To the
Social Security Service
for Entrepreneurs (SVS)

Receipt stamp

SICKNESS NOTIFICATION
at supplementary insurance for sickness benefit (§ 106 GSVG) as well as Support during long-term illness (§ 104a GSVG)

Person insured	Social Security Number – date of birth
Address	

Unfit for work since ..... **probable duration of the incapacity** .....

Fit for work from .....

Diagnosis .....

Hospital care from ..... to ..... in the .....

Bed rest ☐ yes ☐ no **Starting** from .....to ..... o'clock

The beginning of the incapacity for work is to be indicated by the day on which the incapacity occurred.

Please tick the relevant boxes if the incapacity for work was caused by one of more of the following.

- ☐ Accident at work
- ☐ Traffic accident
- ☐ Brawl
- ☐ Accident insured occupational illness
- ☐ Sports or domestic accident
- ☐ Resulting from a previous accident
- ☐ Resulting from an earlier non-remedied illness
- ☐ Intentionally brought about incapacity for work

....

Date Doctor's stamp and signature

Information about processing your personal data according to the paragraph 13 of general regulations can be found at our website www.svs.at/vvt.

Social Security Number – date of birth:

To be completed by the insured person.

For payment of support benefit we require the following information:

- I am personally required to work in order to maintain my business
  ☐ yes ☐ no

- My average daily working period is ..... hours

- The number of employees (including part-time staff) in my company is ..... and the yearly average is expected to
  ☐ exceed 24 ☐ not exceed 24.

  This number includes ..... apprentices and/or ..... disabled persons as defined by the Disabled Persons Act, BGBl. No. 22/1970.

Account:

I request the transfer to my account at the .....

IBAN: .....

BIC: .....

Furthermore, I declare that I have given the information truthfully and have noted that in the event of false statements wrongfully accepted benefits must be repaid.

.....
Signature

Please note the following notification deadlines. When exceeding these deadlines the sickness benefit/support benefit cannot be paid until the time of the notification.

Sickness benefit with supplementary insurance	**Support benefit**
Initial notification within 7 days from the start of the incapacity for work. Further notifications must be confirmed by a doctor every 14 days and submitted within 7 days. If the incapacity for work lasts longer than 42 days, an additional sickness notification is required and at the same a further request for payment of support benefits must be submitted. The ability to work is to be reported immediately.	Medical determination of incapacity for work within 4 weeks from the start of the incapacity due to illness as well as notifying the SVS within 2 weeks after the medical determination. Further notifications must be confirmed by a doctor every 14 days and submitted within 7 days. The ability to work is to be reported immediately.