

LBV-Number: _____

Family Name, Given Name:	Date of Birth:
Address:	Telephone:

Landesamt für Besoldung
und Versorgung NRW
40192 Düsseldorf

Status declaration for determining social security and supplementary pension

Please check where applicable. To avoid queries and delays, please answer all points.

1 A. Pension Insurance Number

The pension insurance number is of great importance for social security. The pension insurance number is issued by the German Pension Insurance (e.g. the federal government, Rhineland, Westphalia or Knappschaft-Bahn-See) and is communicated by sending a social security card.

___ My Pension Insurance Number is: _____

___ If pension insurance number is unknown:

Birth Name: _____

City of Birth: _____ Citizenship: _____

Sex ___ Female ___ Male

2 B. Health insurance (information regarding your health insurance company)

I was insured by statutory health insurance before I started working:

___ No

___ Yes, thru _____ insurance company.

Type of Insurance: ___ Own Membership. ___ Family Membership

Note:

Please submit the membership certificate of your health insurance company (§ 175 SGB V) to us or your department within 2 weeks after the start of employment. If you are subject to health insurance and a membership certificate is not received here or at your department within 2 weeks, the LBV will register you with the health insurance company that you were last insured with. If the LBV does not have any information, it will select the health insurance company without your input.

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<p>3</p> <p>4</p> <p>5</p>	<p>_____ I have student health insurance with: _____ (Please enclose Insurance Certificate)</p> <p>_____ I am exempt from health insurance. (Please attach exemption notice.)</p> <p>For voluntarily insured persons: The employer subsidy for voluntary health and nursing care insurance according to § 257 SGB V and § 61 SGB XI can only be granted after submitting a corresponding declaration (the form is available from the LBV) and presentation of the contribution certificates. Once granted, the subsidy can no longer be canceled for the duration of the employment, unless there is compulsory health / long-term care insurance.</p> <p>I have been covered by a private health insurance company with full health insurance since _____. Before that, I was last insured with the following statutory health insurance: _____</p>
<p>6</p>	<p>As of December 31, 2002</p> <p>a.) I was employed as an employee (not as a civil servant). _____ No _____ Yes</p> <p>b.) I had an income above the 2002 annual salary limit (EUR 3,375 per month or EUR 40,500 annually) and was therefore not subject to compulsory health insurance (if yes, please enclose evidence). _____ No _____ Yes</p> <p>c.) I was fully insured with a private health insurance company (if yes, please enclose evidence). _____ No _____ Yes</p>
<p>7</p> <p>8</p>	<p>C. Social long-term Care Insurance</p> <p>In social long-term care insurance, insured persons have to pay a premium surcharge if they have not raised or brought up children.</p> <p>7 I have a biological child. Please enclose evidence, e.g. Birth certificate, certificate of recognition or determination of paternity etc.</p> <p>8 I have (or previously had) a child in my household:</p> <p>_____ A stepchild Please provide your marriage certificate and the birth certificate of the child as well as a registration or household certificate as evidence.</p> <p>_____ A foster child As evidence, please enclose the child's birth certificate and a registration or household certificate as well as a certificate from the youth welfare office stating the care relationship.</p>

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	<p><input type="checkbox"/> A child of a sibling As proof, please enclose the child's birth certificate and a registration or household certificate.</p>
9	<p>D. Pension Insurance</p> <p>I am exempt from the statutory pension insurance obligation for this employment.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Please submit an exemption notice from the German Pension Insurance for this employment relationship.</p> <p>I am a member of a professional care or insurance institution <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____ (please enclose membership certificate) Membership / insurance number _____</p>
10	<p>E. Other Employment</p> <p>Concurrently, I am also employed in another job in Germany or abroad.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> in an employment relationship under private law. <input type="checkbox"/> in a civil service relationship under public law.</p> <p>I am on unpaid leave (or on parental leave) regarding this employment or civil service relationship. <input type="checkbox"/> No <input type="checkbox"/> Yes - since, _____, until _____</p> <p>The activities have been done since _____, ending _____ with weekly working hours of _____ (Hours), _____ (Days) Gross monthly wages of: _____ EUR</p> <p>Is there statutory health / nursing care insurance exemption during this employment? <input type="checkbox"/> No <input type="checkbox"/> Yes - since, _____</p> <p>I am receiving grants for voluntary health / nursing care insurance from another employer. <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>To which health insurance company does the other employer pay the pension / unemployment insurance contributions? _____</p>

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11 Concurrently, I am a self-employed person or have freelance work in Germany or abroad.

