FRIEDRICH-ALEXANDER
UNIVERSITÄT
ERLANGEN-NÜRNBERG

*Please note that **ONLY** the German version of this document is legally binding and has to be signed.*
The English translation is provided to help you fill out the original German document.

Details of social security and supplementary benefits

1. Surname, first name: Date of birth:

   Social security number:

   Work telephone number (optional): Private telephone number (optional):

2. a) Which health insurance provider are you insured by? (either compulsory or voluntary membership)

   Name and address of health insurance provider (street, post code, town/city)
   Proof of membership ☐ is attached ☐ will be submitted at a later date

   b) Are you in any other form of employment with another employer?
   ☐ no ☐ yes (please state name and address of employer and working hours)

3. a) Are you exempt from statutory pension insurance contributions? (e.g. due to Ärzteversorgung for doctors/dentists/veterinarians or Apothekerversorgung for pharmacists)
   ☐ no ☐ yes if yes, please provide an exemption certificate (must be requested)

   b) Are you entitled to/have you applied for a state pension?
   ☐ no ☐ yes

   Entitlement

   Pension number

   Pension provider

   c) Are you entitled to Übergangsgebührnisse (temporary financial support for those who have been temporarily employed as soldiers in the German army) or a pension according to civil service regulations?
   ☐ no ☐ yes
   (if applicable, state type of pension and the body responsible for determining the pension)

4. a) Has any previous employer ever paid contributions towards supplementary pension insurance for you? (e.g. Versorgungsanstalt des Bundes und der Länder – VBL)
   ☐ no ☐ yes
   from to

   Name of supplementary pension insurance scheme or institution:

   Insurance number:

   b) Are you entitled to/have you applied for insurance through VBL?
   ☐ no ☐ yes

5. Required for proof of parenthood for nursing care insurance: do you have any children?
(biological children, adopted children, stepchildren, and foster children are considered, as well as deceased children)

☐ no ☐ yes, proof is attached

(Date) (Employee's signature)