

-irst	and last name of the insured person:		
Socia	ıl security number:		
-irst	and last name of relative:		
Socia	ll security number or date of birth:		
ГеІер	phone number (for possible questions)		
		Please tick the releva	ant box
1.	Relation to the insured person:		
	□ married		
	□ former wife or husband		
	□ registered partner		
	☐ former registered partner		
	☐ domestic partner/head of household		
	☐ related head of household		
	□ nursing relative		
	□ parent		
2.	Does your relative have any gainful employment in Austria?	□ Yes	□ No
	Does your relative have any gainful employment abroad?	□ Yes	□ No
	Is mandatory health insurance required for this work?	□ Yes	□ No
	Since when? How long has this not been the case?		
	Name, profession and address of the place of employment		
3.	Does your relative receive a pension?	□ Yes	□ No
	From which country (e.g. Austria or another country)?		
1.	Does your relative receive unemployment benefits, emergency aid		
	or childcare benefits?	□ Yes	□ No
5.	Does your relative currently have – or have they ever had – voluntary health	insurance	
	with an Austrian social insurance institution?	□ Yes	□No
	Which health insurance company?		
	De-registered on		

6.	Is your relative		
	a) a regular member of a medical association?	☐ Yes	□ No
	b) member of the bar association?	☐ Yes	□ No
	c) member of the Austrian Chamber of Pharmacists in the department		
	for independent pharmacists?	□ Yes	□ No
	d) member of the Chamber of Engineers?	□ Yes	□ No
	e) member of the Austrian Chamber of Patent Attorneys?	□ Yes	□ No
	f) member of the Chamber of Public Accountants and Tax Consultants?	□ Yes	□ No
	g) member of the Chamber of Veterinary Surgeons?	☐ Yes	□ No
	h) member of the Chamber of Notaries?	□ Yes	□ No
7.	Children in a common household		
7a.	Is there currently a child/several children under the age of 18 in the same		
	household as your relative?	□ Yes	□ No
7b.	Has your relative lived with one or more children under 18 in the same		
	household for at least four years in the past?	□ Yes	□ No
8.	Additional questions for care allowance		
8a.	Do you receive a care allowance of at least level 3?	□ Yes	□ No
	If so, are you cared for by your relative?	□ Yes	□ No
8b.	Does your relative receive a care allowance of at least level 3?	□ Yes	□ No
9.	Additional question for former spouse only or former registered partner only		
	Do you have a valid claim to maintenance?	□ Yes	□ No
10.	Additional questions for domestic partner/head of household		
	related head of household/nursing relative		
10a.	Are you related to your relative through either a family relationship or		
	a relationship through marriage?	□ Yes	□No
	If so, which?		

10b.	Since when has your relative lived in a house community/household with you?					
	(proof of house community required (registration form))					
10c.	How long has your relative run your household?					
10d.	Does your relative receive any remuneration for this?	□ Yes	□No			
11.	Additional questions for parents:					
11a.	Marital status of your parent:					
	□ single					
	□ married					
	□ widowed					
	☐ divorced or dissolved registered partnership					
11b.	Is your parent predominantly supported by you? ☐ Yes	□No				
11c.	Do your parents live in your house community or do they have their own apartment?					
	Explanation					
I conf	irm that my declarations are correct und complete.					
I unde	erstand that					
>	my relative is only entitled to my social security if her/his habitual residence is in Austria	a				
>	3, ,					
>	under certain conditions, an additional contribution is to be paid for my relative - possib retrospectively.	ly				
 Date :	and signature					