

Salary stipulation and payment declaration

Please fill in or tick off

Personal data

Name: _____ First name: _____

Name at birth: _____ Date of birth: _____

Marital status: ☐ single ☐ separated ☐ divorced
☐ married ☐ registered partnership ☐ widowed

Email (optional information): _____

Bank account details

Financial institution: _____

IBAN: _____

BIC: _____

Taxes

Tax Identification number ("Steuer-Identifikationsnummer"): _____ Tax class/factor: ____ / ____
(factor only available in tax class IV)

Children allowances: _____ Denomination: _____ University Medical Center Freiburg is main employer: ☐ yes ☐ no

Residence abroad: ☐ yes, in: _____ ☐ no

Social security pension insurance ("Rentenversicherung")

Do you have a social security pension insurance no. ("Rentenversicherungsnummer")?

- ☐ yes, the insurance policy number is: _____
☐ application to obtain an insurance policy number was not made

Health insurance and long term disability care insurance

Which compulsory health insurance ("gesetzliche Krankenversicherung") provides your coverage currently or last provided your coverage? Or are you covered by "family policy" or which health insurance provider do you prefer?

Health insurance: _____

In Germany, there is a disability surcharge in the social long term disability care insurance for those without children.

I have ☐ children * ☐ stepchildren * ☐ foster children * * A certificate of parenthood (e.g. copy of birth certification) is enclosed

My children:

Name: _____	First name: _____	Date of birth: _____
Name: _____	First name: _____	Date of birth: _____
Name: _____	First name: _____	Date of birth: _____
Name: _____	First name: _____	Date of birth: _____
Name: _____	First name: _____	Date of birth: _____

In case of voluntary membership

- ☐ I agree to transfer my employee's contribution, together with the employer's contribution, to my announced health insurance. The said transfer for the health and long term disability care insurance is made by the employer.



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Health insurance exemption / pension insurance

Health insurance

Have you been exempted from compulsory insurance on application?

I have been exempted from:

- ☐ health insurance (an authenticated copy of the exemption "Befreiungsbescheid" from the health insurance provider is enclosed) and I am covered by private health insurance / I am voluntarily insured:

_____ (certificate is enclosed)

Please fill in only if you were or are covered by private health insurance:

Were you exempted from compulsory insurance on December 31st, 2002 by exceeding the annual limit of earned income ("Jahresarbeitsentgeltgrenze") and were you covered by a private health insurance? (an "extra" private health insurance is not meant).

- ☐ no ☐ yes, a certificate is inclosed

Old-age pension insurance

Only to be completed if you are a member of an insurance or old-age pension institution for your occupational group.

- ☐ I have been exempted from compulsory old-age pension insurance.

- ☐ The exemption notification for this occupation is attached.

- ☐ I applied for exemption on: _____

The exemption notification will be supplied as soon as it is available.

- ☐ I will apply for exemption.

The exemption notification will be supplied as soon as it is available.

- ☐ I am insured in the following occupational pension plan: _____

(If you will be employed as a physician in Baden-Württemberg, please contact: Baden-Württembergische Versorgungsanstalt, Gartenstr. 63, 72074 Tübingen, Internet: <https://www.bwva.de>)

Name of the insurance company: _____

Policy number: _____

A copy of the certificate

☐ is enclosed

☐ will be supplied

I agree to the payment of the employer's and employee's contribution to the above mentioned insurance company.

Furthermore, I hereby permit the University Medical Center Freiburg to share all the necessary information regarding my salary to the insurance company.

Additional old-age pension insurance

I have or had an additional old-age pension insurance provided by the „Versorgungsanstalt des Bundes und der Länder (VBL)“

- ☐ yes, the policy number is: _____

- ☐ contributions have been paid back or have been claimed

- ☐ I am currently receiving an old-age pension by VBL (please enclose certificate)

An additional old-age pension is provided by another institution

- ☐ no ☐ yes: _____

name of the institution

policy number

- ☐ I am exempted from the additional old-age pension insurance.



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Contributions to capital formation Capital-forming payments

I want the employer to contribute to my capital investment.

Confirmation from the financial institution: ☐ is enclosed

☐ will be supplied

Multiple employment

Do you have a part-time job or are you self-employed?

(You are obliged to inform your employer about any secondary employment. Based on this information, the social security assessment will be done; in any case, the secondary employment has to be reported or applied for with the appropriate form.)

☐ no, I do not have another (part-time) job

☐ yes, I am employed by:

since	type of the job, employer, exact address	number of working hours per week	monthly income

Certificates of these earnings are enclosed.

