The Portuguese social security system is based on universality. It ensures that the social protection it affords is available to everyone. It encompasses three systems: the citizenship social protection system, the insurance system and the supplementary system.

Citizenship social protection system

This system aims at guaranteeing basic rights to citizens, equal opportunities and promoting welfare and social cohesion. It includes the subsystems of:

- social action, aiming to prevent and combat situations of socio-economic poverty, marginalisation and social exclusion;
- solidarity, aiming at protecting persons and families in situations of need;
- family protection, aiming to partially compensate for increased family expenses, particularly in cases of disabled and dependent persons.

Insurance system

This system is based on mandatory contributions, paid by employers and employees. It provides certain cash benefits which replace lost or reduced income in cases of sickness, maternity, paternity and adoption, invalidity, old age, death, accidents at work, occupational diseases, and unemployment.

This system encompasses several schemes, i.e.

- the general social security scheme which is mandatory for employed and self-employed persons;
- the voluntary social insurance scheme which covers persons qualified for work who are not covered by a mandatory scheme.

Civil servants who are not covered by the general social security scheme and lawyers are covered by special schemes with specific organisations.

Supplementary system

This system consists of:

- a public funded scheme which is a voluntary and individual affiliation scheme that aims at providing benefits complementary to those granted by the general social security scheme;
- collective initiative schemes, which are optional and intended for specific groups of people (they include the supplementary professional schemes);
- individual initiative schemes, which are optional, and may take the form of pension savings plans, life-insurances or other types of insurances.

Organisation of social protection

The Portuguese system of social protection is an autonomous organisation with respect to legal, administrative and financial matters. It is supervised by the Ministry of Solidarity and Social Security (*Ministério da Solidariedade e da Segurança Social, MSSS*).

Social security schemes and benefits (contributory or not) as well as benefits granted under social action are administered by the Social Security Institute (*Instituto da Segurança Social*).

The institute encompasses:

- the National Pensions Centre (*Centro Nacional de Pensões*), which is responsible at a national level for the long-term benefits administration;
- the National Centre for the Protection against Professional Risks (*Centro Nacional de Protecção contra os Riscos Profissionais*), which is responsible at a national level for administering treatment and rehabilitation resulting from accidents at work and occupational diseases;
- Social Security District Centres (*Centros Distritais de Segurança Social, CDSS*), which are responsible for the provision and management of social security benefits.

The Institute for financial management of social security is responsible for the financial management of all resources of the system.

Insurance for accidents at work is mandatory for companies and for most self-employed persons. It is provided by insurance companies, supervised by the Ministry of Finance (*Ministério das Finanças*).

Healthcare is implemented by the National Health Service which is integrated in the Ministry of Health. It is administered on a decentralised basis via regional health authorities in line with the administrative division of the Portuguese territory.

Financing

Financing of the Portuguese social security system follows the principle of diversification of sources, in order to reduce non-wage labour costs. It follows the principle of selective suitability in determining the financing sources and allocating them according to the nature and the objectives of the social security schemes.

Both employers and workers have to pay social security contributions. As a general rule, the employer pays the entire amount and deducts the worker's share from his/her pay. Self-employed persons pay contributions themselves.

The employer has to pay the entire cost of occupational injury insurance, which is also mandatory for self-employed persons.

General health insurance is financed from the State budget. The citizenship social protection system is financed by the State budget and by tax revenues.

Chapter II: Healthcare

When are you entitled to healthcare?

If you are a Portuguese national; a national of any other EU/EEA Member State or Switzerland; a national of a third country resident in the EU; or a stateless person or refugee residing in the territory of a Member State, who is or has been subject to the social security legislation of one or more Member State as well as your family members and survivors, and affiliated with the National Health Service, you are entitled to healthcare. No period of prior residence is required. Healthcare is provided for as long as the illness lasts, without time limit.

What is covered?

You have access to both preventive and curative care. It includes consultations with general practitioners and specialists, house calls, medical assistance, diagnostic tests, specialised treatments, pharmaceuticals, hospitalisation, and medical appliances such as spectacles and dental and ocular prostheses.

How is healthcare accessed?

Access to healthcare units occurs primarily according to geographical criteria.

In general, healthcare and medical assistance are supplied by the local health centres (*centros de saúde*) and their local units. If you need an appointment with a specialist in hospitals it must occur within 72 hours.

For emergency assistance, you can go to the nearest 24-hour emergency centre (*Serviço de Atendimento Permanente, SAP*) or to a hospital. If the waiting list for hospital treatment exceeds three months, you are entitled to go to a private clinic that operates under the health system, by approval of the Ministry of Health.

There is a fixed user charge (co-payment/standard fee) for most medical services, including consultations (in the health centre or hospital) and supplementary diagnostic tests. The health service will pay the remaining costs. However, many people are exempt from co-payments: in particular pregnant women and new mothers; children under the age of 12; persons in situation of need, whose income does not exceed 1.5 times the indexing reference of social support (*indexante dos apoios sociais, IAS*); unemployed persons registered with the Employment Centre whose unemployment benefit does not exceed 1.5 times the IAS; as well as their dependants.

No co-payments shall be charged in public wards of hospitals (or in a private room if recommended by the physician). If a private room is chosen by the beneficiary, then the charges are payable in full by the beneficiary, in addition to private hospital and clinic charges.

The co-payment varies according to the type of medical visit, i.e. visit at home, normal or urgent visit, visit to a central or regional hospital, or visit to a health centre. It might also depend on the diagnosis and therapy auxiliary elements.

If you require dental treatment, you may freely choose among the specialists in the private sector. You will be reimbursed according to the table established by the government. For dental prosthesis you will have to pay the fees and may be refunded 75% of the fee according to the official table.

Medicines prescribed by the various healthcare organisations can be bought in any pharmacy upon presentation of the doctor's prescription. Depending on the type of illness, the State subsidises from 15 to 95% of the cost of medicines included in the official list drawn up by the health services. The remaining amount will be paid by the patient. Specific rules apply to some pensioners with lower incomes, where the State's subsidy is increased by five and 15%. Some generic medicines for pensioners are paid for in full by the State.

For supplementary therapeutic appliances and prostheses (e.g. spectacles) costs are shared up to an established maximum limit, which depends on specified percentages and conditions. Spa treatment may be reimbursed according to official tables, if permission for such treatment has been granted.

If you live in a remote area, you might be reimbursed the travel costs, if all the conditions are met.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

If you are an insured person and totally incapacitated for work for any reason other than an accident at work or occupational disease, you may be entitled to sickness cash benefits. You are compulsorily covered if you are an employee or a self-employed person.

In order to qualify for the sickness cash benefit, you have to be gainfully employed for a total of six calendar months. It is not required that they are consecutive months, but they have to include 12 days of paid work in the four months immediately preceding the incapacity. The employer is under no obligation to provide sickness cash benefits.

