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.

State Finance Office Please select Payroll office employee Reference: (please provide)

Determination of obligation to make statutory pension insurance contributions for students in employment

Supplement to Lohnkonto (record of salary) required by Section 8 (2) of BVV (regulation on statutory pension insurance contributions)

Please note:

The employer is obligated to categorise the employee according to statutory insurance law. The employee must give the employer the information required to do so (Section 280 (1) of SGB IV – German Social Security Code IV). If the employee does not provide the employer with this information, provides incorrect information or does not provide the information in time, they are committing an offence punishable by fine (Section 111 (1) No. 4 of SGB IV).

Date of birth

First name

Place of birth

Street, number

1 Personal details

Town/city

Last name

Marital status

Post code

	,		,						
Rentenversich (social securit	nerungsnummer y number)	Employer (place of e	employme	nent)					
2 Details of	employment								
Status upon c	ommencement of em	ployment							
School pu	pil (proof of attendan)	ce at school must be		is	enclo	osed	will be su	ıbmitted so	oon
Student (d	certificate of enrolmer	nt must be submitted)) [is	s enclo	osed 🔲	will be su	ıbmitted s	oon
	ct to take your final ex whilst in this current e			infor exar can	ming ninatio	the exami on or stati e collecte	rom the Einee of the ng that the d must be	e results of e degree o	f the certificate
Have you cor	npleted the first State	e Examination in law?	· [no	yes	from		
Are you study	ying a doctoral degre	e?			no	yes			
	employment, have yo de-registered?	u discontinued your s	tudies		no	yes	from	unti	1

commencing this employment?	ite degree before	L no	b ☐ yes, the Examinations Office provided written confirmation of examination results on:
If yes, have you started another u postgraduate degree?	ndergraduate degre	ee or no	yes
Is the purpose of these studies fur specialisation?	ther education and	/or no	yes
For co-operative degree programme programme	mes: Type of degre	prog Start o End of	n studying a co-operative degree gramme f employment: employment: yer (with address):
Registered as unemployed with the Agency	ne Federal Employn	nent no	□ ^{yes}
Other (e.g. self-employed as m pension insurance contributions			m the obligation to make statutory
Type of employment			
3 Information on statutory hea	th insurance		
I have statutory health insurance.	no yes, with	the following stat	tus:
Obligatory membership based main employment	∟ Volun	tary membership Ilige Versicherung	Family insurance
I do not have statutory health insu	rance and have the	following health i	nsurance status:
☐ No health insurance	private	e health insurance)
Name and address of statutory or	private health insur	ance provider:	
4 Information on other employs Are you carrying out any other for ☐ No		<u>in addition to</u> thi	s employment?
Yes, I am also in the follow	ing employment		
Employer with address	Start/end of employment:	Monthly salary/working hours	The additional form of employment is
		EUR hours per week	An obligatory placement Required for final thesis Short-term Low-income Subject only to compulsory pension insurance

Last updated: July 2019

			EUR	An obligatory placement
			hours	Required for final thesis
			per week	☐ Short-term₁
			poo	
				Subject only to compulsory pension insurance
		1	(Please	use an additional sheet of paper if necessary)
	e you in paid employment du loyment (also with employers No Yes, I was/will be in the foll) for the future?		employment or have you arranged other
Emp	loyer with address	Start/end of employment:	Monthly salary/working hours	The additional form of employment is
			EUR	☐ An obligatory placement
			hours	Required for final thesis
				Short-term ₁
			per week	Low-income2
				Subject only to compulsory pension insurance
			EUR	☐ An obligatory placement
			hours	Required for final thesis
				Short-term ₁
			per week	Low-income ₂
				Subject only to compulsory pension insurance
			EUR	An obligatory placement
			hours	Required for final thesis
			per week	☐ Short-term₁
			'	Low-income ₂
				Subject only to compulsory pension insurance
				(5)
				(Please use an additional sheet of paper if necessary
year	ployment is considered short-terr or is limited by contract in advar ployment is considered low-incor	ice and is not a main o	occupation.	nths or 70 working days within one calendar exceed 450 euros.
5	Declaration on pension ins	surance for low-inc	come employmen	t
	pension insurance contribu application for exemption ca	tions in the form on the found attache butions to the statu	of a written declar d as Appendix 2. tory pension insur	tion from the obligation to make statutory ration submitted to their employer. The If an employee is made exempt, only the ance. Note: Please note: This means that
	No, I do not wish to be made and will pay my own contribu			statutory pension insurance contributions
A732	2 Leitstelle Bezügeabrechnung	Last ι	updated: July 2019	Page 3 of 6

