



Versicherungsanstalt öffentlich Bediensteter

Insured person:

Social Security no.:

First and last name of your mother / father:

Social security no. and date of birth of your mother / father:

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 5,361.72 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