What is covered?

Sickness cash benefits

There is a three-day waiting period after the beginning of the incapacity. The sickness cash benefit is usually paid from the fourth day onwards. The benefit is paid from the first day in the case of hospital treatment and outpatient surgery, sickness started during the receipt of a parental benefit (*subsídio parental*), and incapacity as a result of tuberculosis.

The amount of the sickness cash benefit varies according to the length and nature of the sickness. It is equal to 55% of average daily pay (in the six months preceding the second month before the incapacity was confirmed) in cases of temporary incapacity to work lasting up to 30 days; 60% in case of temporary work incapacity lasting from 31 to 90 days; and 70% when the duration of the incapacity lasts from 91 to 365 days.

If the period of incapacity for work is longer than one year, i.e. 365 consecutive days, the percentage rises to 75%. For tuberculosis, the amount of benefit is either 80 or 100% of the pay, depending on the composition of the household (the amount will be lower if the insured person has up to two dependants and higher if he/she has more than two dependants).

The rates of 55% and 60% are increased by 5% in case the reference earnings do not exceed € 500; if the insured has three or more dependent descendants aged below 16, or below 24 if they receive child benefit; or if the insured has dependent descendants benefiting from the supplement to child benefit for disabled children.

Sickness cash benefits cannot be less than 30% of the indexing reference of social support (*indexante dos apoios sociais, IAS*). Where the person's reference earnings are lower than IAS, the sickness cash benefit will be equal to the reference earnings. The benefit cannot exceed the reference earnings.

The benefit is paid for a maximum of three years, i.e. 1,095 days, after which the insured person might be covered by the invalidity insurance scheme. For tuberculosis, the benefit is paid for as long as the person is unable to work.

Sickness cash benefit for self-employed persons is paid for a maximum of 365 days (except in the case of tuberculosis). There is a waiting period of 30 days except in the case of hospitalisation or tuberculosis.

Child care benefit

Child care benefit (*subsídio para assistência a filho*) is granted to the father or to the mother in the case of the sickness of or an accident to a child under the age of 12 years. It is granted regardless of age if a child is disabled or suffers from a chronic disease. The child care benefit shall be paid for up to 30 days per calendar year in the case of children up to 12 years of age. If a child is aged over 12, it will be paid for up to 15 days per calendar year.

Benefit for the care of disabled or chronically ill children

Benefit for the care of disabled or chronically ill children (*subsídio para assistência a filho com deficiência ou doença crónica*) is granted to the father or to the mother for a period of up to six months. It is possible for the benefit to be extended for up to four years.

Child care benefits and benefits for the care of disabled or chronically ill children are provided as a daily allowance of 65% of the average daily wage. The maximum amount of these benefits is set at twice the IAS.

How are sickness cash benefits accessed?

If as the result of illness or accident an insured person becomes temporarily unable to work, his/her local health centre confirms the incapacity. The beneficiary has to forward the temporary incapacity certificate to the social security institution he/she is affiliated to, within five days after the date it has been issued. The social security institution calculates the amount of the benefit and makes the payments to the beneficiary.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Women residing in Portugal are entitled to healthcare (medical care and tests, maternity hospital care) from the National Health Service. No co-payments are required.

In addition certain cash benefits might be provided.

A person who is temporarily unable to work due to clinical risk during pregnancy, termination of pregnancy, specific risks during pregnancy, birth of children, adoption, care of minor or disabled children, care of seriously disabled or chronically ill children, or the birth of grandchildren, may be entitled to certain benefits. Cash benefits from social insurance are provided to the active population (employees and self-employed persons), and are related to the registered earnings.

You are also entitled to the benefits if you are a beneficiary of the voluntary social insurance scheme insofar as it covers these contingencies, or are a beneficiary of pre-retirement benefit under a scheme that covers these contingencies, an adopting parent, guardian, person to whom the underage child is entrusted by court or administrative decision, as well as a spouse or persons living in a de facto relationship with any of these or with one of the parents, insofar as the child belongs to your household.

Persons in socio-economic need are also entitled to social benefits in the case of clinical risk during pregnancy, termination of pregnancy, birth of children, adoption and in the case of particular risks provided they fulfil conditions as regards residence, income and movable assets.

What is covered?

Initial parental benefit

Initial parental benefit (*subsídio parental inicial*) encompasses 120 or 150 consecutive days of leave, according to the parents' choice. The leave can be shared between the parents after the birth, except for the leave reserved for the mother. The duration of the leave is extended by 30 days in the case of shared leave, provided that each parent takes a leave of 30 consecutive days, or two periods of 15 consecutive days, after the compulsory leave reserved for the mother. The benefit is extended by 30 days per child in the case of multiple births.

Initial parental benefit reserved for the mother

Initial parental benefit reserved for the mother (*subsídio parental inicial exclusivo da mãe*) encompasses up to 30 days of voluntary leave prior to the birth of the child and six weeks of compulsory leave after childbirth. These periods form part of the initial parental leave.

Initial parental benefit in the event of one of the parents being prevented from taking leave

Initial parental benefit in the event of one of the parents being prevented from taking leave (*subsídio parental inicial de um progenitor em caso de impossibilidade do outro*) is granted in the case of the death or physical or mental incapacity of one of the parents, until the time limit of the remaining period corresponding to the initial parental allowance which has not been enjoyed.

In the case of the death or incapacity of the mother, a minimum 30 days of initial parental benefit is granted to the father. The same rules apply, if a professionally non-active mother dies or becomes incapacitated during the 120 days after the birth.

Initial parental benefit reserved for the father

Initial parental benefit reserved for the father (*subsídio parental inicial exclusivo do pai*) is a compulsory leave of ten days. Out of these ten days, a continuous five days have to be taken immediately after the birth and five days during the subsequent 30 days. After this period, voluntary leave of ten days, continuous or not, can be taken during the initial parental leave of the mother.

Extended parental benefit

Extended parental benefit (*subsídio parental alargado*) is intended for taking care of children. It is granted either to the mother or to the father or to both parents alternately, in the three months immediately following the expiry of the initial parental benefit, or the extended parental benefit of the other parent.

Adoption benefit

Adoption benefit (*subsídio por adoção*) corresponds, *mutatis mutandis*, to the initial parental benefit and the extended parental benefit. In the case of the death or physical or mental incapacity of the adoptive parent, it is granted to the (insured) spouse until the end of the leave to which that parent was still entitled, with a minimum of 14 days (extended by 30 days for each adopted minor child).

Benefit for clinical risk during pregnancy

Benefit for clinical risk during pregnancy (*subsídio por risco clínico durante a gravidez*) is provided for the period considered necessary to prevent the occurrence of such risk.

Benefit for termination of pregnancy

Benefit for termination of pregnancy (*subsídio por interrupção da gravidez*) is provided for a period varying from 14 to 30 days.

