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Department receipt stamp

Place of employment

To the

State Financial Authorities – Regensburg  
(Landesamt für Finanzen – Regensburg)

Payroll office for employees

Working group - \_\_\_\_\_

PO box 100209

93041 Regensburg

**Statement<sup>1)</sup>** for subsidizing health insurance contributions according to § 257 SGB V (Social Security Code) and long-term care insurance contributions according to § 61 SGB XI

**1.** Name, First name of the entitled person Date of birth

Office employed at (place, federal state)	Place of employment (Place, Federal state) <sup>2)</sup>	Personnel no.
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**2. Details of family members**

**2.1** Spouse/civil life partner<sup>3)</sup> (Name, First name)

**2.2** Children<sup>4)</sup> (Name, First name) Date of birth

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**2.3 Only fill in for family members who do not live in the household of the entitled person:**

Name, First name	Street, House no.	Place
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**3. Income levels of family members**

**3.1** My spouse/civil life partner, my/his/her child(ren) have a total income<sup>5)</sup> which regularly exceeds a seventh of the monthly reference value in one month (§ 18 SGB IV)<sup>6)</sup>

Spouse/civil life partner:

no  yes

Child(ren):

no  yes, for \_\_\_\_\_

no  yes, for \_\_\_\_\_

no  yes, for \_\_\_\_\_

**3.2** Fill in only if at number 3.1 at least one child is listed who is related to the spouse or civil life partner and the spouse or civil life partner does not have statutory health insurance:

The total income<sup>5)</sup> of my spouse/civil life partner regularly exceeds a twelfth of the annual earning limit<sup>7)</sup> and is regularly higher than my total income<sup>5)</sup>.

no  yes

**The numbers 4 - 6 refer to the subsidy to the health insurance contribution.**

**4. In the statutory health insurance I am**

**4.1** only exempt from insurance due to exceedance of the annual earnings limit according to § 257 SGB V.

no  yes, since \_\_\_\_\_

**4.2** exempt from compulsory insurance

no  yes, since \_\_\_\_\_

according to

4.2.1 Article 3 §1, Paragraph 4 of the Amendment to the Maternity Protection Act and the Imperial Insurance Regulation of August 24, 1965 (BGBl I S. 912) (German Federal Law Gazette I p. 912)

no  yes

4.2.2 § 173 b, § 173 e - § 173 f RVO

no  yes

If you answer "yes" to 4.2, 4.2.1, or 4.2.2, please enclose notice from the relevant health insurer.

**4.3** According to the regulations or basic policies for public servants, I am entitled to continued payment of remuneration during illness and to aid - medical care -:

no  yes

**4.4** My pension has been authorized and I am entitled to aid during illness according to the regulations or policies for public servants:

no  yes

**4.5** I am entitled to provision or similar payments for dependents according to the regulations or policies for public servants and I have also been granted or have applied for a pension from the statutory pension insurance:

no  yes

**4.6** I am exempt from contributions in the statutory health insurance, because a dispensation according to § 172 RVO (Imperial Insurance Regulation) or another reason for dispensation was given:<sup>8)</sup>

no  yes (which?) \_\_\_\_\_

**4.7** I am exempt from contributions in the agricultural health insurance, because

4.7.1 dispensation according to § 5 Paragraph 1 KVLG 1989 (2nd Law on health insurance for farmers) or before 1 January 1989, § 4 a Paragraph 1 KVLG 1972 was given.

no  yes (which?) \_\_\_\_\_

4.7.2 exemption from insurance (§ 3 a No. 1 KVLG 1989) began by law after December 31, 1994.

no  yes

*Please enclose the notice of the health insurance!*

**5. Details of insurance status:**

**5.1** I am voluntarily insured with

(Local, occupational, or guild health insurance, maritime or agricultural health insurance or federal miners' insurance)

in

**5.2** I am - with my dependents listed at number 2 - privately health insured with the following health insurance company:

Name of the health insurance company

**About numbers 5.1 to 5.2**

I enclose certification from the health insurer(s)/health insurance company (-ies) about the insured persons, the amount of my contribution (split between the individual insured persons) and (only for number 5.2) about the type of insurance cover which applies to myself and my relatives. For number 5.2 I enclose the certification from the health insurance company according to § 257, Paragraph 2 a, Sentence 3 SGB V.

