

Name, first name \_\_\_\_\_

Zipcode, city \_\_\_\_\_

(Address of employer)

Street \_\_\_\_\_

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

Phone no. \_\_\_\_\_

LBV personnel number:

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

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

Please check as appropriate. To avoid further questions 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 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 program prior to the activity that you have now assumed or prior to your studies, or have already been employed or undertaken 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 by sending you your **social insurance identity card**.

1  My pension insurance number 

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 is:

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: 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 insurance)

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

2b  Prior to this employment, I was insured with the following 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), the 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 the 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). Therefore, please make sure to 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 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 comprehensive health insurance with a **private health insurance company**. **Prior to that**, I was last insured with the following statutory health insurer:

|    |  |
|----|--|
| 7  | <p><b>On the reference date of December 31, 2002</b></p> <p>a) I had employment status (not civil servant status) in an employment relationship<br/> <input type="checkbox"/> no      <input type="checkbox"/> yes</p> <p>b) I drew an income above the 2002 annual income limit (3,375 EUR per month or 40,500 EUR per year) and was therefore not subject to compulsory insurance contribution in the statutory health insurance scheme.<br/> <input type="checkbox"/> no      <input type="checkbox"/> yes</p> <p>c) I had comprehensive health insurance cover with a private health insurance company.<br/> <input type="checkbox"/> no      <input type="checkbox"/> yes</p>   |
| 8  | <p><b>C. Long-term care insurance</b></p> <p>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.</p> <p><b>8 <input type="checkbox"/> I have a child by birth</b><br/> Please enclose proof, e.g. birth certificate, deed in respect of the recognition or establishment of fatherhood etc.</p> <p><b>9 <input type="checkbox"/> I have taken a child into my household (or did so previously), namely</b></p> <p><input type="checkbox"/> <b>a stepchild</b><br/> Please enclose proof in the form of your marriage certificate, the birth certificate of the child and a registration card/confirmation of household membership.</p> <p><input type="checkbox"/> <b>a foster child</b><br/> Please enclose proof in the form of the birth certificate of the child, a registration card/confirmation of household membership and a certificate from your youth welfare office in respect of the foster relationship.</p> <p><input type="checkbox"/> <b>a sibling</b><br/> Please enclose proof in the form of the birth certificate of the child and a registration card/confirmation of household membership.</p>   |
| 10 | <p><b>D. Pension insurance</b></p> <p><b>10 I am exempt from the statutory compulsory pension insurance scheme with regard to this employment.</b><br/> <input type="checkbox"/> no      <input type="checkbox"/> yes (Please enclose proof of exemption for this employment issued by the Deutsche Rentenversicherung)<br/> I am a member of a pension or insurance fund organized by a trade association</p> <p><input type="checkbox"/> no      <input type="checkbox"/> yes, with _____ (Please enclose membership certificate)</p> <p>Member/insurance number _____</p> <p><b>11 I am/was insured with Deutsche Rentenversicherung Knappschaft-Bahn-See (formerly “Bundeskknappschaft”).</b><br/> <input type="checkbox"/> no      <input type="checkbox"/> yes, contributions for me were/are paid to the knappschaftliche Rentenversicherung for</p> <p><input type="checkbox"/> salaried employees<br/> <input type="checkbox"/> waged employees<br/> for the period from _____ to _____</p>   |
| 12 | <p><b>E. Other Employment</b></p> <p><b>12 I am <u>simultaneously</u> undertaking further non-self-employed employment at home or abroad.</b><br/> <input type="checkbox"/> no      <input type="checkbox"/> yes, ... <input type="checkbox"/> in an employment relationship under private law.<br/> <input type="checkbox"/> in a civil servant relationship under public law.<br/> Are you on leave in this civil servant relationship?</p> <p><input type="checkbox"/> no      <input type="checkbox"/> yes since _____</p> <p>The activity has been undertaken since _____, with a fixed term until _____</p> <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 _____ EUR</p> <p>During this employment, is there <b>exemption</b> from insurance in the statutory health/long-term care scheme?</p> <p><input type="checkbox"/> no      <input type="checkbox"/> yes, since _____<br/> Does your employer make subsidies to the voluntary health/long-term care scheme?<br/> <input type="checkbox"/> no      <input type="checkbox"/> yes<br/> To which health insurer does the other employer pay the contributions to the pension/unemployment insurance scheme?<br/> _____</p> |

**13 I simultaneously undertake marginal employment at home or abroad.**  
 no       yes, since \_\_\_\_\_, on a fixed-term basis until \_\_\_\_\_  
 The employment involves **marginal remuneration\***.  
 The employment is **short term\***.  
\* The staff group code, which is listed in the social insurance return, indicates the type of marginal employment involved.

Name and address of the employer \_\_\_\_\_

Weekly working time (hours) \_\_\_\_\_ Number of working days per week \_\_\_\_\_

Gross monthly salary \_\_\_\_\_ EUR

Are one-off payments granted?  
 no       yes, in the total amount of \_\_\_\_\_ EUR annually.