Benefit in case of particular risks during pregnancy

Benefit in the case of particular risks during pregnancy (*subsídio por riscos específicos*) is granted if the woman works in positions more exposed to dangerous health/security conditions. It is also granted if she works night-shifts.

Benefit for the care of grandchildren

Benefit for the care of grandchildren (*subsídio para assistência a netos*) is provided to the grandparents for up to 30 consecutive days following the birth of grandchildren living in the same household, whose father or mother are less than 16 years old. Grandparents might be entitled instead of the parents, if one of the parents is sick. They might be entitled until the expiry of leave to which that parent was still entitled.

Calculation of benefits

The initial parental benefit corresponding to a 120 days' leave, the initial parental benefit reserved for the father, adoption benefit, benefit for clinical risk during pregnancy and the benefit for termination of pregnancy are paid as a daily allowance amounting to 100% of the beneficiary's reference earnings (additional payments at Christmas and holiday included).

The initial parental benefit if a leave of 150 days was chosen is paid as a daily allowance amounting to 80% of the reference earnings. In the case of a shared leave of 150 or 180 days, the amount of the allowance will correspond to 100% or 83% respectively of the reference earnings.

Extended parental benefit and extended adoption benefit are provided as a daily allowance amounting to 25% of the reference earnings.

Benefit in case of particular risks during pregnancy is provided as a daily allowance amounting to 65% of the reference earnings.

Benefit for the care of grandchildren is provided as a daily allowance which amounts to 100% of the beneficiary's reference earnings for care immediately after the birth, or 65% for the care of disabled or chronically ill grandchild, respectively.

A minimum amount is set for the abovementioned allowances, corresponding to 80% of one-thirtieth of the IAS. The minimum amount for the extended parental benefit and the extended adoption benefit is 40% of one-thirtieth of the IAS.

How are maternity and paternity benefits accessed?

In order to be entitled to the abovementioned benefits, the beneficiary must have completed six months of affiliation with registered earnings (holiday and Christmas bonuses are not taken into account for the calculation). The beneficiary must apply to the social security institution for these benefits within six months from the first day of unpaid absence from work, using a standard form.

Together with the application, the beneficiary must supply proof of the situation and the facts that entitle him/her to the benefit. He/she must also supply declarations from the health service and/or extracts from the births, marriages and deaths registers.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

An employed or self-employed person who is considered to be in a situation of permanent incapacity to work may be entitled to an invalidity pension under the general social security scheme. Certain groups may join this scheme on a voluntary basis. If permanent incapacity is established after the maximum period for receiving sickness cash benefit (1,095 days), the beneficiary can be redirected to the invalidity insurance scheme.

A worker is considered to be in a situation of relative incapacity when, due to a permanent incapacity, s/he is not able to earn more than one-third of the earnings corresponding to the normal practice of his or her activity.

A worker is considered to be in a situation of absolute incapacity when s/he has a permanent and definite incapacity for all kinds of jobs. . Revision of invalidity is possible at request of the relevant institution or of the person concerned.

Invalidity pension is not payable if the invalidity is the result of an accident at work or an occupational disease or if the person is entitled to an old-age pension.

What is covered?

Invalidity pension

To be entitled to an invalidity pension (*pensão de invalidez*), an insured person must have accumulated at least five years (in the case of relative invalidity), or at least three years (in the case of absolute invalidity) of contributions paid or credited (for instance periods of maternity, sickness or military service). For invalidity due to certain chronic diseases (e.g. HIV, cancer, multiple sclerosis), a waiting period of three years is stipulated.

Only years with at least 120 days of contribution with earnings registration are taken into account. The person must also be certified as disabled by the incapacity verification system. The person retains his or her right to these benefits for as long as the certified situation of invalidity exists, or until invalidity pension is converted into an old-age pension.

Amount of the invalidity pension

Invalidity pension is determined according to the number of years of contributions, the average monthly earnings during the entire insurance period (to a maximum of 40 years) and the sustainability factor (related to the evolution of the average life expectancy).

For beneficiaries with 20 years of insurance or less, the pension rate is calculated by adding two percent of the calculation base (average earnings during the entire insurance period) for each of the calendar years considered. There is a minimum of

30% of reference earnings, and the amount of the pension cannot be lower than a defined statutory minimum.

For beneficiaries with over 20 years of insurance, the pension constitution rate is regressive, varying between 2.3 and two percent in relation to the corresponding reference pay segment. It is indexed to the indexing reference of social support (*indexante dos apoios sociais, IAS*), and varies between 1.1 and eight times this value.

Until the end of the current transition period in 2017, the beneficiary will receive the most favourable amount ascertained by the application of the rules fixed in 1993 (when for instance the average pay of the ten best-paid out of the last fifteen years was taken into account, and the amount of the pension could not be less than 30% and not more than 80% of previous average pay), or of the new rules introduced in 2002, or of a *pro rata* combination of the old and the new rules.

In the months of July and December, all pensioners receive an additional payment (holiday and Christmas bonuses), which is equal to the amount of their pension. This means that actually 14 pension payments are made per calendar year. In 2013, the supplementary amount of pensions corresponding to the month of December, i.e. the Christmas bonus, is paid in twelfths in case the pension amount exceeds € 600.

If the amount of the pension is less than the guaranteed minimum rate, a supplement corresponding to the difference between the guaranteed value and the pension paid under the general scheme is provided.

In addition, a supplement for a dependent spouse is possible.

A long-term care supplement (*complemento por dependência*) is granted in two degrees to the recipients of invalidity pensions who need the permanent assistance of another person. However, the long-term care supplement corresponding to the 1st degree of dependency is not granted to pensioners whose pension amount exceeds € 600.

How are invalidity benefits accessed?

Applicants for invalidity pension should send the appropriate form, with the required supporting documents (e.g. photocopies of the applicant's ID and insurance cards) to the National Pensions Centre or to the local social security institution.

Application for the granting of the long-term care supplement must be addressed to the applicant's local social security institution, using the standard form, accompanied by the same documents as those required for the invalidity pension. Additionally, the details of the person or organisation providing assistance have to be provided.

Invalidity pension is paid from the first day of the month in which the claim was submitted or the day determined by the Committee for the verification of permanent incapacity (*Comissão de verificação da incapacidade permanente*) until retirement age is reached.

The general scheme invalidity pension can be drawn at the same time as other disability or old-age pensions paid by other social insurance plans, especially those related to employment injury or occupational disease. Relative invalidity pension can

also be paid to persons who are engaged in gainful employment, although in this case a certain limit is applied. When exceeding this limit, the amount of invalidity pension is proportionally reduced.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

An employed or self-employed person who reaches the retirement age and meets other conditions may qualify for an old-age pension (*pensão de velhice*). The same conditions apply for those who are insured on a voluntary basis.

