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| Invalidenversicherung Beilage zur Rechnung der Hilflosenentschädigung (HE) und Intensivpflegezuschlag (IPZ) bei Minderjährigen |  |

**Versicherte Person**

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| --- | --- |
| AHV-Nummer |  |
| Geburtsdatum |  |
| Name, Vorname, Adresse |  |
| Adresse |  |
| PLZ, Ort |  |
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| Aufstellung der Anwesenheitstage zu Hause und auswärts (Schule/Heim/Spital, usw.) | | | | | | | | | | | | |
| **Monat:** | | | | | **Monat:** | | | | **Monat:** | | | |
| Tag | Anwesend | | | | Tag | Anwesend | | | Tag | Anwesend | | |
|  | | Zu Hause | Externat | Internat |  | Zu Hause | Externat | Internat |  | Zu Hause | Externat | Internat |
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| 31. | |  |  |  | 31. |  |  |  | 31. |  |  |  |
| Total  A | |  |  |  |  |  |  |  |  |  |  |  |  |
| B | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  | Total des Trimesters | | |  |  |