

First and last name of the insured person:

Social security number:

First and last name of relative:

Social security number or date of birth:

Telephone number (for possible questions)

Please tick the relevant box

1. Relation to the insured person:

- Child Adopted child Stepchild Grandchild Foster child

2. Is the child's address the same as insured person's address? Yes No

If not, please state the child's address:

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3. Is the child in a working (apprenticeship) or employment relationship? Yes No

If so, is this carried out in Austria? Yes No

Is the child covered by health insurance as a result of this working (apprenticeship) or employment relationship? Yes No

Does the child receive a survivor's pension? Yes No

Does the child receive unemployment benefit or emergency aid? Yes No

4. Additional question for children over the age of 18:

What education is the child currently completing?

5. Additional questions for stepchildren and grandchildren:

a) Does the child permanently live in your house community? Yes No

b) If not, who do they live with?

Exact address:

c) Under whose instruction does the child not live with you?

d) Who bears the majority of the child's costs?

6. Additional questions for foster children:

a) Have you entered into a guardianship agreement?

Yes No

With whom?

b) Who contests the child's support?

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c) Do you feed the child unpaid?

Yes No

d) Is the care relationship based on an official approval?

Yes No

(If so, please enclose a copy of this approval.)

e) Degree of kinship/relatedness.....

f) Does the child permanently live in your house community?

Yes No

7. Other notes:

DECLARATION

I declare that the information I have provided is truthful and that I have not concealed anything.

Moreover, I am aware that

- my (the) child is only entitled to my social security benefits if they habitually reside in Austria.
- BVAEB benefits which are wrongfully claimed will be demanded back by the BVAEB.

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Date and signature