

Name, forename \_\_\_\_\_

Postcode Town \_\_\_\_\_

Street \_\_\_\_\_

(Address of employer)

Date of birth \_\_\_\_\_

Contact telephone number:

( \_\_\_\_\_ ) \_\_\_\_\_

Reference: \_\_\_\_\_

LBV personnel number:

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## Status Declaration for Examination of Social Insurance and Supplementary Pension

Please check, as appropriate. To avoid further queries and delays, please answer all points.

### A. Pension insurance number

The pension insurance number is very important for social insurance. In many cases, a pension insurance number may already have been assigned, due, say, to the fact that you have rendered basic military or civilian service, had your school education periods stored by the pension insurance provider, completed a vocational training programme prior to the activity that you have now assumed or prior to your studies or have already been employed or undertaken a marginal employment (side or holiday job). The Deutsche Rentenversicherung (e.g. Bund, Rheinland, Westfalen or Knappschaft-Bahn-See)) will have informed you of your pension insurance number when it sent you your social insurance identity card.

1  My pension insurance number is:

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The aforementioned circumstances do not apply to me. I have not yet been assigned a pension insurance number.

I have been assigned a pension insurance number from another member state of the European Union (EU) or the European Economic Area (EEA):

(EU/EEA member states are as follows: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia, Spain and the United Kingdom)

Insurance number: \_\_\_\_\_ Country: \_\_\_\_\_

### B. Health insurance (information about the relevant health insurer)

2a  I am currently with the following statutory health insurer \_\_\_\_\_

2b  Prior to commencement of this employment, I was insured with the following statutory health insurer \_\_\_\_\_

Note: Please submit to us or your employer the certificate of insurance from your health insurer (Section 175 of Book Five of the German Social Code – SGB V) within 2 weeks of commencement of employment or ask your health insurer to send this certificate directly to the LBV. If your employment makes health insurance compulsory and a certificate of insurance is not received here or by your employer within 2 weeks (in accordance with 2a), LBV will register you with the health insurance provider with which you last had an insurance policy (in accordance with 2b). If no information in this respect is available to LBV, you will be registered with the Allgemeine Ortskrankenkasse Rheinland/Hamburg. You will then generally be tied to this health insurer for 18 months (exception: special cancellation rights in the event of increases in contribution rate). Please therefore make sure that you contact a health insurer of your choice.

3  I am exempt from compulsory health insurance. (Please enclose exemption notice).

Addition for those with voluntary insurance: The employer subsidy to voluntary health and long-term care insurance pursuant to Section 257 of SGB V and Section 61 of SGB XI can only be granted following a corresponding declaration (a form is available from your employer or the LBV) and presentation of the contribution certificates. **Once a subsidy has been granted, it can no longer be waived for the duration of the employment**, unless compulsory health/long-term care insurance occurs.

4  I have **student** health insurance with \_\_\_\_\_  
(Please enclose insurance certificate)

5  I have **family** insurance with \_\_\_\_\_

6  Since \_\_\_\_\_, I have had comprehensive health insurance with a private health insurance company. Prior to that, I was last insured with the following statutory health insurer:  
\_\_\_\_\_

### C. Health insurance (information to enable us to determine compulsory insurance)

**Note:** The explanations in respect of Section C (questions 7 and 8) are only required if income from the present employment will be above the annual income limit (e.g. for 2007 = €47,700, for 2008 = €48,150).

- 7 Prior to commencement of my present employment, I **already held a position as an employee**
- no  yes, most recently without interruption from \_\_\_\_\_ to \_\_\_\_\_

(Please enclose **proof** in the form of a certificate from your previous employer(s)).

My income in the last three calendar years and in the current calendar year up to commencement of my current employment was above the annual income limits.

- no  yes (Please enclose **proof** in the form of a certificate from your previous employer(s))

- 7a On the reference date of 2 February 2007, I was in a private health insurance scheme due to my having exceeded the annual income limit or cancelled the statutory health insurance prior to this date in order to take out private insurance.

- no  yes (Please enclose **proof** in the form of a certificate from your private insurance provider and confirmation from your previous employer(s))

- 8 On the reference date of 31 December 2002

- a) I had employee status (not civil servant status) in an employment relationship,

- no  yes

- b) I drew an income above the 2002 annual income limit (3,375 euro a month or 40,500 euro a year) and was therefore not subject to compulsory insurance contribution in the statutory health insurance scheme,

- no  yes

- c) I had comprehensive health insurance cover with a private health insurance company.

- no  yes

### D. Long-term care insurance

In the social long-term care insurance scheme, a contribution supplement must be levied on insured parties if they do not raise, or have not raised, children.

