Insured person: Social Security no.:

First and last name of your mother / father:

Social security no. and date of birth:

Marital status of your mother / father:

☐ Single, ☐ married, ☐ widowed, ☐ divorced

Telephone number (for any queries):

Please check as appropriate.

1. Is your mother / father primarily supported by you? □ yes □ no

2. Does your mother / father have gainful employment in Austria? □ yes □ no
   Does your mother / father 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:
   .....

3. Is your mother / father self-employed and do they 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 4,988.64 annually (or is it expected to exceed this amount)? □ yes □ no

   If yes, we recommend that your mother / father contacts the Social Insurance Service for Commerce and Industry (*SVA*).

4. Has your mother / father spent at least four consecutive years living together with one or more children at the same address? □ yes □ no

5. Is your mother / father in receipt of a pension (retirement pay)? □ yes □ no

   Since when? .....

   From which authority (e.g. PVA)? .....

   How much do they receive monthly? EUR .....

   Where do they have health insurance cover?
   .....

6. Is your mother / father (still) in receipt of another income? □ yes □ no

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

   If yes, are you cared for by your mother / father? □ yes □ no

8. Is your mother / father in receipt of level 3 care allowance or higher? □ yes □ no

9. Is your mother / father

   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

10. Is your mother / father 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

11. For divorced parents: How much does the divorced husband / wife have to pay / receive in maintenance? EUR ..... □ yes □ no

12. Do you have any brothers or sisters? □ yes □ no

13. Do your brothers or sisters and / or any other people help to support your parents? □ yes □ no

14. Do your parents live with you or do they have their own place of residence? □ yes □ no
    .....

15. Do you parents ordinarily live in Austria? □ yes □ no

    Since when? ..... When did they leave? .....

Declaration

I hereby confirm that the information provided here is the truth and that I have withheld nothing.

I understand that any services provided unjustly by BVA will be claimed back from the person who was not entitled to receive benefits.

.....
Date and signature