Formular drucken | Lokales Speichern | Formular zurücksetzen

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?
   (please provide a residence registration form [*Meldezettel*]) ☐ yes ☐ no

   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?

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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

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