The old-age pension may be accessed at any time after the age of 65, as long as the person has accumulated at least 15 years of paid or credited contributions. It is necessary to prove the completion of 120 days with earnings registration for each calendar year in order to be taken into account.

Early retirement is possible between the ages of 55 and 65, provided that an insured person completed a qualifying period and a contribution period of 30 calendar years (this scheme is suspended for the duration of the Economic and Financial Adjustment Programme).

Unemployed persons may claim the old-age pension at the age of 62, if they were aged 57 at the beginning of their unemployment and have completed the qualifying period (of at least 15 years). Those who have contributed for 22 calendar years and are aged 52 or more when they become unemployed, may also claim the old-age pension at the age of 57.

If an insured person performs activities in certain recognised professions where heavy or health-damaging work is performed, s/he may as a rule retire at the age of 55. The same retirement age of 55 years is set in the case of specific measures to protect economic activities or companies.

There is no possibility of partial retirement.

What is covered?

Old-age pension

The amount of the old-age pension is calculated on the basis of average monthly earnings adjusted over the person's entire insurance life, up to a maximum of 40 years.

For beneficiaries with 20 years of insurance or less, the pension rate is calculated in such a way that two percent of the calculation base (average earnings during the entire insurance period) is added for each of the calendar years considered. There is a minimum of 30% of reference earnings.

For beneficiaries with over 20 years of insurance, the pension rate varies between 2.3 and two percent in relation to the corresponding reference pay segment. It is indexed to the indexing reference of social support (*indexante dos apoios sociais, IAS*) and varies between 1.1. and eight times this value.

Until the end of the current transition period in 2017, the beneficiary will receive the most favourable amount ascertained by the application of the rules fixed in 1993 (when for instance the average pay of the ten best-paid out of the last fifteen years was taken into account, and the amount of the pension could not be less than 30% and not more than 80% of previous average pay), or of the new rules introduced in 2002, or of a *pro rata* combination of the old and the new rules.

If pension is deferred and claimed after the age of 65 years and the beneficiary has completed 40 qualifying years, the pension might be increased. A bonus is provided until reaching 70 years of age. The monthly bonus rate varies between 0.33 and one percent according to the completed number of contribution years. On the other hand, if early old-age pension is claimed before reaching 65 years of age, the amount of pension may be reduced (with the exception of early retirement due to heavy or health-damaging work) (this measure is suspended for the duration of the Economic and Financial Adjustment Programme). If an insured person under the age of 65 does not claim an early old-age pension despite meeting the requirements to do so without any reduction being applied, the pension will be increased by 0.65% per month.

A minimum pension is guaranteed. Its amount depends on the number of insurance years and varies between 61.25% to 90.41% of the IAS. If the amount of the pension is less than the guaranteed minimum rate, a supplement corresponding to the difference between the guaranteed value and the pension paid under the general scheme is provided.

A person can draw an old-age pension even if s/he is still gainfully employed.

Supplements

In the months of July and December, all pensioners receive an additional payment (holiday and Christmas bonuses), which is equal to the amount of their monthly pension. This means that actually 14 pension payments are made per calendar year. In 2013, the supplementary amount of pensions corresponding to the month of December, i.e. the Christmas bonus, is paid in twelfths in case the pension amount exceeds € 600.

A long-term care supplement (*complemento por dependência*) is granted in two degrees to the recipients of old-age pension who need the permanent assistance of another person. However, the long-term care supplement corresponding to the 1st degree of dependency is not granted to pensioners whose pension amount exceeds € 600.

A solidarity supplement for the elderly (*complemento solidário para idosos*) is granted to pensioners aged 65 years or over. They must reside in Portugal for at least six years prior to the right being granted and their annual income must be lower than a certain limit (€ 4,909 for a single person or € 8,590.75 for a couple). This non-contributory, means-tested supplement corresponds to the difference between the pensioner's own income and this amount.

How are old-age benefits accessed?

Applications for the old-age pension should be submitted by using the appropriate form. In addition the required documents substantiating the claim (e.g. photocopies of

the applicant's ID and insurance cards) should be sent to the National Pensions Centre or the local social security institution.

Application for the long-term care supplement should be made at the applicant's local social security institution using the standard form. It has to be accompanied by the same documents as those required when the old-age pension is claimed. In addition, the details of the person or organisation providing the assistance should be stated.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

A pension may be paid to the surviving family members of a person insured under a contributory social security scheme.

The pension is provided, in the first instance, to the spouse, ex-spouse or common-law partner (living with the deceased for at least two years), and to children or those treated as children of the family. The latter may be entitled to an orphan's pension until the age of 18 years. The entitlement can be extended to the age of 25 or 27 if they are full-time students. There is no age limit if they are disabled and receiving family benefits.

If there are no such persons, the ascendants (e.g. parents) or other relatives who were dependent on the deceased at the time of his or her death may be eligible to receive a pension.

In addition, the deceased insured person must have completed at least 36 months of paid or credited contributions.

What is covered?

Survivor's pension

Survivor's pension is calculated as a percentage of the pension that the insured was already receiving or would have been receiving as a disabled or retired person at the date of his/her death.

It amounts to 60% for the spouse (or partner) or ex-spouse, or 70% if in addition to the spouse or partner, there is a former spouse who is entitled to the pension.

For former spouses, or in case of legal separation or annulment of the marriage, the amount of the survivor's pension cannot exceed the amount of alimony received at the time of death of the insured person.

Orphan's pension amounts to 20, 30 or 40% for children of the family, if there are one child, two or more children, respectively. These percentages are doubled and amount to 40, 60 or 80%, if there is no surviving spouse (partner) or ex-spouse.

Parents dependent on the deceased are entitled to 30 (one person), 50 (two persons) or 80% (three or more persons) of the deceased person's pension.

There is a maximum which can be paid to the family members of the deceased insured person, i.e. 100% of the insured person's pension. Exceptionally, 110% may be paid in the case of divorce where two (ex) spouses would be entitled to a pension.

Death grant

A death grant (*subsídio por morte*) is as a rule granted to the same persons as the survivor's pension, but without any qualifying conditions (no minimum insurance period is required). It is paid as a lump sum, which amounts to three times the IAS-€ 1,257.96.

The death grant might be shared by the beneficiaries in the same proportion as the survivor's pension. It is paid half to the spouse or ex-spouse and half to the children or those treated as children of the family. In the absence of one of these relatives, the full amount of the grant is paid to the other entitled relatives.

Reimbursement of funeral expenses (*reembolso das despesas de funeral*)

When there is no family member entitled to the death grant, the funeral expenses may be reimbursed to the person who incurred the costs of the funeral. It can be paid to any person who pays for the funeral residing in Portugal. The amount of the reimbursement cannot exceed that of the (non-awarded) death grant, within the limit of three times the IAS (€ 1,257.96).

