

First name, last name	User number	Employee number	
Address	Processor no.	Date of birth	Tel. no.

State Finance Office  
 Mecklenburg-Western  
 Pomerania  
 Earnings Dept.  
 Schloßstraße 7  
 17235 Neustrelitz

**Declaration on reviewing**

**the freedom or duty to take out insurance in health, pension and unemployment insurance for main employment or secondary employment contracts**

**This information is subject to the duty to report in accordance with Section 28o SGB IV**

Insurance number of the pension insurance institution									
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Name at birth	Place of birth
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Main employment Secondary employment<sup>1)</sup>

In terms of my employment as \_\_\_\_\_ at following: \_\_\_\_\_ (Office) I hereby declare the

1. I work in this capacity on \_\_\_\_\_ day(s) of the week.  
 2. In addition to the above-mentioned employment, I also work as follows:  
 a) at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours per week Gross pay \_\_\_\_\_ EUR monthly on \_\_\_\_\_ day(s) of the week, employee or salary and \_\_\_\_\_ processor no. \_\_\_\_\_

as a civil servant    yes    no  
 as a trainee    yes    no    as an employee    yes    no

b) at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours per week  
 Gross pay \_\_\_\_\_ EUR monthly on \_\_\_\_\_ day(s) of the week, employee or salary and \_\_\_\_\_  
 as a civil servant    yes    no    as a trainee    yes    no

3. I am registered as a job seeker at the Employment Agency:  
 yes     no

4. I receive unemployment benefit 1, unemployment benefit 2 or maintenance allowance, early retirement severance pay  
 yes     no

5. I do not work professionally as an employee, but rather  
 Work on parental leave  
 Housewife     Pensioner     Student     Self-employed and have employees     yes     no  
 Student (enclose enrolment certificate), subsequent certificates must be submitted without prompting!  
 Pensioners with a pension entitlement of \_\_\_\_\_ % since \_\_\_\_\_

**For the self-employed only:** My monthly income amounts to: \_\_\_\_\_ EUR gross.

1) You must select one appropriate option

**For retirees only:**

Since \_\_\_\_\_ I have received

- Full old-age pension - Statutory age limit not yet
- reached Full old-age pension - Statutory age limit has
- been reached: currently EUR \_\_\_\_\_

If you switch from an old-age pension to a partial pension or vice versa, please submit a copy of the pension notice without delay.

As a recipient of a full old-age pension after reaching the statutory pension age, I waive the freedom to choose pension insurance in this employment contract.

- yes
- no

I am aware that my decision is binding for the duration of the employment contract and that it is not possible to withdraw.

As a result of the waiver, the compulsory contributions will create an additional pension increase and are taken into account in the pension recalculation as of 1 July of the following year.

For pensioners only: I receive pensions based on the Civil Servants / Armed Forces Act

from \_\_\_\_\_ to the sum of \_\_\_\_\_ EUR

Proc. no.: \_\_\_\_\_ Empl. no.: \_\_\_\_\_

I am aware that I am obliged to report to this office any income from deployment in the public service.

6. In the 12 months leading up to my current job, I was in paid employment as follows:

a) from \_\_\_\_\_ to \_\_\_\_\_ with \_\_\_\_\_ working hours per week  
Gross pay \_\_\_\_\_ EUR monthly on \_\_\_\_\_ day(s) of the week, as an employee or civil servant.

b) from \_\_\_\_\_ to \_\_\_\_\_ with \_\_\_\_\_ working hours per week Gross pay \_\_\_\_\_ EUR  
monthly on \_\_\_\_\_ day(s) of the week.

7. I am a member of a statutory health insurance fund.

- yes, with \_\_\_\_\_
- no

8. I am a member of a private health insurance

- fund. yes, at \_\_\_\_\_

8a. The insurance policy was in place on 31/12/2002 due to exceeding the annual salary limit. yes, since

- \_\_\_\_\_ (attach evidence)
- no

8b. Before that, I was a member of a statutory health insurance fund.

- yes, with \_\_\_\_\_
- no

8c. I am aware that contributions to pension and unemployment insurance will be transferred to a statutory health insurance fund.

As I answered "no" under Point 9b, I choose the following statutory health insurance:

\_\_\_\_\_  
Please inform your employer of this health insurance immediately if you take up further employment.

9. My income is below the maximum limit for this health insurance and I would therefore be compulsorily insured, but I am privately insured. (Exemption from statutory health insurance.)

yes Insurance: \_\_\_\_\_  no

10. If you answered "no" to Points 8-10:

In accordance with Section 173 SGB V, I choose the statutory health insurance fund Membership must be documented by providing the certificate.

11. I am exempt from the pension insurance obligation for my current job.

yes  no

If yes, please attach the current exemption notice.

12. Did you receive five years' contributions paid into the miner's pension scheme before taking up this job?

yes from \_\_\_\_\_ to \_\_\_\_\_  
 no

13. According to the Children's Consideration Act (KJBG), I have parent, adoptive parent, step-parent or foster parent status.

yes, since (attach copies of supporting documents as evidence) \_\_\_\_\_  no (there is a contribution supplement for the childless in accordance with Section 55 (3) SGB XI)

Employee declaration:

I hereby declare that the information contained in this form is true. I am aware that this information is used for insurance assessment purposes. I undertake to notify the State Finance Office for Mecklenburg-Western Pomerania without delay of any changes in my above-mentioned circumstances, in particular in the case of further employment.