Students

☐ I am enrolled as a student at a university

Matriculation confirmation:

☐ is enclosed

☐ will be supplied

"Mini-Job" employment ("geringfügiges Beschäftigungsverhältnis")

Status at the beginning of employment:

☐ high school student ☐ graduate with intention to start an apprenticeship ☐ graduate with study intention

☐ student, enrolled since: _____ ☐ trainee

☐ freelancer ☐ civil servant ☐ employee with main job subject to social insurance

☐ registered as a job seeker with the German Bundesagentur für Arbeit (or have applied for an apprenticeship)

☐ registered as unemployed with the German Bundesagentur für Arbeit / receive benefits (German Employment Promotion Act AFG)

☐ pensioner (type of pension: _____)

☐ Other: _____

Relevant certificates: ☐ are enclosed ☐ will be supplied

I hereby declare

☐ that I have not been in employment within the last 12 months or that I am not currently employed.

☐ that I have had the following employment within the last 12 months or am currently employed as:

1. from _____ to _____ at the company: _____ euros/month: _____
2. from _____ to _____ at the company: _____ euros/month: _____
3. from _____ to _____ at the company: _____ euros/month: _____

I was covered by social security at employers 1-3:

☐ as part of a "mini-job" ("geringfügiges Beschäftigungsverhältnis") 538 euros

☐ as part of a short-term employment ("kurzfristige Beschäftigung") for 70 day / 3 months

☐ as part of mandatory insurance incl. salary deductions



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I am aware that pursuant to Section 280 of the German social security code (SGB IV), I am obliged to provide complete and accurate details on any other income. I can be held liable in the event that non-compliance should be to the detriment of the employer. Non-compliance may be reported to the relevant authorities.

For "mini-jobbers" pursuant to Section 8 para. 1 no. 1 of the SGB IV who have lump-sum pension insurance contributions deducted and paid to the relevant pension insurance provider ("Knappschaft"), the applicable tax category is always a lump-sum tax rate of 2%, which according to Section 40 para. 3 sentence 2 of the German Income Tax Act (EStG) is paid by the employee. I am aware that taxes may be paid according to the German ELStAM system ("Elektronische LohnSteuer-AbzugsMerkmale = electronic income tax deduction components) if I submit a written application.

I am aware that as of January 1, 2013 a "mini-job" ("geringfügiges Beschäftigungsverhältnis") falls under the compulsory old-age pension insurance and that I pay a personal contribution as part of the statutory contribution rate (currently 3.6%). Alternatively, I can separately apply to be exempted from old-age pension compulsory insurance.

I have been informed that I may be exempted from compulsory old-age pension insurance. If several "mini-jobs" are held, exemption from compulsory insurance can only be declared for all jobs together and this is binding for the entire duration of employment.

- ☐ Yes, I am applying for exemption from compulsory old-age pension insurance in accordance with section 6 para. 1b of the German social security code (SGB) VI.
- ☐ No, I am not applying for exemption from compulsory old-age pension insurance in accordance with section 6 para. 1b of the German social security code (SGB) VI.

I understand that

- this declaration is used to determine my salary.
- I must inform in writing and without delay the staff administration of the University Medical Center Freiburg of any changes in this declaration.
- I must pay back salary which I have received due to incorrect, undeclared or late information stated in this declaration.
- Employment claims will expire if I do not make them in writing within the period described in the wage agreement (at present 6 months).

I assure that the statements above are accurate and complete.

I hereby give my consent for all data, including the optional information, provided by me on this form to be processed and stored in the relevant data processing systems.

Any use of my personal data beyond this and the collection of additional information will require my separate consent in each case.

In accordance with Article 15 GDPR, I am entitled at any time to ask the office to provide me with detailed information about the personal data concerning me which they have stored.

In accordance with Article 17 GDPR, I am entitled at any time to request that the office rectify, erase or block access to individual items of personal data, provided that there are no legal or statutory requirements for this data to be processed. I am entitled to withdraw my consent at any time without stating a reason. If I withdraw my consent, my data will no longer be processed. This statement of withdrawal of consent must be submitted to the personnel department. The withdrawal of consent only applies from the date on which it is declared and does not have a retroactive effect. The processing of my data up until this date will remain lawful.

I have received and read the information concerning how my data is handled in accordance with Article 13 GDPR.

Date

Signature

I hereby give my consent to receive the payslip/payroll accounting in electronic form.

Date

Signature



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