Mais
Sindicato do Sector Financeiro

RELATIVE - Beneficiary and User

☐ User
☐ Beneficiary

☐ Registration ☐ Update

Titular

Membership No. _____ Titular Beneficiary No. _____ User No. _____

Name of Titular Beneficiary or Member

_____

Relative

Beneficiary No. _____ If you have been a beneficiary/user in the past, please state the no. _____

Relationship(1) _____

Full name

_____

Residence (full address)(2)

Street, avenue _____ No. _____ Floor _____

City/Town _____ Postcode _____ - _____ Postal designation _____

Country _____

Preferred telephone no. Secondary telephone no. Email Nacionality (country)

_____ _____ _____ _____

Date of birth (YYYY/MM/DD) Sex

_____ ☐ Male ☐ Female Marital Status(3) _____

Taxpayer no. ID no. Res. perm. Passp. Birth cert. Number

_____ ☐ ☐ ☐ ☐ _____

Official health services user:

SNS user ☐ SRS user - Azores ☐ SRS user - Madeira ☐ No. _____

Only for Beneficiaries:

If you are a spouse or partner and a titular beneficiary of a health subsystem, please state:

Employer Beneficiary No./Health Subsystem Description of organisation

_____ _____ _____

(1). For registration purposes, only relatives with the following relationships are considered: spouse or partner; child, equivalent (son-in-law, daughter-in-law and stepchild), grandchild, adopted; up to 1st degree of direct line or equivalent (father/mother, father/mother-in-law, stepfather/stepmother).
(2). If different from the titular holder.
(3). Marital status: single, married, widow, divorced, separated.

REQUIRED DOCUMENTS: see last page

Sindicato da Banca, Seguros e Tecnologias - Mais Sindicato

SAMS

NIF 500 825 556 | Rua de São José, 131 | 1169-046 Lisboa | Tel.: 210 499 999 | socios.beneficiarios@mais.pt

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Holder's full name (as per official ID):

_____

Holder whose employer does not deduct from salary or pension and Ex-Partner

To the bank _____

I hereby authorise that the amounts presented by SAMS for billing expenses for medical services **that have been rendered to myself, to members of my household or to users registered with SAMS at my request**, be charged to my account, as identified below:

Account holder's full name:

_____

IBAN | P | T | 5 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |

Holder whose employer deducts from salary or pension

To the bank _____

I hereby authorise that the amounts presented by SAMS for billing expenses for medical services **that have been rendered to myself, to members of my household or to users registered with SAMS at my request**, be charged to my salary or pension.

This declaration can only be revoked at my request and after informing Mais Sindicato, being valid in case of transfer to another credit institution underwriting IRCTs (Collective Labour Regulation Instruments) of the banking sector.

I further declare that I will immediately communicate any changes to the employer.

Titular beneficiary / partner's full name:

_____

I declare that I was made aware of and accept the Regulations and Complementary Standards of SAMS, accessible on www.mais.pt.

I hereby authorise that the information and personal data provided in this form, as well as that obtained by Mais Sindicato and SAMS through the provision of services, is treated and maintained digitally, and that its recipients are the internal services of Mais Sindicato or SAMS. Without prejudice to the above, Mais Sindicato or SAMS may provide third parties with personal data of which they are recipients, strictly insofar as such data are necessary, adequate and relevant for the provision of services and the respective billing, ensuring information security in accordance with the GDPR.
Mais Sindicato is responsible for processing the data contained in this form, in accordance with the respective Privacy Policy, and will ensure its holders' rights to access, rectification, elimination, limitation, portability and opposition, whenever legitimately requested in writing.

Completing this form is mandatory for the registration or updating of data related to the status of Beneficiary or User of SAMS.

