

Insured person:

Social security no.:

Your first and last name:

Your social security no. and your date of birth:

Telephone number (for any queries):

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**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:

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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 5,108.40 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?

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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?  
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- Has an application for a pension (retirement pay) been made?  yes  no
- When? ..... From which provider?  
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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?  
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## 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.

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Date and signature