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Application Form for Student Health Insurance according to paragraph § 16 2 ASVG)

ENGLISH TRANSLATION

For information purposes only - DO NOT FILL IN

(Please write your Health Insurance Number in full) →

Surname (including previous names)		Health Insurance Number		
Given name(s)		Date of birth	Day	Month
Address (Postcode, City, Street, Number)		<input type="checkbox"/> female <input type="checkbox"/> male	Nationality	
Tel.		E-Mail		

1 Caution: This insurance application **cannot be processed** until a current confirmation of continuing studies, as well as the relevant courses and their duration, has been submitted. This is only available upon the completion of registration protocol at the educational institution.

Health insurance cover in the 12 months leading up to this application

Compulsory insurance in Austria and/or overseas:	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, with which insurance company? _____	
Please state the start and end date of this cover: from _____ to _____	
CAUTION: if the cover was offered by a foreign insurance company, please submit evidence of this alongside this form!	
Entitlement as a family member – co-insured from _____ to _____ by:	
Name:	Insurance number:
Cancellation of the co-insurance due to	
<input type="checkbox"/> exceeding the given age limit for school children	
<input type="checkbox"/> other reasons: _____	
(please also provide evidence of this cancellation)	

Residential information

Do you also live elsewhere outside of Austria?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, in which country?	
Which country is currently the center of your vital interests?	

Study information

At which educational institution are you registered?	
Current main field of study:	
Start date:	
Have you changed your main field of study?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, how many times? _____ When? _____	
Did you interrupt your studies for important reasons?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please state:	
Will you be receiving an income during your studies?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, how much will you be earning? EUR: _____	<input type="checkbox"/> monthly <input type="checkbox"/> yearly
Type of income:	
Have you already completed a course within higher education?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, in what field?	

Payment type: payment slip direct debit authorization

IBAN	BIC
Account holder name	Signature of the account holder

I declare that I have, to the best of my knowledge, provided truthful information, that I have read and understood the information given on the following pages and that I will notify any changes within one week.

Place and date:	Signature of the applicant
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1 University of Salzburg students will be able to find this on PLUSonline under "Enrolment Documents", but only once the **ÖH (Student Union) fee** has been paid and successfully received by the university – they will confirm this by e-mail.

2 This is your **usual residence during your study** (i.e. Austria), not your main residence outside of Austria.