- 9  I have a child by birth

Please enclose proof, e.g. birth certificate, deed in respect of the recognition or establishment of fatherhood etc.

- 10  I have taken a child into my household (or did so previously), namely

- a **stepchild**

Please enclose proof in the form of your marriage certificate, the birth certificate of the child and a registration card/ confirmation of household membership

- a **foster child**

Please enclose proof in the form of the birth certificate of the child, a registration card/ confirmation of household membership and a certificate from the youth welfare office in respect of the foster relationship.

- a **sibling**

Please enclose proof in the form of the birth certificate of the child and a registration card/ confirmation of household membership.

### E. Pension insurance

- 11 I am exempt from the statutory compulsory pension insurance scheme.

- no  yes

Please enclose proof of exemption (green exemption card in DIN A6 format or a copy of the exemption notice in DIN A4 format).

I am a member of a pension or insurance fund organized by a trade association

- no  yes, with \_\_\_\_\_ (please enclose membership certificate)

Member/insurance number \_\_\_\_\_

- 12 I am/was insured with the Deutsche Rentenversicherung Knappschaft-Bahn-See (formerly "Bundesknappschaft").

- no  yes, contributions for me were/are paid to the knappschaftliche Rentenversicherung (pension insurance for miners) for

- salaried employees

- waged employees

for the period from \_\_\_\_\_ to \_\_\_\_\_.

### F. Other employment

- 13 I am simultaneously undertaking further non-self-employed employment at home or abroad.

- no  yes, ...  in an employment relationship under private law.

- in a civil servant relationship under public law.

Are you on leave in this civil servant relationship?

- no  yes, since \_\_\_\_\_

The activity has been undertaken since \_\_\_\_\_, with a fixed term until \_\_\_\_\_

14	<p>Name of the other employer _____</p> <p>Address of the other employer _____</p> <p>Reference number/ personnel number there _____</p> <p>Weekly working time _____ hours, _____ days</p> <p>Gross monthly salary _____ euro</p> <p>During this employment, is there exemption from <u>insurance in</u> the statutory health/ long-term care scheme?</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, since _____</p> <p>Does your employer make subsidies to the voluntary health/ long-term care insurance scheme?</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes</p> <p>To which health insurer does the other employer pay the contributions to the pension/unemployment insurance scheme?</p> <p>I <u>simultaneously</u> undertake marginal employment <u>at home or abroad</u></p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, since _____, on a fixed-term basis until _____</p> <p><input type="checkbox"/> The employment involves <b>marginal remuneration</b>.</p> <p><input type="checkbox"/> The employment is <b>short-term</b> *.</p> <p><small>*The staff group code, which is listed in the social insurance return, indicates the type of marginal employment involved.</small></p> <p>Name and address of the employer _____</p> <p>Weekly working time (hours) _____ Number of working days per week _____</p> <p>Gross monthly salary _____</p> <p>Are one-off payments granted?</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, in the total amount of _____ € annually.</p>
15	<p>I <u>simultaneously</u> undertake full-time self-employed gainful activity <u>at home or abroad</u></p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, since _____</p> <p>Has a trade been registered?    <input type="checkbox"/> no    <input type="checkbox"/> yes</p> <p>Do you employ at least one employee in a more than marginal capacity?    <input type="checkbox"/> no    <input type="checkbox"/> yes</p> <p>The weekly time involved in the self-employed gainful activity (including preparatory and follow-up work) amounts to _____ hours. Monthly income _____ euro.</p>
<b>G. Other income</b>	
16	<p>I draw a pension or have applied for a pension.</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, type of pension: _____</p> <p>Insurance provider with address _____</p> <p>Insurance or retirement pension number _____</p> <p>Health insurance for pensioners with _____</p>
17	<p>I am in receipt of pension or surviving dependant payments in accordance with principles of civil service law.</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, since _____</p> <p>the payments are made by (name of the employer) _____</p> <p>Reference number / personnel number _____</p> <p>Level of payments:    <input type="checkbox"/> under 65%    <input type="checkbox"/> 65% and more    <input type="checkbox"/> of the pensionable service income</p> <p>Reason:    <input type="checkbox"/> Age limit    <input type="checkbox"/> Service incapacity    <input type="checkbox"/> Surviving dependant's pension</p>
<b>H. Studies / Practical training</b>	
18	<p>I am a student.</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, since _____ anticipated completion date _____</p> <p>I am taking the following subjects: _____</p> <p>I am seeking the following qualifications: _____</p> <p>Have you already taken a higher education examination?</p> <p><input type="checkbox"/> no    <input type="checkbox"/> yes, on _____ in the subject: _____ Type of qualification _____</p>



