

First and last name of the insured person:

Social security number:

First and last name of relative:

Social security number or date of birth:

Telephone number (for possible questions)

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Please tick the relevant box

1. Relation to the insured person:

- Child     Adopted child     Stepchild     Grandchild     Foster child

2. Is the child's address the same as insured person's address?  Yes  No

If not, please state the child's address:

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3. Is the child in a working (apprenticeship) or employment relationship?  Yes  No

If so, is this carried out in Austria?  Yes  No

Is the child covered by health insurance as a result of this working (apprenticeship) or employment relationship?  Yes  No

Does the child receive a survivor's pension?  Yes  No

Does the child receive unemployment benefit or emergency aid?  Yes  No

4. Additional question for children over the age of 18:

What education is the child currently completing? .....

5. Additional questions for stepchildren and grandchildren:

a) Does the child permanently live in your house community?  Yes  No

b) If not, who do they live with? .....

Exact address: .....

c) Under whose instruction does the child not live with you? .....

d) Who bears the majority of the child's costs? .....

6. Additional questions for foster children:

a) Have you entered into a guardianship agreement?

Yes  No

With whom? .....

b) Who contests the child's support?

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c) Do you feed the child unpaid?

Yes  No

d) Is the care relationship based on an official approval?

Yes  No

(If so, please enclose a copy of this approval.)

e) Degree of kinship/relatedness.....

f) Does the child permanently live in your house community?

Yes  No

7. Other notes:

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## DECLARATION

I declare that the information I have provided is truthful and that I have not concealed anything.

Moreover, I am aware that

- my (the) child is only entitled to my social security benefits if they habitually reside in Austria.
- BVAEB benefits which are wrongfully claimed will be demanded back by the BVAEB.

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Date and signature