

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:

.....

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?

.....

c) Do you feed the child unpaid?

Yes No

d) Is the care relationship based on an official approval?
(If so, please enclose a copy of this approval.)

Yes No

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

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

Yes No

7. Other notes:

DECLARATION

I confirm that my declarations are correct und complete.

I understand that

- my (the) child is only entitled to my social security if her/his habitual residence is in Austria.
- the costs of BVAEB services that were wrongly used, will be reclaimed back by the BVAEB.

.....
Date and signature