



Versicherungsanstalt öffentlich Bediensteter

To
Versicherungsanstalt öffentlich Bediensteter
Abt. XI - Beitragswesen
Josefstädterstraße 80
1080 Wien

Application for voluntary health and pension insurance

NAME:
Social insurance number:
Town / Post code:
Street:
Phone number:.....
E-Mail:

Name of employer:.....

I have been employed at the abovementioned place of work since (date) and am in receipt of a salary below the marginal income level (*Geringfügigkeitsgrenze*) of EUR 446.81.

I would like to apply for voluntary health and pension insurance and declare that none of the following exclusion criteria applies:

- The applicant is in receipt of a pension (e.g. retirement pension, foreign pension)
- The applicant is subject to compulsory health and/or pension insurance as a result of another occupation (e.g. civil servant, self-employed person, farmer)
- The applicant is a member of a statutory professional body (e.g. doctor, pharmacist, lawyer, notary, public accountant, civil engineer)
- The applicant is in receipt of unemployment benefit or unemployment assistance (*Notstandshilfe*)
- The applicant is in receipt of childcare allowance

(Place) , (Date)
(Signature)

Notes:

1. Scope of insurance
Voluntary insurance in the event of being in marginal employment (*geringfügig*) covers both health and pension insurance.

2. Start of insurance
Voluntary insurance cover begins:
 - On the first day of being in marginal employment if the insurance cover is being claimed for the first time and the application is submitted within six weeks of this point in time
 - In all other cases, on the day after the application was made.

If previous voluntary insurance cover when in marginal employment ended because it was terminated by the insurance holder or as a result of the non-payment of contributions, a period of three months must pass before a new application can be made.

3. End of insurance
Voluntary insurance cover comes to an end:
 - If the conditions are no longer met (marginal employment ends, the marginal income level (*Geringfügigkeitsgrenze*) is exceeded, or additional employment begins which includes full insurance cover)
 - With the day on which the intention to cancel the insurance was declared
 - On the last day of the month for which a full contribution was paid if an outstanding contribution is not paid within two months after the month for which it applies

4. Contributions and payment of contributions
The monthly contribution is EUR 63.68.
This is divided into EUR 17.88 for health insurance and EUR 45.80 for pension insurance.

The contributions are billed on a monthly basis and are due at the end of the contribution month. The contributions must be paid to the insurance provider within fifteen days of the due date.
In the event of contributions being paid later, late payment fees will be charged.

5. Duty to report changes in circumstances
The insurance provider must be notified in writing within one week of any changes having a material impact on the insurance cover.

Examples of such material changes include:

 - Termination of marginal employment
 - Commencement of additional employment with full insurance cover
 - Change of address, etc.

6. Contact
 - E-Mail: geringfuegige@bva.at
 - Phone: 050405 DW 21112, DW 21127, DW 21144
 - Internet: You can also submit the application with mobile signature or citizen card on our homepage under services