

1. ELIGIBLE PERSON

(1) (2)

Surname, forename

Date of birth

(3) (4)

Employee ID number (AKZ)

Insurance number

(5)

Social security agency/Health insurance provider

(6)

Address (post code, place, street, country)

2. DETAILS (only fill out if you pay social security in GERMANY, SLOVAKIA, SLOVENIA, CZECH REPUBLIC or HUNGARY)

(7)

Tax number (must be filled out if you pay social security in SLOVENIA or HUNGARY)

(8)

Health insurance provider (must be filled out if you pay social security in SLOVAKIA or CZECH REPUBLIC)

Currently employed in Germany

yes

no

(must be filled out if you pay social security in GERMANY)

(9)

If yes, please enter employer

3. NOTIFICATION OF LAST EMPLOYMENT CONTRACT SUBJECT TO BUAG

Name of last company subject to BUAG

Period (date from - to)

4. NOTIFICATION OF EMPLOYMENT SINCE LAST EMPLOYMENT CONTRACT SUBJECT TO BUAG

Please enter corresponding periods of any unemployment since the last employment contract subject to BUAG:

| Name of company | Period (date from / to) | Activity (also note unemployment) |
|-----------------|-------------------------|-----------------------------------|
| | | |
| | | |

5. TRANSFER TO YOUR DESIGNATED ACCOUNT

(10)

IBAN

BIC

(The amount to be paid is only transferred to the account designated by you.)

6. DESIRED PAYMENT (11)

Partial payment for calendar year(s)

Total payment

7. REQUIRED ATTACHMENTS (must be attached!) (12)

- Copy of an official photo ID
- Pension assessment (only in the event of an application before expiry of six-month period)

(13)
Place, date Applicant signature

- 1** Please enter your full name.
- 2** Please enter your date of birth in DD/MM/YYYY format.
- 3** The ten-digit code allocated by the BUAK must be entered in this field.
You can also find this in the BUAK employee information.
- 4** The number allocated to the posted worker by the social (health) insurance provider must be specified in this field. For example:
AUSTRIA: 1234170678 (ten digits, digits 5 to 10 = date of birth)
GERMANY: 12170678M123 (11 digits, digits 3 to 8 = date of birth, 9th digit normally the first letter of your name)
POLAND: 17067812345 (11 digits, digits 1 to 6 = date of birth)
OTHER STATES: in accordance with the normal standards of that country.
- 5** Please specify the HEALTH or SOCIAL SECURITY PROVIDER with whom you were insured at the time of the posting to Austria.
- 6** Enter your exact residential address here.
- 7** Only fill out your tax number if you pay social security in Slovenia or Hungary.
- 8** Only fill out your health insurance provider if you pay social security in Slovakia or the Czech Republic.
- 9** If you are currently employed in Germany, please enter the name of your employer here.
- 10** Enter your account information here (mandatory). You can find your IBAN and BIC numbers on your account statement. Please attach a copy of your official photo ID. (e.g. passport or ID card)
- 11** All claims may be paid in one. In this case, mark the field „full payment“ with a cross.

You also have the option of asserting only part of your claim.
The amount of the partial payment is based on the number of calendar years indicated.
Example:
If you still have leave entitlements from 2011-2014 and would like a partial payment, enter 2011, 2012 in the „Partial payment for calendar year(s)“ box).
In this case, the open claims from 2011 and 2012 are cleared. The claims from 2013 and 2014 remain with the BUAK until further notice.
- 12** Please attach a copy of your ID (e.g. passport or ID card)
Please attach a copy of your pension assessment in the case of retirement.
- 13** Please sign the compensation application here.