

To  
Versicherungsanstalt öffentlich Bediensteter,  
Eisenbahnen und Bergbau (Austrian Railways Insurance Institution)  
Dept. 11 - Contributions department  
Josefstädterstraße 80  
1080 Vienna

**Application for voluntary self-insurance in health and pension insurance scheme**

NAME: .....  
Social security number: .....  
Post code/Place of residence: .....  
Street: .....  
Telephone number: .....  
Email address: .....  
  
Name of department: .....

I have been employed at the above named department since (date) ..... at a wage which falls below the low income threshold of EUR 551,10.

I am applying for voluntary self-insurance in the health and pension insurance scheme and declare that the following reasons for exclusion do not apply.

- Recipient of a personal pension (e.g. old-age pension, foreign pension)
- Existence of compulsory health or pension insurance due to another occupation (e.g. civil servant, tradesman, farmer)
- Membership in a legal professional representation (e.g. doctor, pharmacist, lawyer, notary, chartered accountant, civil engineer),
- Recipient of unemployment benefits or emergency aid,
- Recipient of childcare allowance

(Place) ....., on .....  
(Signature)

## **Explanatory notes:**

1.     Scope of insurance  
Self-insurance for marginal employment is effective for health and pension insurance.
2.     Start of insurance  
Voluntary self-insurance is effective
  - from the day on which marginal employment begins if the application is submitted within six weeks of this date, otherwise it begins on the day
  - after the application was submitted.

If a previous self-insurance policy for marginal employment has ended because it was cancelled or because contributions were not paid, a new application cannot be submitted until three months have elapsed.

3.     End of insurance  
Voluntary self-insurance ceases
  - when the requirements no longer apply (end of marginal employment, the marginal income threshold is exceeded, employed in another job with full insurance)
  - on the day the insurance is cancelled or
  - at the end of the month for which a full monthly contribution was last paid if due contributions are not paid within two months after the end of the month which they cover.

4.     Contributions and payment of contributions  
The monthly contribution is EUR 77,83  
Of this amount, EUR 21,33 goes to health insurance and EUR 56,49 to pension insurance.

The contributions are required monthly and are due on the last day of the contribution month. Contributions must be paid to the insurance institution within 15 days of the due date. Interest in arrears will be charged in the event of late payment.

5.     Reporting requirements  
All changes significant to the insurance policy must be reported to the insurance institution in writing within one week. Important reasons for changes include e.g:
  - Ending a marginal employment relationship
  - Taking on another job with full insurance
  - Change of home address etc.

6.     Contact
  - Email:           geringfuegige@bvaeb.at
  - Telephone:      050405 DW 21170
  - Web:            It is also possible to apply through the Services section of our website with ID-Austria or a citizen card.