



Versicherungsanstalt öffentlich Bediensteter

Insured person:

Social security no.:

First and last name of the child:

Social security no. and date of birth of the child:

Telephone number (for any queries):

Please check as appropriate.

- 1. Relationship to the insured person:
 - child
 - adopted child
 - stepchild
 - grandchild
 - foster child

- 2. Child's address:

- 3. Is or has the child been employed or worked as an apprentice? yes no

Does the child have health insurance as a result of this employment or apprenticeship? yes no

Is or has the child been in receipt of a survivor's pension? yes no

If yes, from which authority?

From when to when?

Has the child been in receipt of unemployment benefit? yes no

If yes, from which authority?

From when to when?

At which health insurance provider is he/she insured?

- 4. Which school does the child attend? Since when?

Summer work from to

- 5. Additional questions to be answered for stepchildren and grandchildren:
 - a) Name, occupation and address of the child's parents:

 - b) Does the child live permanently with you? yes no
 (please provide a residence registration form [*Meldezettel*])

 - c) if not, who does he/she live with?

 - d) Exact address:
 On whose instructions does the child not live with you?

 - e) Who covers the majority of the costs for the child?

6. Additional questions only to be answered for foster children:

a) Name, occupation and address of the child's parents:

.....
.....
.....

b) Have you signed a contract of guardianship? yes no

With whom?

c) Who pays the child's maintenance?

.....

d) Do you care for the child free of charge? yes no

e) Is the foster care based on official permission? yes no
(if yes, please provide a copy of this permission)

f) Degree of relationship / relationship by marriage

.....

g) Does the child live permanently with you? yes no
(if yes, please provide a residence registration form)

7. Other information:

Declaration

I hereby confirm that the information provided here is the truth and that I have failed to reveal nothing.

I understand that

- my (the) child is only entitled to make claims through my social insurance if he/she is ordinarily resident in Austria.
- I will be required to repay any services provided by BVA which were unjustly claimed.

.....

Date and signature