

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:

- 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

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3. Does your relative receive a pension?  Yes  No

From which country (e.g. Austria or another country)? .....

4. 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/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?

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(proof of house community required [registration form])

10c. How long has your relative run your household?

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10d. Does your relative take on the upbringing of a child living in the same household (Pt. 7)?

Yes  No

10e. 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?

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## Explanation

I confirm that my declarations are correct und complete.

I understand that

- my relative 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 we reclaimed by the BVAEB.
- under certain conditions, an additional contribution is to be paid for my relative - possibly retrospectively.

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Date and signature