



Universität Regensburg

Geschäftszeichen, falls bekannt

Do not submit - this translation is to be used as a guide for filling out the German original. Universität Regensburg is not liable for inaccuracies or mistakes in the English translation. In case of doubt, the German originals are to be used in a court of law.

Employment at Universität Regensburg

Social Insurance Information attachment to the payroll account (§ 2 Para. 1 no. 6 and § 2 Para. 2 Nachweisgesetz (documentation law))

Name, First name	Date of birth	Social insurance number	Start of employment
Street	Postcode / ZIP code and town or city	Telephone	
Tax identification number (TID)	Email address		

1. Are you enrolled at a university or institute of higher education?

☐ yes

☐ no

If yes,

☐ First course of study / Bachelor's degree program*

☐ Master's degree program*

☐ Supplementary studies / Postgraduate studies*

☐ Second course of study*

☐ Doctoral studies*

* A certificate of enrolment must always be attached.

2. Do you have other employment besides your employment at Universität Regensburg?

☐ yes

☐ no

If yes,

is your employment at Universität Regensburg your

☐ Main employment

or

☐ Secondary employment

(Income is taxed using tax classes I - V)

(Income is taxed using tax classes VI)

please give detailed information about the other employment (times and figures)

Duration a) from b) until	Weekly work time in hours	Monthly gross pay in euros	The employment is subject to social security contributions	The employment is minimal income (gross monthly pay up to € 556)	Short term employment exempt from social security contributions (up to 3 months or 70 workdays)	Employer (exact address)
a) b)			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
a) b)			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

3. Have you had any other employers since the start of this calendar year?

☐ yes

☐ no

If yes, please give exact details of times and figures

Duration a) from b) until	Working days	Monthly gross pay in euros	The employment was minimal income (up to € 450 / month)	The employment was exempt from income tax due to its short duration (up to 3 months or 70 workdays)	Employer (exact address)
a) b)			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
a) b)			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

(Please use an extra sheet of paper for any further employment.)

4. Have you dealt with the Agentur für Arbeit (labor office) this year, or do you currently have dealings with them?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If yes, please give the exact dates

Period a) from b) until	Type of service (e.g. unemployment benefit, or aid, subsistence money, training or similar)	Labor office
a) b)		
a) b)		

5. Besides the above employment I am

☐ housewife/house husband or not employed

☐ recipient of a pension or equivalent benefit / recipient of benefit as an orphan

☐ on parental leave

6. Do you carry out any self-employed work besides your employment at Universität Regensburg?

☐ yes

☐ no

If yes, to what extent is this carried out?

☐ in the minimal income range (up to € 450 month)

☐

7. Are you employed elsewhere as a (German) civil servant?

☐ yes

☐ no

8. Details of health insurance

	Type of insurance coverage	Name and address of the health insurer
<input type="checkbox"/>	Statutory health insurance	
<input type="checkbox"/>	Voluntary health insurance	
<input type="checkbox"/>	Family insurance with a public health insurer	
<input type="checkbox"/>	Student health insurance	
<input type="checkbox"/>	Private health insurance	
<input type="checkbox"/>	No health insurance	

9. Exemption from the obligation to make statutory pension insurance contributions (only for minimal income employment up to a monthly remuneration of € 450)

1. I declare

☐ that I wish to be exempt from the obligation to make statutory pension insurance contributions for the low-wage employment at University Regensburg, **that is, no employee contributions should be paid.**

To make this declaration effective, I enclose the application for exemption from the obligation to make statutory pension insurance contributions.

2. I have taken note of the „Leaflet about the possible consequences of an exemption from the obligation to make statutory pension insurance contributions.

3. Have you already been exempted from the obligation to make statutory pension insurance contributions in low-income employment at the same time with a different employer? ☐ yes ☐ no

10. Are you exempt from statutory pension insurance in favor of professional insurance (e.g. for the medical profession, legal profession, pharmacists or the like?)

If yes ☐ Exemption in favor of

membership number

Submission of notice of exemption from the pension insurance provider is essential.

11. Has a previous employer enrolled you in an internal supplementary pension provider (e.g. federal and state government pension fund – VBL, supplementary provision of Bavarian municipalities)? ☐ yes ☐ no

If yes: Name of the supplementary pension insurance provider

policy no.

12. Details of training**Highest level attained in general (secondary) education**

- | | |
|--|--|
| <input type="checkbox"/> 1 No school leaving certificate | <input type="checkbox"/> 4 Abitur or comparable school leaving certificate |
| <input type="checkbox"/> 2 Certificate of secondary education | <input type="checkbox"/> 5 Unknown certificate |
| <input type="checkbox"/> 3 Mittlere Reife or comparable school leaving certificate | |

Highest vocational qualification

- | | |
|--|---|
| <input type="checkbox"/> 1 No vocational qualification | <input type="checkbox"/> 5 Diplom / Master / State examination* |
| <input type="checkbox"/> 2 Completed recognized vocational training | <input type="checkbox"/> 6 Doctoral studies |
| <input type="checkbox"/> 3 Qualified „Meister“ (master craftsman) / „Techniker“ (trained technician) or equivalent | <input type="checkbox"/> 7 Vocational qualification not known |
| <input type="checkbox"/> 4 Bachelor | |

- **I hereby affirm that the above information is correct.**
- **In the case of any changes which could influence my exemption from insurance or the payment of contributions (in particular the commencement or ending of a further employment, a change of health insurer, discontinuation or termination of studies) I will inform the Landesamt für Finanzen in Regensburg (Regensburg tax authorities) immediately.**
- **I hereby agree, in the case of multiple employment, to the exchange of such data as is important for social insurance with further employers, in order that contribution payments can be calculated correctly.**

Notes on data protection according to Articles 13 and 14 of the General Data Protection Regulation (GDPR).

The party responsible for processing this data is the Landesamt für Finanzen, Rosenbachpalais, Residenzplatz 3, 97070 Würzburg (Tel: 0931 4504-6770; Email: servicedesk@lff.bayern.de).

The data is collected in order to calculate, determine and direct your remuneration according to the contractual and statutory regulations. This also includes the fulfilment of the legal obligations of the Freistaat Bayern as the employer with regard to income tax, social insurance and supplementary benefits.

The legal basis for the processing of this data is Article 6, Paragraph 1, S. 1, Letter b) and Letter c) GDPR, Article 9, Paragraph 2, Letter b) DS-GVO, Article 88, Paragraph 1, GDPR, § 611 BGB (German Civil Code).

Further information about the processing of your data for the calculation of your remuneration and your rights relating to the processing of your data can be seen on the internet under <https://www.lff.bayern.de/formulare/formularsuche/allgemeine-formulare-bezuege/>.

Alternatively, you can also obtain this information under the contact details given above. The official data protection officer can be contacted at the Landesamt für Finanzen, - Datenschutzbeauftragter -, Rosenbachpalais, Residenzplatz 3, 97070 Würzburg (Telephone: 0931 4504-6767; Email: datenschutzbeauftragter@lff.bayern.de).

....., den
Place, Date

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Employee's signature