	employment. Unless as complete amount of the	fixed contributions to the statutory pension insurance for employees in low-inc n application for exemption is submitted, the employee pays the difference to estatutory pension insurance contribution. The part of the statutory pension insur- ade by the employee is deducted from the salary by the employer.)	o the
		exemption from the obligation to make statutory pension insurance contributions cation is only valid if the application for exemption attached in appendix 2 is	S.
	pension insurance in th	emption is validly submitted, only the employer pays fixed contributions to the statuse case of low-income employment The employee makes no contributions. Once for exemption from the obligation to make statutory pension insurance contributed.)	e the
If yo	ou have any questions, pl	lease contact the Landesamt für Finanzen.	
für	Finanzen) immediately	ion given is correct. I commit to informing the State Finance Office (Landes of <u>all</u> changes that may influence my obligation to make statutory pen or lack thereof), in particular if	
	I take up or end another	employment,	
	my status as a student/r	non-student changes	
	I complete my degree or	r discontinue my studies (e.g. through de-registration)	
em _l	ployers in the case the urance contributions ar		
Info	rmation on data protectio	n pursuant to Section 13 and 14 General Data Protection Regulation (GDPR)	
Zen		essing this data is the State Finance Office. Address: Landesamt für Finanzen, - palais, Residenzplatz 3, 97070 Würzburg (phone: 09314504-6770, E-mail: <u>n.de</u>).	
acco mee	ordance with contractual and	<u>able to determine the rem</u> uneration you are due, arrange for payment and settle account d statutory provisions. It is also necessary in order for the Free State of Bavaria to be abloyer in view of legal provisions governing income tax, social insurance contributions and	le to
		ng of data is Section 6 (1) Sentence 1 (b) and (c) of the GDPR, Section 9 (2) b of the DPR, and Section 611 of the German Civil Code (BGB).	
	ther information on the proce o://www.lff.bayern.de/ds-info	essing of your data and the rights concerning the processing can be found online a	
be r	eached at: Landesamt für F	est information from the contact details given above. Our official Data Protection Officer inanzen – Datenschutzbeauftragter – Rosenbachpalais, Residenzplatz 3, 97070 Würzbu-mail: datenschutzbeauftragter@lff.bayern.de).	
Pho	one:	Email:	
Dat	e	Signature of employee	

Last updated: July 2019

Information sheet on the potential consequences of exemption from the obligation to make statutory pension insurance contributions

General information:

As of 1 January 2013, employees who are in low-income employment (450 euro job) are subject to full statutory pension insurance contributions. The part of the statutory pension insurance contribution which is to be paid by the employee is calculated as the difference between the fixed contribution made by the employer and the full statutory pension insurance contribution. It should be noted that the full statutory pension insurance contribution is to be paid for a monthly pay of 175 euros and over.

Benefits of paying the full statutory pension insurance contribution

The benefits of paying the full statutory pension insurance contribution are due to the accumulation of compulsory contribution periods. This means that the entire period of employment is considered when determining whether various waiting periods (minimum periods of insurance) have been completed. Compulsory insurance periods are required, for example

- to begin receiving your pension early
- to qualify for contributions towards rehabilitation (both medical and occupational)
- to qualify for transitional allowance for statutory pension insurance rehabilitation measures
- to acquire and retain the right to a pension due to reduction in earning capacity
- to qualify for conversion of earnings into contributions for an occupational pension scheme
- to fulfil the requirements for a private pension scheme with government funding (e.g. the Riester-Rente scheme) for the employee and, in some cases, their spouse

In addition, the full salary, rather than a part of it, will be taken into account when calculating the pension.

Application for exemption from the obligation to make statutory pension insurance contributions

If the employee does not wish to make statutory pension insurance contributions, they may be made exempt by their employer. In order to do so, the employee must inform the employer in writing that they wish to be made exempt from the obligation to make statutory pension insurance contributions using the attached form (appendix 2). If the employee carries out several forms of low-income employment, the application for exemption may only be submitted for all forms of employment which they carry out at the same time. The employee is obliged to inform all other – including future – employers for whom they carry out a form of low-income employment of the application for exemption. Exemption from the obligation to make statutory pension insurance contributions is binding for the duration of all of the forms employment; it cannot be revoked.

As a rule, exemption takes effect at the start of the calendar month in which the application is received by the employer or at the beginning of the period of employment at the earliest. This applies when the employer notifies the Minijob-Zentrale [low-income employment office] of the receipt of the application for exemption before the next salary payment or within 6 weeks at the latest. If this is not the case, exemption takes effect after the end of the calendar month which follows the calendar month in which the Minijob-Zentrale was notified.

Consequences of exemption from the obligation to make statutory pension insurance contributions

Employees in low-income employment who apply for exemption from the obligation to make statutory pension insurance contributions voluntarily forgo the benefits stated above. Due to the exemption, only the employer pays the fixed contribution based on the salary. The employee does not make their part of the contribution. The consequence of this is that the months of employment only partially count towards completion of various waiting periods and only part of the salary earned is considered in the calculation of the pension.

Please note: Before an employee decides to apply for exemption from the obligation to make statutory pension insurance contributions, it is recommended that they seek individual consultation regarding the effects of exemption at one of Deutsche Rentenversicherung's information and advice centres. Deutsche Rentenversicherung's telephone information service is free of charge on +49 800 10004800. Please have your Rentenversicherungsnummer (social security number) ready when you call the service.

Last updated: July 2019

Landesamt für Finanzen Please select	Refere (please p		
Bezügestelle Arbeitnehmer			
Application for exemption from the obligation for employees in low-income employmen Social Security Code VI)			
Employee			
Last name	First name	First name	
Rentenversicherungsnummer (social security nu	mber)	Date of birth	
nforming all other employers for whom I carry of exemption.	out a form of low-ir	ncome employmer	nt about this application
Place, date	Signature	of employee	
Employer:			
I received the application for exemption on takes effect on	. The exemp	tion	
Place, date	 Signature	of employer	
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A732 Leitstelle Bezügeabrechnung	J	c. cp.cyc.	Print Page 6 of 6