Supplements

In the months of July and December, all pensioners receive an additional payment (holiday and Christmas bonuses) which is equal to the amount of their monthly pension. This means that actually 14 pension payments are made per calendar year. In 2013, the supplementary amount of pensions corresponding to the month of December, i.e. the Christmas bonus, is paid in twelfths in case the pension amount exceeds € 600.

A long-term care supplement (*complemento por dependência*) is granted in two degrees to the recipients of survivor's pension, who need the permanent assistance of another person. However, the long-term care supplement corresponding to the 1st degree of dependency is not granted to pensioners whose pension amount exceeds € 600.

A solidarity supplement for the elderly (*complemento solidário para idosos*) is granted to pensioners aged 65 years or over. They must reside in Portugal for at least six years prior to the right being granted and their annual income must be lower than a certain limit (€ 4,909 for a single person or € 8,590.75 for a couple). This non-contributory, means-tested supplement corresponds to the difference between the pensioner's own income and this amount.

How are survivors' benefits accessed?

There is a standard form for applying for a survivor's pension, which must be completed and sent to the National Pensions Centre or local social security institution within six months of the date of death. The insured person's birth registration, death certificate and a photocopy of his or her identity card should be added.

An application for the long-term care supplement should be submitted to the applicant's local social security institution using the established standard form. It should be accompanied by a photocopy of the person's ID card and the details of the person or organisation providing the assistance.

There is also a standard application form for a death grant, which the beneficiary must complete and send to the National Pensions Centre or the local social security institution within 180 days of the date of death. The insured person's birth registration, death certificate and a photocopy of his or her identity card should be added.

The applicant of the reimbursement of funeral expenses (who must introduce a claim within 90 days of the date of death) must prove both payment of the funeral expenses and that the deceased was a Portuguese resident, who was not covered by a compulsory social security scheme providing death grant.

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

The employer is obliged to insure his or her employees against the risk of accidents at work. As a general rule, the responsibility is transferred to an insurance company, since the social security schemes do not cover this risk. Self-employed persons are also required to subscribe to an insurance plan covering accidents at work.

The general social security scheme does, however, cover workers against occupational diseases.

For an accident to be considered an accident at work, it must normally: occur in the workplace and during working hours; cause bodily injury, functional disorders or disturbances; or result in a disease leading to death or to a temporary or permanent, partial or total reduction in the person's working or earning capacity. Also an accident that occurred on the way to or from the workplace may be considered an accident at work.

Occupational diseases may occur following exposure to a risk related to the nature of the activity or the ordinary workplace. The disease must arise within a certain timeframe, which is indicated in the official list of occupational diseases. In addition to that, it can be argued and proved on a case-by-case basis that a disease is work-related, even if it is not on the list (mixed system of defining occupational disease).

All employees and self-employed persons are entitled to benefits in the case of an accident at work or occupational disease, whatever their occupation and whether their work is remunerated or not. Members of their family in the event of the death of the insured person may also be entitled to certain benefits.

What is covered?

Benefits granted in the case of accidents at work are similar to those granted in the case of occupational diseases, even though the responsibility for their provision lies with different institutions.

As a general rule, healthcare is provided through reimbursement of costs incurred. Medical care can also be provided by the National Health Service and there is no requirement of co-payment by the insured person. Sickness cash benefit can also be granted during medical treatment and occupational rehabilitation.

The level of permanent incapacity is indicated in the table of incapacities (*Tabela Nacional de Incapacidades por Acidentes de Trabalho e Doenças Profissionais*). In the case of total incapacity for all kinds of work, a pension can be paid corresponding to 80% of the reference earnings, plus ten percent for each dependent member of the family, with a fixed ceiling.

In the case of total incapacity for the regular work, a pension between 50 and 70% of the reference earnings will be paid, depending on the remaining functional capacity to pursue another suitable occupation. In the case of partial incapacity, the annual pension corresponding to 70% of the reduction of general earnings capacity will be paid.

The employer is under obligation to integrate a worker suffering from temporary partial incapacity or from permanent, partial or total incapacity for regular work as a result of an employment injury or an occupational disease. Such workers are also entitled to vocational training, adaptation of the workplace, part-time work and leave for retraining or for finding another job. In addition, they are entitled to an allowance for attending professional rehabilitation activities, corresponding to the expenses incurred. In the case of courses organised by a body other than the Institute for Employment and Professional Training (*Instituto de Emprego e Formação Profissional*), the amount of the allowance is limited.

In the months of July and December, all pensioners receive a (Christmas and holiday) bonus supplement, which equals to the amount of their pension. This means that actually 14 pension payments are made per calendar year.

Supplementary care benefit (*prestação suplementar por assistência de terceira pessoa*) is provided to severely disabled pensioners who require constant attendance. A housing adaptation allowance can be paid in the case of permanent incapacity.

In the case of the death of the insured person, due to an accident at work or occupational disease, family members can be entitled to a survivor's pension.

A death grant (*subsídio por morte*) is also paid and corresponds to 12 times 110% of the indexing reference of social support (*indexante dos apoios sociais, IAS*). Reimbursement of funeral expenses (*subsídio por despesas de funeral*) is provided up to a certain amount.

How are benefits in respect of accidents at work and occupational diseases accessed?

A person who suffers from an accident at work must file a claim for compensation with the insurance company with which the employer has a contract or the organisation to which he/she is referred by this company. This must normally be done within a certain timeframe and in accordance with certain formalities, which may vary from company to company. It might be wise to make sure you know in advance what you have to do in case of an accident at work.

A person who suffers from an occupational disease should send his or her claim to the National Centre for Protection against Occupational Risks.

Medical assistance will in general be dispensed by the public health services. The consulting physician will determine whether the complaint qualifies as an occupational disease. This attestation is a condition for payment of the benefits in question.

Persons applying for benefits following a death must submit the death certificate and the bill for funeral expenses together with their application.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefits (*abono de família para crianças e jovens*) are granted in respect of children and young persons residing in Portugal (or in an equivalent situation) who are part of a household with a reference income not exceeding 1.5 times the indexing reference of social support (*indexante dos apoios sociais, IAS*) and with movable assets whose value is below a fixed ceiling, who are not professionally active and who meet the eligibility conditions. It is increased for children and young persons who are disabled and for single parent families.

Child benefit is paid as a rule up to the age of 16 years (or 24 if he/she is disabled, with a possible extension for up to three years). It can be extended up to the ages of 18, 21 or 24 if the children are registered in a grammar, secondary or higher education institution, or if they are attending a vocational training programme and are not receiving a study-training course scholarship or a work experience indemnity above a certain amount.

What is covered?

Child benefit

Child benefit is determined on the basis of the reference income of the family (total earnings of all family members divided by the number of family members plus one), household composition and the age of the child.