**6. Only fill in if dependents are not insured through the entitled person, but rather in their own right:**

My spouse/ my child(ren) is/are

**6.1** insured in the statutory insurance scheme

- 6.1.1 on the basis of their own employment  no  yes, with \_\_\_\_\_
- 6.1.2 voluntarily insured during employment of their own  no  yes, with \_\_\_\_\_
- 6.1.3 voluntarily insured without employment  no  yes, with \_\_\_\_\_
- 6.1.4 has/have statutory or voluntary insurance on the basis of other rights (e.g. as a student or intern)  no  yes, with \_\_\_\_\_
- 6.1.5 as a recipient of a statutory pension
- insured in the statutory insurance scheme  no  yes, with \_\_\_\_\_
- voluntarily insured  no  yes, with \_\_\_\_\_

**6.2** with a private health insurer

- 6.2.1 during employment of their own  no  yes, with \_\_\_\_\_
- 6.2.2 voluntarily insured without employment  no  yes, with \_\_\_\_\_
- 6.2.3 as a recipient of a statutory pension  no  yes, with \_\_\_\_\_

**Only fill in if information has been given at number 6.1.3 or number 6.2.2:**

The monthly health insurance contribution for my spouse / civil live partner, my child(ren) amounts to

\_\_\_\_\_ euros since \_\_\_\_\_

I enclose certification from the health insurer(s)/health insurance company (-ies) about the insured persons, the amount of my contribution (split between the individual insured persons) and (only for number 6.2.2) about the type of insurance cover which applies to my spouse and my child(ren). In as far as the insurance according to number 6.2.2 is with a different health insurance company from that at number 5.2, I enclose the certification from that company in accordance with § 257, paragraph 2a, sentence 3, SGB V (Social Security Statute Book V).

Date of the last presentation of a certification from a health insurance company:

**The numbers 7 and 8 refer to the subsidy to the long-term care insurance contribution.**

**7. In the statutory health insurance I am**

- 7.1 a voluntary member and have not applied for exemption from the social long-term care insurance  no  yes
- 7.2 exempt from the social long-term care insurance  no  yes
- 7.3 I have retired from compulsory insurance according to § 25, paragraph 2, SGB XI and further insurance exists  no  yes
- 7.4 I am obliged to be insured under agricultural health insurance, because
- 7.4.1 dispensation was granted according to § 5 Paragraph 1 KVLG 1989 (2nd Law on health insurance for farmers) or before 1 January 1989, § 4 a Paragraph 1 KVLG 1972.  no  yes, which? \_\_\_\_\_
- 7.4.2 exemption from insurance (§ 3 a No. 1 KVLG 1989) began by law after December 31, 1994.  no  yes

**8. Details of insurance status:**

- 8.1 As a voluntary member of the statutory health insurance I am a compulsory member in the social long-term care

insurance of the care insurance fund of

(Local, occupational, or guild health insurance, maritime or agricultural health insurance or federal miners' insurance)

in

**8.2** I have - with the relatives listed at number 2 - private long-term care insurance with the care insurance fund of the following insurance company

Name of the health insurance company

in

Date of the last presentation of certification from a health insurance company:

Family insurance according to §§ 25, 119, SGB XI:

Spouse/civil life partner:

Child(ren):

no  yes

no  yes, for \_\_\_\_\_

no  yes, for \_\_\_\_\_

no  yes, for \_\_\_\_\_

For myself and my relatives, I make a monthly long-term care insurance contribution of

\_\_\_\_\_ Euros

I enclose certification from the health insurer(s)/health insurance company (-ies) about the insured persons, the amount of my contribution (split between the individual insured persons) about the type of insurance cover which applies to myself and my relatives. I further enclose, at intervals of three years, certification from the insurance company according to § 61 paragraph 7 SGB XI.

I am aware that I must give **immediate** notification of changes in any of these insurance contracts which could be relevant to the calculation of the aid towards health or long-term care insurance (i.e. retirement from the health or long-term care insurance, switching the health or long-term care insurance, etc.) **in particular with reference to the amount of the health or long-term care insurance premiums.**

Place, Date

Signature

Notes:

- 1) This statement must be submitted, insofar as monthly financial aid towards the health insurance contribution or the long-term care insurance contribution is to be given.
- 2) Place of occupation is the place at which the occupation is indeed carried out. As place of occupation the relevant place is that place where a permanent workplace is established, in case persons are occupied with occasional work outside this place. If persons are occupied with one employer at several established workplaces, the relevant place is that where they are predominantly occupied. (cf. § 9 SGB IV).
- 3) Only valid for registered civil life partnerships in the terms of § 1, Paragraph 1 LpartG (Life Partnership Act)
- 4) Children include (compare also § 10, Paragraph 4 SGB V): marital children; children declared as marital; adopted children; non-marital children of a male employee, if his fatherhood has been established; non-marital children of a female employee; children of the spouse and grandchildren, if they are predominantly supported by the employee; foster children (§ 56, Paragraph 2, Number 2 SGB I). Children who are living with the employee with the goal of adoption, and for whom the necessary parental consent has been given, count as children of the employee.
- 5) Total income is the sum of all sources of income in the terms of income tax law (see § 16 SGB IV).
- 6) The monthly rate applicable to the calendar year in question (§ 18 SGB IV) will be communicated by the payroll office.
- 7) The annual earnings threshold applicable to the calendar year in question will be communicated separately by the payroll office.
- 8) Exemption from insurance according to § 7 SGB V is not taken into account.