___ No. ___ Yes, since _____ and it is: Main / Secondary Employment

I have received a start-up grant ___ No ___ Yes, from: _____ to: _____

I have registered a business ___ No ___ Yes

I employ at least one employee more than in a mini-job. ___ No ___ Yes

The weekly time required for my self-employment (including preparation and reworking) is _____ hours.

Monthly employment income _____ EUR.

F. Additional Income

12 I am drawing or have applied for a pension.

___ No ___ Yes, Pension Type: _____

Insurance carrier with address: _____

Insurance or pension number: _____

Health insurance for pensioners provided by: _____

13 I receive pension or survivor benefits in accordance with civil law principles.

___ No ___ Yes, since: _____

The remuneration pays (name of the agency): _____

File number / personnel number: _____

Reason: ___ Age Limit ___ Incapacity to work ___ Survivor's pension

G. Study / Internship

14 I am currently a student.

___ No ___ Yes, since: _____, until: (expected) _____

Current course of study: _____

I am in the _____ semester (please present current study certificate and in the future, unsolicited, for the duration of employment. The study certificate must indicate the subject, the semester and the desired degree).

I aim for the following degree(s): _____

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I have already passed a university exam.

No. Yes, on _____, in _____, Degree _____

Ending of a degree program by passing the final examination must be reported immediately (presentation of the examination certificate, grades may be omitted).

15 I am on leave from university.

No Yes, since: _____

16 I am currently an intern.

No Yes, since: _____, until: _____

Is it a practical job requirement stipulated in study or examination regulations?

No Yes, (Please enclose a certificate of study and an extract from the study / examination regulations)

17 I receive a salary for the internship.

No Yes, since: _____ with a monthly payment of: _____ EUR.
Work schedule: _____ Hours, _____ Days of the week.

H. Unemployment

18 I am receiving / received benefits from the Employment Agency in the current calendar year or have / had registered as a job seeker.

No Yes, from: _____ to: _____

Employment Agency: _____ / Account Nr.: _____

Please enclose a letter of approval from the Employment Agency (amounts may be omitted).

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19	I. School Education I was a student prior to starting work. ___ No ___ Yes (please attach school transcript) At the end of this employment I will: - Continue with my schooling ___ No ___ Yes, Grade: _____ - Continue / start a university degree ___ No ___ Yes, Semester: _____ - Continue / start vocational training ___ No ___ Yes, As: _____ Please enclose certificates or other documents (e.g. school / study certificate, training contract).
20	J. Additional old-age and survivor's pension (VBL or other supplementary pension schemes) The Federal and State Pension Scheme (VBL) or another supplementary pension scheme previously insured me. ___ No ___ Yes, insured by: _____ Insurance Number: _____ Contributions from previous supplementary insurance have been reimbursed. ___ No ___ Yes
21	I am exempt from compulsory insurance in supplementary care. ___ No ___ Yes (Please attach exemption)

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K. For employees with a Low Wage

Regarding social security, certain jobs must be examined more closely, in particular:

- a) marginally paid jobs ("mini jobs"),
where regular monthly income does not exceed the amount of 450.00 euros
(this includes annual one-off payments proportionately taken into account);
- b) Employment with an income in the "sliding zone", where regular monthly
income is between 450.01 EUR and 850.00 EUR;
- c) short-term employment, which - regardless of the amount of income - is
limited to no more than three months or 70 working days within a calendar
year;

For marginally paid employees (450.00 EUR mini job)**22 Concurrently, I have a marginally paid job (mini-job) in Germany or abroad.**

No Yes, since: _____, until approx. _____

Monthly gross income from this employment: _____

It is a mini-job:

with your own contribution to pension insurance

without your own contribution to pension insurance

Employment of several marginally paid jobs must be added up in the assessment of the social security obligation.

