

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. Are you currently entitled to receive maintenance payments from your formerly registered partner? yes no
2. Do you have gainful employment in Austria? yes no
Do you have gainful employment abroad? yes no
Are you 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:
.....
3. Are you 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 your income from this activity exceed EUR 5,108.40 annually (or is it expected to exceed this amount)? yes no
- If yes, we recommend you contact the Social Insurance Service for Commerce and Industry (*SVA*).
4. Does one or more children live together with you at the same address? yes no
5. Have you spent at least four consecutive years living together with one or more children at the same address? yes no
6. Are you / have you ever had voluntary health insurance cover? yes no
- From which health insurance provider?
.....
7. Are you
- 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
8. Are you subject to compulsory insurance pursuant to the Notary Insurance yes no

Act (NVG) of 1972 or are you in receipt of a pension pursuant to this law?

9. Are you in receipt of level 3 care allowance or higher? yes no

10. Are you in receipt of a pension (retirement pay)? yes no

Since when?

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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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11. Are you 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

- I am only entitled to social insurance cover from my formerly registered partner if I am ordinarily resident in Austria.
- I will be required to repay any services provided by BVA which were unjustly claimed by me.

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Date and signature