There are four earnings levels dependent on the IAS, ranging from 0.5 times the IAS at the first level and above 1.5 times the IAS at the fourth level (in which case no benefit is paid). The amounts at each level are higher for children aged up to 12 months and lower for older children.

The birth or integration in the household of a second child entails the doubling of the benefits amount for each child aged between 12 and 36 months. The birth or integration of a third and subsequent child leads to the tripling of the benefits amount, granted under the same age conditions.

Special allowances for disabled children

A supplement to child benefit for disabled children (*bonificação, por deficiência, do subsídio familiar a crianças e jovens*) will be paid until they reach the age of 24 years if they are attending a special institution, residential or otherwise, or need individual tutoring and/or a specific therapy. The amount varies according to the age of the child (three age brackets). It is increased by 20% for single parent families.

Monthly life annuity (*subsídio mensal vitalício*) is paid for severely disabled descendants over 24 years of age who are unable to earn their own subsistence. It can be supplemented by an extraordinary solidarity supplement (*complemento*

extraordinário de solidariedade), a top-up benefit paid monthly of an amount that varies depending on whether the person is over or under the age of 70 years.

Recipients may also be entitled to a non-contributory, means-tested, solidarity supplement for the elderly (*complemento solidário para idosos*). It is paid to pensioners aged 65 years or over who are in receipt of a monthly life annuity, have had a residence in Portugal for the last six years, and whose annual income is below a certain level.

A special education allowance (*subsídio de educação especial*) is paid for disabled descendants under 24 years of age who attend a special education institution, whether non-profit or otherwise, and who need further individual support outside that institution.

An allowance for assistance by a third party (*subsídio por assistência de terceira pessoa*) is paid for dependent descendants who are receiving child benefit plus either a supplement to child benefit for disabled children or a monthly life annuity, and who need assistance for at least six hours a day to perform the basic functions of everyday life.

Other allowances

Persons in the lowest income bracket who are receiving child benefit are entitled, in the month of September, to an additional payment (*montante adicional*) covering part of school expenses for children between the ages of six and sixteen in that calendar year, as long as the children are registered and attend school. The amount of this supplement is equal to the amount of the regular child benefit.

Prenatal child benefit (*abono de família pré-natal*) is a monthly payment from the month following the thirteenth week of pregnancy and for a period of six months. Where the duration of the pregnancy exceeds 40 weeks, it is paid up to and including the month of birth. If the pregnancy is shorter (as a result of premature birth), the allowance is paid for a period of six months (together with the child benefit due after birth). The amount is determined according to the same rules that apply to Child benefit. Prenatal child benefit may be increased by 20%, if the beneficiary lives alone or if the household consists exclusively of persons for whom the right to child benefit exists.

Scholarship (*bolsa de estudos*) is a monthly benefit granted to youngsters below 18 years of age who are part of a household whose reference income corresponds to the first or the second income level and who are studying at secondary level or equivalent. The amount equals the amount of the child benefit being paid.

Funeral grant (*subsídio de funeral*) is a single payment to a person who paid the funeral costs of any member of his family or of any other person residing in Portugal and with no right to a death grant (*subsídio por morte*) of the compulsory social security system.

How are family benefits accessed?

Applications for family benefits are submitted to the beneficiary's local social security institution within six months from the date of the occurrence justifying the benefit. The standard form should be used, accompanied with the relevant documents.

Relevant documents may be:

- a certificate of marital status, identity card and birth certificate of the child in respect of whom the benefit is applied for;
- a photocopy of the student ID card or certificate of registration issued by the school (child benefit for children of the beneficiary aged 16-24);
- a medical certificate issued by the competent service, when the child is disabled;
- a medical certificate stating that the disabled child needs special care;
- a death certificate for death related benefits;
- a medical certificate and photocopy of the ID card of the care-giver.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

To be eligible for unemployment benefit, the person must be involuntarily unemployed, capable of working, available for employment, registered with an Employment Centre (*centro de emprego*), an active job seeker and not receiving an invalidity or old-age pension.

The right to unemployment benefit has been extended to certain categories of self-employed persons, who receive the benefit under specific conditions.

Unemployment benefits

An insured employee is entitled to unemployment benefit (*subsídio de desemprego*) if he/she has worked for at least 360 days in the 24 calendar months immediately prior to the date of the unemployment.

Unemployment assistance

Unemployment assistance (*subsídio social de desemprego*) is paid to those who have accumulated 180 days of paid employment in the 12 calendar months immediately preceding unemployment. It is also paid to persons who are still unemployed after exhausting their unemployment benefit, but only if their per capita family income and the value of movable assets they own is less than a certain amount, related to the indexing reference of social support (*indexante dos apoios sociais, IAS*).

Partial unemployment benefit

Partial unemployment benefit may be paid to persons who receive or have claimed unemployment benefit and who take up part-time employment (the average weekly duration of which is lower than that of a full-time employment in a comparable situation) or self-employment, on the condition that the earnings resulting from this employed or self-employed activity are lower than the amount of the unemployment benefit.

Pre-retirement benefit

Employees covered by the general social security system, except those whose insurance does not cover invalidity, old age and death, who are 55 years of age or older, may conclude a pre-retirement agreement with the employer. In addition, elderly unemployed persons may claim [early old-age pension](#).

What is covered?

Unemployment benefit

Unemployment benefit is calculated on the basis of average monthly earnings (without a ceiling and including income replacement benefits) received during the last 12 months before the termination of an employment contract.

The per diem unemployment benefit is 65% of the daily reference earnings, calculated over the 12 months immediately preceding the second month before the date of unemployment, within certain limits. It cannot amount to more than 75% of the net value of reference earnings or more than 2.5 times the IAS, and to less than the IAS, unless the worker's reference earnings are below that level. In this case, the amount corresponds to the average payment. The amount of the benefit is reduced by 10% after 180 days of payment.

Until 31 December 2012, the amount of the benefit is increased by 10% in case both spouses or both persons living in a de facto relationship draw unemployment benefits or have dependent children, or when the unemployment-benefit recipient is the head of a single-parent household and fails to receive alimony ordered or approved by a court.

The duration of payment of unemployment benefit depends on the age of the insured person and the number of months with earnings registration in any compulsory social security scheme immediately prior to the date of the unemployment.

Unemployment assistance

Unemployment assistance amounts to 100% of the IAS for the unemployed with dependants and 80% for those living alone.

Unemployment assistance is paid for the same length of time as unemployment benefit, except when it is granted after unemployment benefit has been exhausted. In this case the duration is reduced by half. Unemployment assistance can be paid until the beneficiary reaches early old-age pension age, if he/she was 52 years of age or older when he/she became unemployed and was eligible for unemployment assistance when the extension period began.