23 Declaration

In the event that my employment is classified as a mini-job, I would like to apply for a pension insurance exemption.

No Yes

Note on the application for exemption from pension insurance:

The employer pays lump sums. Once the exemption has been applied for, it may not be reversed.

The exemption generally applies from the beginning of the calendar month of receipt by the employer, at the earliest from the start of employment. The prerequisite is that the employer informs the mini-job center about the exemption by the next payroll, at the latest within 6 weeks after receipt of the application for exemption. Otherwise, the exemption does not begin until the calendar month that follows the calendar month when the notification is received by the mini-job center.

I am aware that the application for exemption applies to all of my mini-jobs. I commit to informing all other employers with whom I have a mini-job regarding this application for exemption.

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For Employees whose income lies within the sliding zone

24 Declaration:

In the event that the LBV determines that my income is actually within the sliding zone, I declare that I am waiving the reduction and want to pay the full contribution to the pension insurance.

No

Yes My waiver of the reduction in contributory wages in the area of pension insurance should:

Take effect at the start of my employment

Take effect on the (requested date): _____

Employments in several jobs carried out at the same time are added together for the determination of the required contribution. A contribution waiver must be requested uniformly for all employment relationships, and is binding for the duration of the employment.

For short-term Employees

25 Since the 1st of January of this year, I have had one or more temporary job(s) in Germany or abroad.

No

Yes in an employee or worker relationship

in a civil servant relationship

in a mini-job

according to the information in the table below (if necessary, please provide additional information on a separate sheet)

From:	To:	Days worked within this time period	Hours per Week	Monthly Gross Income (incl. proportional one off payments)
				Less / More than 450 EUR
				Less / More than 450 EUR
				Less / More than 450 EUR

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L. Attachments

I am enclosing the following documents:

- Membership certificate from the health insurance company according to § 175 SGB V
- Birth certificate(s) (Child / Children)
- Certificate of enrollment (University / Technical School)
- Other: _____
- Other: _____

I assure that my information is complete and correct. I am aware that I am obliged to immediately notify the LBV NRW, 40192 Düsseldorf, of any change that occurs in the circumstances described above, and that I will have to pay back any excess remuneration received as a result of a failure to report, delayed or incorrect reporting.

For low-wage workers:

I have received the information regarding marginally paid employment and employment with a salary in the sliding zone.

(City, Date)

(Signature of Employee)

Notes:

Processing the personal data collected on this form complies with Section 29 of the Data Protection Act State of North Rhine-Westphalia (DSG NRW). Your details are required to meet the social security obligations, to correctly assess the supplementary pension obligations and to be able to calculate the amount due regarding your remuneration. Your obligation to cooperate arises from Section 28 of the Fourth Book of the Social Code (SGB IV).

**Sliding zone: Beyond the limit mentioned above, a transition zone that includes earnings between 450.01 and 850 Euros (so-called mini-jobs) has been created so that workers can gradually move from total exemption to full payment of social insurance contributions.*

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Marginally Paid Employment

Marginally paid employment (a mini-job) exists if the contractually agreed wages regularly do not exceed 450.00 euros per month. One-off payments (for example, Christmas bonuses) are converted and added pro-rata to a calendar-month amount.

Employments consisting of several mini-jobs are added together in order to determine the assessment of the social security obligation. If an employee has several min-jobs and the wages (including one-off payments) exceed the limit of EUR 450.00 in total, the total wages from all jobs are subject to the usual contribution obligation. The employee's social security contributions are from this point retained from the paid wages and transferred to the health insurance company along with the employer's contribution. In addition to a main employment that is not a mini-job and hence subject to compulsory insurance, a mini-job at a different employer is possible without adding the two jobs together (the mini-job therefore remains exempt from insurance). On the other hand, if the main employment is subject to the compulsory insurance, and two or more mini-jobs are also concurrently performed, each additional mini-wage job (except for the first) is added to the main employment for calculating the contributions for the social insurance. Hence, the second and all further mini-jobs are subject to social security contributions.