Relative
(mandatory for people over 18)

_____
(Signature as per official ID)

Holder

Date (YYYY/MM/DD) _____

_____
(Signature as per official ID)

To be completed by our services

Proponent _____	Services _____
Date _____ Signature _____	Date _____ Signature _____
Email _____	

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USER - REQUIRED DOCUMENTS (amongst others considered necessary by Mais Sindicato or SAMS):

- Citizen Card (holder and relative)
- Residence Permit or Passport (foreigners)

BENEFICIARY - REQUIRED DOCUMENTS (amongst others considered necessary by Mais Sindicato or SAMS):

SPOUSE:

- Citizen Card (or ID / Taxpayer Card / SNS or SRS Azores / Madeira User Card) or other updated Official ID;
- Marriage Certificate;
- Health Card, of health subsystem, in the capacity of titular beneficiary (e.g., ADM, ADSE, INCM, PT-ACS, SSCGD, SSFA, etc.);
- Card from another body or health insurance.

PARTNER:

- Citizen Card (or ID / Taxpayer Card / SNS or SRS Azores / Madeira User Card) or other updated Official ID;
- Full, updated, unabridged birth certificate of titular beneficiary and partner;
- Proof that partner's tax residence corresponds to that of the titular beneficiary;
- Health Card, of health subsystem, in the capacity of titular beneficiary (e.g., ADM, ADSE, INCM, PT-ACS, SSCGD, SSFA, etc.);
- Card from another body or health insurance.

DESCENDANTS (CHILDREN, ADOPTED AND UNDER GUARDIANSHIP):
(Up to the age limit for receiving Child Allowance)

- Citizen Card (or ID / Taxpayer Card / SNS or SRS Azores / Madeira User Card) or other updated Official ID;
- Card from another body or health insurance;
- Legal Document proving the situation, in the case of adoption by the titular beneficiary, by the respective spouse or partner;
- Legal Document proving the situation of guardianship under the titular beneficiary, by the respective spouse or partner.

DESCENDANTS (GRANDCHILDREN AND STEPCHILDREN):
(Up to the age limit for receiving Child Allowance)

- Citizen Card (or ID / Taxpayer Card / SNS or SRS Azores / Madeira User Card) or other updated Official ID;
- Card from another body or health insurance;
- Document proving the decision made by the competent authority on the exercise of parental responsibilities, stating that he/she resided, exclusively or shared, with the titular beneficiary or with the spouse or partner, as long as the latter is registered as a SAMS beneficiary;
- Proof of receipt of Child Allowance by the respective holder of SAMS, or by the spouse or partner, provided that he/she is registered as a SAMS beneficiary, for case-by-case analysis, in the event that the aforementioned decision on the exercise of parental responsibilities does not exist.

DESCENDANTS (CHILDREN AND GRANDCHILDREN, STEPCHILDREN AND ADOPTED):
(With total and permanent incapacity for work and up to 24 years of age)

In addition to the documentation previously provided for each of the relationships, the following must also be presented:
- Multipurpose Disability Medical Certificate, issued by the competent official services, which proves total and permanent incapacity for work equal to or greater than 60%;
- Proof of disability or Social Inclusion Benefit allowance granted by Social Security;
- IRS declaration of the titular beneficiary, where the dependent appears with an indication of the % of disability recognised by the Tax and Customs Authority.

DESCENDANTS (CHILDREN AND GRANDCHILDREN, STEPCHILDREN, ADOPTED AND UNDER GUARDIANSHIP):
(Aged between age limit for receiving Child Allowance and 30 - exclusively for those covered by FSA)

In addition to the documentation previously provided for each of the relationships, the following must also be presented:
- Document from Revenue Services proving any income (1);
- Social Security document proving the situation of non-beneficiary or non-taxpayer and of any granting of unemployment benefits (1).

(1) For the couple, if the marital status is "married".

MINORS IN PROCESS OF ADOPTION:
(While entrusted by the Welfare Institution, in the ongoing adoption process)

- Citizen Card (or ID / Taxpayer Card / SNS or SRS Azores / Madeira User Card) or other updated Official ID;
- Card from another body or health insurance;
- Document proving the situation, to be issued by the competent minor's court, while entrusted to the titular beneficiary, spouse or partner, in the ongoing adoption process.

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