

Date of receipt and department stamp

**Social Security Questionnaire**  
(To be handed in to the University's Payroll Office)

**Please submit the original to:**  
Kassel University  
Payroll Office  
34109 Kassel

Reference indicated in letter

Surname, First name

Telephone No and email address (voluntary information)

<b>1.</b>	<b>Employment in the calendar year in which the occupation was taken up</b> (even if it has ended)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Employer (Name, Address)	From – To (DD.MM.YY)	Monthly € gross	Weekly Working hours	<input type="checkbox"/> Not subject to social security
					<input type="checkbox"/> Subject to social security
					<input type="checkbox"/> Not subject to social security
					<input type="checkbox"/> Subject to social security
					<input type="checkbox"/> Not subject to social security
					<input type="checkbox"/> Subject to social security
<b>2.</b>	<b>Are you <u>currently</u> also employed elsewhere?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Employer (Name, Address)	From – To (DD.MM.YY)	Monthly € gross	Weekly Working hours	<input type="checkbox"/> Not subject to social security
					<input type="checkbox"/> Subject to social security
					<input type="checkbox"/> Not subject to social security
					<input type="checkbox"/> Subject to social security
<b>3.</b>	<b>Are you self-employed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, since: _____	Approx monthly income: _____			<input type="checkbox"/>
	Is the self-employment your main occupation?				<input type="checkbox"/>
	Do you employ people on more than a minor basis?				<input type="checkbox"/>
<b>4.</b>	<b>Health insurance details</b>				
	<input type="checkbox"/> Compulsorily insured*	<input type="checkbox"/> Voluntarily insured*	<input type="checkbox"/> Covered by family insurance	<input type="checkbox"/> Privately insured	
	<b>*Please remember to include evidence of membership</b>				
	Since: _____	Name and location of health insurance provider: _____			
	<b>Private health insurance provider:</b> Were you previously a member of a statutory health insurance provider or did you hold family insurance.				
	If yes, since: _____	Name and location of health insurance provider: _____			
<b>5.</b>	<b>Your social security number is:</b>				



**Important change since 1 January 2015**

**If use is not made of the exemption option and the following declaration is not completed, the case will be treated as minor employment and account taken of the employee's own contribution to the pension insurance of 3.7%.**

**Declaration** (Please only sign this if exemption is requested – and take note of the following information.)

**I hereby apply to be exempted from the obligation to pay contributions to the pension insurance in respect of my low-paid employment and hence forgo the purchase of compulsory contribution periods.**

I have taken note of the information on possible consequences of exemption from compulsory pension insurance. I am aware that the application for exemption applies to all low-paid occupations carried out by myself at the same time and covers the entire duration of my employment; my decision may not be reversed. I undertake to inform all other employers with whom I have minor employment of this application for exemption.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
**Employee's signature**

## Information about possible consequences of exemption from compulsory pension insurance

### General

Since 1 January 2013 employees in low-paid employment (€450 mini jobs) are subject to insurance obligations and to the obligation to pay full contributions to the statutory pension insurance. The employee's portion of the pension insurance premium is **3.7%** (or 13.7% in private households) of the wage. This is the difference between the employer's lump-sum contribution (15% in trade and commerce or 5% in private households) and the full pension insurance premium of 18.7%.

Attention is drawn to the fact that the full pension insurance premium must be paid on wages amounting to at least €175 and over.

### Advantages of paying the full pension insurance premium

The advantages of compulsory insurance for employees derive from the purchase of compulsory contribution periods in the pension insurance scheme. This means that the period of employment counts fully towards the fulfilment of various waiting periods (minimum insurance periods).

Compulsory contribution periods are, for example, a precondition for the following:

- Early start of pension payments
- Entitlement to rehabilitation benefits (both in the medical context and in the sphere of employment);
- Entitlement to interim allowances in case of rehabilitation measures under the statutory pension insurance;
- Justifying or maintaining the entitlement to a pension on account of a reduction in earning capacity;
- Entitlement to deferred compensation for a company old-age pension; and
- Fulfilment of the criteria granting admission to a private old-age pension with state funding (e.g. "Riester Rente") for the employee and possibly even for the spouse.

In addition, the employment remuneration is taken into account not only part but in full when the pension is calculated.

### Consequences arising from exemption from the compulsory pension insurance

Low-paid employees who apply for exemption from the compulsory pension insurance voluntarily forgo the aforementioned advantages. On account of the exemption, the employer only pays the lump-sum premium of 15% (or 5% in the case of employment in private households) of the employment remuneration. Employees do not pay their share of the premium. Consequently, employees purchase only a portion of the months needed to fulfil the various waiting periods and only part of the employment remuneration is actually taken into account when the pension is calculated.

**NB:** Before employees decide to apply to be exempted from the compulsory pension insurance, they are recommended to contact an Information and Advisory Centre of the German Federal Pension Fund (*Deutsche Rentenversicherung*) to obtain personal advice regarding the effect of the exemption under pension law.

The freephone number of the German Federal Pension Fund is 0800 10008000. If possible, please have your pension insurance number ready when telephoning.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Employee's signature