In the case of marginally paid employment, the employer always has a flat-rate contribution to the pension and, if applicable, has to pay the health insurance.

Regarding health insurance, low-wage employment does not entitle you to benefits.

Since January 1, 2013, employees who have a low-paid job (EUR 450 mini-job) are generally subject to insurance and full contribution obligation in the statutory pension insurance. The share of the pension insurance contribution to be borne by the employee currently amounts to 3.7 percent of the wages. It results from the difference between the employer's flat-rate contribution (currently 15 percent) and the full pension insurance contribution, currently 18.7 percent.

The benefits of compulsory insurance for employees result from the acquisition of compulsory contribution periods in pension insurance. That means that the employment period fully meets the various waiting times (minimum insurance periods). For example, mandatory contribution times are a prerequisite for:

- an earlier start of the pension,
- entitlement to rehabilitation benefits (both in the medical field and in working life),
- the right to a transitional allowance for rehabilitation measures under the statutory pension insurance scheme,
- the establishment or maintenance of the right to a disability pension.

In addition, wages are taken into account not only proportionately, but in full when calculating the pension. If insurance is not desired, the employee can opt for an exemption. To do this, the employee must notify his/her employer – here: LBV NRW as the salary-paying body - in writing, that he/she wishes to be exempt from compulsory insurance in the pension insurance. If the employee holds several marginally paid jobs, the application for exemption can only be made uniformly for all mini-jobs at the same time. The employee must inform all other - including future - employers of the exemption application for whom he/she has marginally paid employment. The exception from the

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compulsory insurance is fixed for the duration of the employment and may not, at a later date, be reversed.

The exemption generally applies from the beginning of the calendar month of receipt by the employer, at the earliest from the start of employment. The prerequisite is that the employer informs the mini-job center about the exemption by the next payroll, at the latest within 6 weeks after receipt of the application for exemption. Otherwise, the exemption does not begin until the calendar month that follows the calendar month when the notification is received by the mini-job center.

Notes by the pension insurance institutions:

Marginally paid workers who apply for exemption from the pension insurance obligation voluntarily waive the advantages mentioned above. With the exemption, only the employer pays the flat-rate contribution of 15 percent of wages. Before an employee decides for exemption from compulsory pension insurance, it is recommended to request individual advice on the effects on the pension at an information and advice center of the Germans Pension insurance.

Income within the sliding zone

There is an employment relationship in the sliding zone if the wages earned from the employment are regularly between 450.01 euros and 850.00 euros per month. Several employment relationships of this nature carried out at the same time are added together. For employees who are subject to compulsory insurance and work with remuneration within the sliding zone, special rules apply for determining the contribution assessment basis and for distributing the contributions for health, nursing, pension and unemployment insurance for employers and employees. As a result, the employer has to pay the "full" contribution to the individual insurance classes; however, the employee only bears a reduced contribution.

In pension insurance, the amount of the pension entitlement is based on the contribution-based remuneration. Due to the reduction of the contributory wages for employment in the sliding zone, the later pension calculation for this period is only based on the reduced wages, so that the employee only acquires reduced pension entitlements. In order to avoid this reduction, the employee may opt to forego the reduction of the contributory wages and to pay the full employee contribution to pension insurance.

The employer must be informed in writing of the waiver of the special rules for the sliding zone, and the waiver usually only takes effect after the day the employer receives the declaration. The employee can also determine a later date for the waiver to take effect. If the waiver is received by the employer within two weeks of hiring, the waiver can also take effect at the beginning of this employment if the employee expressly requests it. If several jobs are exercised using the sliding zone regulations, the waiver can only be requested uniformly for all jobs. The waiver remains binding for the duration of the employment.