Partial unemployment benefit

The amount of the partial unemployment benefit corresponds to the difference between 135% of the unemployment benefit and the remuneration paid for the part-time work. In the case of temporary work reduction, the remuneration is kept up to a certain level. Partial unemployment benefit is paid from the start of the part-time employment for a period equal to the remainder of the duration of the unemployment benefit.

Total amount of benefit in case of unemployment

The total amount of the unemployment benefit (insurance) and of the unemployment allowance (assistance) may be a one-off payment provided the beneficiaries present a project for the creation of self-employment. In that case, the amount can also be paid partially on condition that the admissible costs do not exceed the total benefit amount.

Pre-retirement benefit

Employers are responsible for paying the pre-retirement benefit. The Employment and Vocational Training Institute (*Instituto do Emprego e Formação Profissional, IP*) may pay half the sum for a period of six months, which may be extended for another six months if the agreement is within a certain framework and the employer is in an uncertain economic and financial situation.

How are unemployment benefits accessed?

Applications for unemployment benefit must be made at the local social security institution within 90 days after the beginning of unemployment, using the standard form provided.

The applicant must also supply a statement from his/her last employer certifying unemployment and the date of last payment, and a certificate from the local employment office attesting the ability to work and availability for employment.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

As a general rule, social assistance is provided to persons who are not covered by a contributory scheme or who are covered but not for the specific risk. Also, the benefits are only paid to persons, who are resident in Portugal and are in financial difficulties, i.e. whose income is below a certain level.

General system

All legal residents (at least three years of residence in certain cases) who are over 18 years of age (persons under that age may be entitled if they have children depending on their household, are married or cohabitating, or pregnant) and are in a situation of socio-economic need (which also implies not owning movable or other assets whose value exceeds a certain amount related to the indexing reference of social support (*indexante dos apoios sociais, IAS*) may be granted a social integration income (*rendimento social de inserção*).

Special non-contributory benefits

Under certain conditions, persons not entitled to contributory benefits may be entitled to a non-contributory pension. It may be provided as an invalidity or old-age social pension, widow(er)'s pension and orphan's pension (*pensão social de invalidez e de velhice, pensão de viuvez, e pensão de orfandade*).

Social pension may be paid to persons of 65 years or older and to permanently disabled persons over the age of 18, regardless of their occupation. Persons receiving old-age or invalidity pension are also entitled to an extraordinary solidarity supplement (*complemento extraordinário de solidariedade*), a top-up benefit of an amount that varies depending on whether the person is over or under the age of 70.

The widow's/widower's pension is paid to the spouse of a pensioner who, before his or her death, was receiving a non-contributory pension, on the condition that the widow or widower in question is not entitled to a pension in his or her own right. The orphan's pension is paid to orphaned minors.

Residents who are not covered by a mandatory social protection system or who are covered but not under the contingencies of maternity, paternity and adoption, may be eligible for social allowances in the framework of maternity, paternity and adoption protection (*subsídios sociais de protecção na parentalidade*).

Unemployed persons not entitled to unemployment benefit may be entitled to unemployment assistance (*subsídio social de desemprego*), provided they fulfil the conditions as regards income and movable assets.

Pensioners aged 65 years or over may be entitled to a solidarity supplement for the elderly (*complemento solidário para idosos*). They must reside in Portugal for at least six years prior to the right being granted and their annual income must be lower than a certain limit (€ 4,909 for a single person or € 8,590.75 for a couple). This non-

contributory, means-tested supplement corresponds to the difference between the pensioner's own income and this amount.

Pensioners whose income is below the guaranteed minimum retribution (*Retribuição Mínima Mensal Garantida*) of the previous year, or below the indexing reference of social support (*indexante dos apoios sociais, IAS*) when the latter exceeds the guaranteed minimum retribution, are exempted from co-payments for healthcare and they benefit from an increased contribution by the State towards the price of medicines.

What is covered?

General system

Social integration income is a cash benefit provided together with an integration contract. Its aim is to ensure that individuals and their family members have sufficient resources to cover their basic needs, while promoting their gradual social and professional integration.

The beneficiary must be willing to apply for other benefits to which he or she may be entitled, to recover any outstanding debts and to assert the right to alimony pension.

Social integration income corresponds to the difference between the theoretical amount of the social integration income in relation to the number of family members and the entire family income. Hence, it is paid as a differential amount.

The theoretical amount is indexed to the indexing reference of social support (*indexante dos apoios sociais, IAS*). It is calculated as 100% of the IAS for the entitled person, 50% for each adult, and 30% for each minor.

Social integration income can be combined with other social security benefits, such as a long-term care supplement (*complemento por dependência*), a solidarity supplement for the elderly and an allowance for assistance by a third party (*subsídio por assistência de terceira pessoa*).

Social integration income is granted for 12 months. It may be renewed upon request of the beneficiary and presentation of the supporting documents.

Special non-contributory benefits

The non-contributory social invalidity and old-age pensions are flat-rate benefits, indexed to the indexing reference of social support (*indexante dos apoios sociais, IAS*). Invalidity social pension is paid for the entire duration of the incapacity.

Possible supplements are the long-term care supplement and the extraordinary solidarity supplement. The latter varies according to whether the person is over or under the age of 70.

The amount of the orphan's pension is also fixed, but depends on the number of children. It amounts to 20, 30 or 40% of the social pension. The widow's/widower's pension amounts to 60% of the social pension.

The amount of social allowances in the framework of maternity, paternity and adoption protection is indexed to the IAS. They are means-tested benefits, which are classified similarly to those of the general system. Also their duration is similar.

Unemployment assistance amounts to 100% of the IAS for unemployed people who have a family.

How are minimum resources benefits accessed?

To obtain the social integration income (*rendimento social de inserção*), the claimant must accept the obligations stemming from the integration contract, elaborated by the competent local services together with the claimant. Registration with the competent employment centre is also required. Certain categories are exempted from participating in the integration contract and from registering at the employment centre.

The decision about the entitlement to and the granting of the benefit is the responsibility of the Social Security Institute (*Instituto da Segurança Social*) through the competent social security institution of the claimant's place of residence. The incapacity entitling a person to a social invalidity pension has to be established by the incapacity verification system.

As a rule, the claim is submitted by means of a duly completed form and accompanied by the legally required documents of proof, such as a copy of documents attesting to the identity and the income taken into account as well as, where applicable, a medical certificate, in addition to other relevant elements which serve to identify the situation of need by the competent social security services.

The production of specific documents for a number of benefits may be required. For instance, for social integration income and social pension, a report is necessary on the social and economic situation of the person concerned, drawn up by the competent services. The solidarity supplement for the elderly may be granted upon attestation of the income of descendants with a maintenance obligation according to the Civil Code.

Chapter XII: Long-term care

When are you entitled to long-term care?

Long-term care benefits are available to persons who cannot perform activities of daily living autonomously and who continuously need the assistance of a third person as well as specialised health and residential care.