**14 I simultaneously undertake full-time-self-employed gainful activity at home or abroad.**  
 no       yes, since \_\_\_\_\_  
Has a trade been registered?       no       yes  
Do you employ at least one employee in a more than marginal capacity?       no       yes  
The weekly time involved in the self-employed gainful activity (including preparatory and follow-up work)  
amounts to \_\_\_\_\_ hours. Monthly income \_\_\_\_\_ EUR.

**F. Other income**

**15 I draw a pension or have applied for a pension.**  
 no       yes, type of pension: \_\_\_\_\_  
Insurance provider with address \_\_\_\_\_  
Insurance or retirement pension number \_\_\_\_\_  
Health insurance for pensioners with \_\_\_\_\_

**16 I am in receipt of pension or surviving dependant payments in accordance with principles of civil service law.**  
 no       yes, since \_\_\_\_\_  
Payments are made by (name of the employer) \_\_\_\_\_  
Reference number / personnel number \_\_\_\_\_  
Level of payments:  under 65 %       65 % and more      ... of the pensionable service income  
Reason:       age limit       service incapacity       surviving dependant's pension

**G. Studies / practical training**

**17 I am a student.**  
 no       yes, since \_\_\_\_\_ anticipated completion date \_\_\_\_\_  
I am taking the following subjects: \_\_\_\_\_  
I am seeking the following qualifications: \_\_\_\_\_  
Have you already taken a higher education examination?  
 no       yes, on \_\_\_\_\_ in the subject: \_\_\_\_\_ Type of qualification \_\_\_\_\_

**18 I am an intern.**  
 no       yes, since \_\_\_\_\_ anticipated completion date \_\_\_\_\_  
Is this a practical activity laid down in study or examination regulations?  
 no       yes (please enclose certificate of enrolment and extract from study/examination regulations)

|                  |  |
|------------------|--|
| <p><b>19</b></p> | <p><b>H. Information regarding employment in the low-pay sector</b></p> <p>Certain types of employment are subject to special examination. These are</p> <ul style="list-style-type: none"> <li>a. employments with marginal remuneration in which the regular monthly income does not exceed the amount of 450.00 EUR (annual one-off payments are taken into consideration on a pro rata basis);</li> <li>b. short-term employments which, irrespective of the level of income, are limited to not more than two months or 50 working days within a calendar year;</li> <li>c. employments within an income-related sliding pay scale, in which the regular monthly income is between 450.01 EUR and 850.00 EUR.</li> </ul> <p>If you know or suspect that your employment can be assigned to one of these categories, please also complete the “<b>Status declaration for employment in the low-pay sector</b>” (form no. LBV(A)02.NL.2013.08).</p> |
| <p><b>20</b></p> | <p><b>I. Supplementary retirement and surviving dependants’ pension (VBL or other supplementary pension funds)</b></p> <p><b>I have already been insured with the Versorgungsanstalt des Bundes und der Länder (VBL) or another supplementary pension fund.</b></p> <p><input type="checkbox"/> no      <input type="checkbox"/> yes, with _____</p> <p>Insurance number _____</p> <p>Have contributions from a previous supplementary insurance scheme been reimbursed?</p> <p><input type="checkbox"/> no      <input type="checkbox"/> yes</p> <p><b>21 I am exempt from compulsory insurance in the supplementary pension scheme.</b></p> <p><input type="checkbox"/> no      <input type="checkbox"/> yes (Please enclose exemption notice.)</p>  |
| <p><b>22</b></p> | <p><b>J. Enclosures</b></p> <p><b>I enclose the following documents:</b></p> <p><input type="checkbox"/> Certificate of insurance from the health insurer pursuant to section 175 of SGB V</p> <p><input type="checkbox"/> <b>Status declaration for employments in the low-pay sector</b></p> <p><input type="checkbox"/> _____</p>   |

I confirm that the statements that I have made are complete and correct. I am aware that I am obliged to notify the Landesamt für Besoldung und Versorgung NRW, 40192 Düsseldorf, immediately of any changes to the circumstances set out above and that I must repay any excess emoluments that I have received due to failed, late or incorrect notification.

In the event of employment with more than one employer, I declare my revocable consent to the data required for determination of compulsory social insurance and calculation of the social insurance contributions being transmitted between the employers involved. (Delete addition, as appropriate.)

**This English version of the form  
“Statuserklärung zur Prüfung der  
Sozialversicherung und Zusatzversorgung”  
is intended as fill-in help only. Do not sign this form!**

Notes:  
The personal data collected by means of this form will be processed in accordance with Section 29 of the Datenschutzgesetz für das Land Nordrhein-Westfalen (Data Protection Act for the State of North Rhine-Westphalia – DSGVO NRW). Your particulars are required to enable the correct assessment of the compulsory social insurance and the calculation of your emoluments in the due amount. Your obligation to cooperate derives from Section 28 of Book Four of the Sozialgesetzbuch (German Social Code – SGB IV).