Insured person: Social security no.:

Your first and last name:

Your social security no. and your date of birth:

Telephone number (for any queries):

Please check as appropriate.

1. Does your registered partner have gainful employment in Austria? □ yes □ no
   Does your registered partner have gainful employment abroad? □ yes □ no
   Are they subject to compulsory health insurance as a result of this employment? □ yes □ no

   Since when? ..... When was the last time? .....
   Name, type of occupation and address of employment:
   .....

2. Is your registered partner self-employed and have income which is subject to income tax pursuant to Articles 22 (1-3 and 5) or Article 23 of the Austrian Income Tax Act (*EStG*)? □ yes □ no

   Does their income from this activity exceed EUR 4,988.64 annually (or is it expected to exceed this amount)? □ yes □ no

   If yes, we recommend that your registered partner contacts the Social Insurance Service for Commerce and Industry (*SVA*).

3. Does one or more children currently

   a) live together with you at the same address? □ yes □ no
   b) live together with your registered partner at the same address? □ yes □ no

4. Has your registered partner spent at least four consecutive years living together with one or more children at the same address? □ yes □ no

5. Is / has your registered partner ever had voluntary health insurance cover? □ yes □ no

   From which health insurance provider?
   .....

   Cancelled on .....

6. Is your registered partner
   a) an ordinary chamber member of a professional body of doctors? □ yes □ no
   b) a member of a bar association? □ yes □ no
   c) a member of the Austrian Chamber of Pharmacists in the section for self-employed pharmacists? □ yes □ no
   d) a member of the Chamber of Engineers? □ yes □ no
   e) a member of the Austrian Chamber Institute of Patent Agents? □ yes □ no
   f) a member of the Austrian Chamber of Public Accountants? □ yes □ no
   g) a member of the Austrian Chamber of Veterinary Surgeons? □ yes □ no
   h) in receipt of a pension pursuant to the Social Insurance Act for freelance self-employed persons (*FSVG*)? □ yes □ no

i) in receipt of a pension pursuant to the Social Insurance Act for Persons engaged in Trade and Commerce (*GSVG*) due to a professional certification pursuant to the Public Accountants professional rules? □ yes □ no

j) in receipt of a survivor's pension pursuant to the Social Insurance Act for Persons engaged in Trade and Commerce (*GSVG*) pursuant to the Public Accountants professional rules? □ yes □ no

7. Is your registered partner subject to compulsory insurance pursuant to the Notary Insurance Act (*NVG*) of 1972 or are they in receipt of a pension pursuant to this law? □ yes □ no

8. Is your registered partner in receipt of level 3 care allowance or higher? □ yes □ no

9. Is your registered partner in receipt of a pension (retirement pay)? □ yes □ no

Since when?
.....

From which authority (e.g. PVA)? .....

Where do you have health insurance cover?
.....

Has an application for a pension (retirement pay) been made? □ yes □ no

When? ..... From which provider?
.....

10. Is your registered partner in receipt of unemployment benefit or social support or child care allowance? □ yes □ no

Since when? ..... When was the last time? .....

From which provider?
.....

Declaration

I hereby confirm that the information provided here is the truth and that I have withheld nothing.

I understand that

- my registered partner is only entitled to make claims through my social insurance if they are ordinarily resident in Austria.
- The person who was not entitled to receive benefits will be required to repay any services provided by BVA which were unjustly claimed.

.....
Date and signature