

Date of receipt and stamp of the university

# Questionnaire relating to the assessment of the social insurance obligation

(Submission to the University office for salaries (Hochschulbezügestelle))

Ref. no. or personnel number

Last name, first name

Telephone and email address

**Original document returned to:**

Universität Kassel  
Hochschulbezügestelle  
34109 Kassel

– Please complete in full –

**1. Further or other employments**

Do you **currently** perform further employments also at **other** employers, and/or were you employed at other employers in the calendar year before commencing the employment at the University?

☐ Yes ☐ No

If yes, at (if applicable continue on a separate page and enclose with the questionnaire):

**Employer:**

(Name, address – please in full)

**employed  
from/until**  
(DD.MM.YYYY)

**monthly  
gross  
remuneration**
**weekly  
workdays**
**weekly  
working  
hours**
**The other employment is/was:**

- ☐ subject to social insurance  
☐ only subject to pension insurance (working student)  
☐ exempted from social insurance (so-called minijob)  
     ☐ with own share to the pension insurance  
     ☐ without own share to the pension insurance from: \_\_\_\_\_  
☐ short-term employment  
☐ allowance according to Section 3 No. 26 EStG\*) (e.g. for trainers)

- ☐ subject to social insurance  
☐ only subject to pension insurance (working students)  
☐ exempted from social insurance (so-called minijob)  
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     ☐ without own share to the pension insurance from: \_\_\_\_\_  
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     ☐ without own share to the pension insurance from: \_\_\_\_\_  
☐ short-term employment  
☐ Allowance according to Section 3 No. 26 EStG\*) (e.g. for trainers)

**2. Are you self-employed?**
☐ Yes ☐ No

if yes, since: \_\_\_\_\_ approx. mthl. income: \_\_\_\_\_

Is the Self-employment performed primarily?

☐ Yes ☐ No

Do you employ workers for more than marginal employment?

☐ Yes ☐ No
**3. Details relating to the health insurance**
☐ Yes ☐ No

☐ compulsory insurance   
 ☐ voluntary insurance   
 ☐ covered by family insurance   
 ☐ covered by private insurance

since:

Name and registered seat of the Health insurance:

**If private health insurance:** Did a membership or family insurance in a statutory health insurance fund previously exist?

if yes, since:

Name and registered seat of the Health insurance:

**4. Your pension insurance number is:**

(see proof of insurance number)

**5. Are you currently matriculated at a university?**
☐ Yes ☐ No

If yes, with which time volume are you enrolled in the course of studies at the university?

☐ in full time ☐ in part time

– It is essential to please enclose a certificate of the matriculation and the volume of studies (CP) –

Are you currently taking a semester on leave?

☐ Yes ☐ No

\*) EStG: German Income Tax Act

Please pay attention to page 2 of the questionnaire!

<b>6. Is a study qualification available already (Bachelor or comparable)? Already available</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes      when and which subject area: _____ Are you carrying out your current studies <input type="checkbox"/> as postgraduate or <input type="checkbox"/> second studies (Master)? Subject area: _____ Will these studies be completed with a university examination / state examination / Master? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Are you carrying out your current studies as a doctorate? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>7. Is a limited activity as an assistant exclusively performed during the semester holidays?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. Are you a</b> <input type="checkbox"/> Civil servant <input type="checkbox"/> Judge <input type="checkbox"/> professional soldier <input type="checkbox"/> temporary soldier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Do you receive an own pension or retirement benefits?</b> Enclose a copy of the pension or pension notification	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I assure that all details are provided properly and in full. Changes in the circumstances, which affect the social insurance, are to be reported immediately** (e.g. commencement of further employments, semester on leave, interruptions to studies, end of studies, etc.)

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

\_\_\_\_\_  
Signature of the employee

### **Application for exemption from the pension insurance obligation**

Insofar as the possibility from the exemption is not used and the following application is *not* completed, the settlement of a marginal employment will be carried by taking the own share to the pension insurance of **3.6%** or **13.6%** in private households into consideration (**Changes since 1 January 2018**).

#### **Reference to possible consequences of an exemption from the pension insurance obligation**

##### **General information**

Since 1 January 2013 employees, who perform a marginally remunerated employment (**EUR 556–minijob**), are principally subject to the insurance and full contribution obligation in the statutory pension insurance. The employee's share of pension insurance amounts to 3.6% (13.6% in private households) of the wage. This results from the difference between the flat rate contribution of the employer (15% in the commercial sector or 5% in private households) and the full contribution to the pension insurance in the amount of **18.6%**. Attention is to be paid that the full pension insurance contribution is at least to be paid from a wage in the amount of EUR 175.

##### **Advantages of the full contribution payment to the pension insurance**

The advantages of the insurance obligation for the employee arise from the acquisition of compulsory contribution times in the pension insurance. This means that the period of employment will be taken into consideration to the full extent for the fulfilment of the various waiting times (minimum insurance times). Compulsory contribution times are, for example, the prerequisite for an

- earlier start of retirement pension,
- claims for benefits for rehabilitation (both in the medical sector as well as in the working life),
- the claim for transitional allowance with rehabilitation measures of the statutory pension insurance,
- the substantiation or upholding of the claim for a pension owing to reduction in earnings capacity,
- the claim for deferred compensation for a company pension scheme and
- the fulfilment of the access prerequisites for a private retirement pension with state promotion (for example the so-called Riester pension) for the employee and, if applicable, even the spouse.

In addition, the wage will not only be taken into consideration pro rata, but in the full amount with the calculation of the pension.

##### **Consequences from the exemption from the pension insurance obligation**

Marginally remunerated employees, who apply for the exemption from the pension insurance obligation, voluntarily waive the aforementioned advantages. Through the exemption the employer merely pays the flat rate contribution in the amount of 15 percent (or 5 percent with employments in private households) of the wage. The payment of an own share by the employee ceases to apply in this case. The consequence of this is that the employee only acquires months pro rata for the fulfilment of the various waiting times and the generated wage is also only taken into consideration pro rata with the calculation of the pension.

**Note:** Before an employee decides in favour of the exemption from the pension insurance obligation, individual consultation is recommended with regard to the implications under pension law of the exemption at an information and advice centre of the German Pension Insurance Fund.

The service telephone of the German Pension Insurance Fund is available free of charge under the Tel. No. 0800 10004800. Please, if possible, when calling keep the insurance number of the pension insurance at hand.

#### **Application of the employee: Valeria Manceva**

I hereby **apply for the exemption from the insurance obligation in the pension insurance** within the scope of my **marginally remunerated employment** and thus waive the acquisition of compulsory contribution times. I have acknowledged the **information regarding the possible consequences of an exemption from the pension insurance obligation**. I am aware that the application for exemption applies to all marginally remunerated employments carried out by me simultaneously and is binding for the duration of the employments; it is not possible to revoke this.

I undertake to inform all further employers, at which I perform a marginally remunerated employment, about this application for exemption.

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

\_\_\_\_\_  
Signature of the employee

*(Please only sign here if you wish the exemption!)*