In the general social security scheme, the recipients of invalidity, old-age and survivors' pensions, as well as some beneficiaries of family benefits (i.e. disabled children), may be entitled to long-term care benefits.

Similarly, in the non-contributory scheme, means-tested long-term care benefits may be granted to recipients of invalidity, old-age and survivors' social pensions, and to some beneficiaries of family benefits (i.e. disabled children).

In the social insurance and non-contributory schemes, two degrees of dependency exist for pensioners. The first degree covers persons unable to perform autonomously the essential activities of daily living; the second degree covers persons who are in a situation of first degree dependency and who are, moreover, confined to bed or seriously demented. For disabled children the situation of dependency requiring permanent assistance of a third person for at least six hours per day must exist.

People resident in Portugal who are in a situation of (temporary or permanent, minor or severe) dependency of a physical, mental or social nature, may be entitled to benefits from the social security system and the National Health Service.

What is covered?

Benefits in kind

Benefits in kind may be provided in the form of home care, semi-residential care or residential care. Home care (*apoio domiciliário*) encompasses, for instance, daily care, personal comfort, cleaning, meal delivery, and an accompanying person for medical visits. Foster families (*famílias de acolhimento*) provide temporary or permanent integration of the elderly or disabled adults (maximum three). Foster families make sure that their basic needs, including healthcare, are met.

Semi-residential care may be provided in various forms. Night centres (*Centro de Noite*) provide accommodation for elderly people who are isolated and in need of assistance during the night (from 6pm to 8am). Day care centres (*Centro de Dia*) care for the elderly for at least eight hours per day. Centres for day care and promotion of autonomy (*Unidades de dia e de promoção da autonomia*) will provide assistance for eight hours daily. Sheltered workshops (*centro de actividades ocupacionais*) care for seriously disabled persons, and centres for social and occupational measures (*forum sócio-ocupacional*) for persons with minor mental disorders. Temporary reception centres (*centro de acolhimento temporário*) take care of disabled children and youngsters up to the age of 18.

Residential care is provided in various types of institutions:

- residential facilities for elderly people (*estruturas residenciais para pessoas idosas*) for elderly people who are or may become severely dependent;
- residential facilities for people with disabilities (*estruturas residenciais para pessoas com deficiência*) for persons over the age of 16 years with permanent or temporary disabilities;
- homes for permanent stay (*lar de infância e juventude*) for children and youngsters aged up to 18;
- centres for supported life (*unidade de vida apoiada*) for persons with permanent mental disabilities;
- centres for protected life (*unidade de vida protegida*) for adults who suffer from serious psychological problems likely to become permanent;
- centres for autonomous life (*unidade de vida autónoma*) for similar adults who maintain a certain degree of autonomy.

Medical rehabilitation following hospitalisation is provided by convalescent centres (*Unidades de convalescença*) and medium-term rehabilitation centres (*Unidade de média duração e reabilitação*), which also provide social and psychological support. Long-term and maintenance centres (*Unidade de longa duração e manutenção*) are intended for social support and maintenance treatment of persons suffering from chronic pathologies. Centres for palliative care (*Unidades de cuidados paliativos*) provide support and guidance in a hospital environment for terminally ill persons.

In addition, premature intervention (*Intervenção Precoce*) is an integrated aid measure combining education, health and social assistance for children up to six years with disabilities or with serious risk of mental retardation.

Cash benefits

A long-term care supplement (*complemento por dependência*) is paid to the recipients of invalidity, old-age and survivors' pensions of all schemes who are in need of the permanent assistance of another person. The monthly amount is indexed to the amount of the social pension and depends on the degree of dependency. However, the long-term care supplement corresponding to the 1st degree of dependency is only granted to pensioners whose pension amount does not exceed € 600. There are actually 14 months of benefits paid per year (including Christmas and holiday bonuses). In 2013, the supplementary amount of invalidity, old-age and survivors' pensions granted by the social security system which corresponds to the month of December, i.e. the Christmas bonus, is paid in twelfths in case the pension amount exceeds € 600.

Allowance for assistance by a third party (*subsídio por assistência de terceira pessoa*) is a monthly benefit granted for disabled children.

How is long-term care accessed?

In both the general social security scheme and the non-contributory scheme, medical boards determine incapacity in terms of social security. In the social security system and the National Health Service, medical teams operate in the national network of integrated long-term care.

Long-term care benefits are mainly supplied by professional providers who belong to the national network of integrated long-term care.

Professional providers encompass different types of legal persons such as hospitals, health centres, district social security centres, private social solidarity institutions, NGOs, local authorities and for-profit organisations.

Informal care is recognised, but not to such an extent as to constitute a decisive factor in the option to keep persons in their homes. Informal caregivers are usually family members, friends, neighbours of the dependent person or volunteers.

Dependency is assessed by reference to the capacity of people to perform autonomously the essential activities of daily living (e.g. housekeeping, moving around in the home and maintaining personal hygiene), by means of specific evaluations.

Recipients of the long-term care supplement (*complemento por dependência*) may undergo re-evaluations at their request or following a decision of the competent institution.

Annex: Useful addresses and websites

For social security issues concerning more than one EU country, you may search for a contact institution in Europe on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>.

More detailed information on qualifying conditions and individual social security benefits in Portugal can be obtained from the public institutes managing social protection system.

Enquiries concerning the effect on benefits of insurance in two or more Member States should be addressed to:

General Directorate for Social Security

(Direcção-Geral da Segurança Social)

Largo do Rato, 1
1296-144 Lisboa
Tel.: +351 21 381 7300
Fax: + 351 21 388 9517
E-mail: dgss@seg-social.pt
<http://www.seg-social.pt>

Social Security Institute

(Instituto da Segurança Social, IP)

Rua Rosa Araújo, 43
1250-194 Lisboa
<http://www.seg-social.pt>

Employment and Vocational Training Institute

(Instituto do Emprego e Formação Profissional, IP)

Av. José Malhoa, 11
1099-018 Lisboa
Tel.: +351 21 861 4100 Fax: +351 21 861 4603
E-mail: dem@iefp.pt
<http://www.iefp.pt>

General Directorate for Health

(Direcção-Geral da Saúde)

Alameda D. Afonso Henriques, 45
1040-005
Tel.: + 351 21 843 0500
Fax: + 351 21 843 0530
E-mail: geral@dgs.pt

For further information you may contact also the responsible ministries:

Ministry of Solidarity and Social Security

(Ministério da Solidariedade e da Segurança Social)

Praça de Londres, 1
1049-056 Lisboa
<http://www.mtss.gov.pt>

Ministry of Health

(Ministério da Saúde)

Av João Crisóstomo, 9

1049-062 LISBOA

<http://www.min-saude.pt>

Ministry of Finance

(Ministério das Finanças)

Av Infante D Henrique, 1

1100-278 LISBOA

<http://www.min-financas.pt>