Bezügestelle Außenstelle Magdeburg Otto-von-Guericke-Straße 4 39104 Magdeburg	only for information!	fficial German documen	Translation of the	Personaldienststelle Hochschule Anhalt Bernburger Straße 55 06366 Köthen (Anhalt) Germany	
Form for low salary and temporary employm Please answer all of the following questions to allow proper payroll acc 1. Status at beginning of employment Student	Received	Plea		Finanzamt Dessau-Roßlau Bezügestelle Außenstelle Magdeburg Otto-von-Guericke-Straße 4 39104 Magdeburg Germany	
Please answer all of the following questions to allow proper payroll accompany Status at beginning of employment Student	Staff number	Date of birth	First name	Last name	
Student (please attach verification) Undergraduate (please attach verification of enrollment) School leaver intending to attend vocational training School leaver intending to study Pensioner Type of pension scheme: self-employed civil servant unemployed job-/education-seeking employee on unpaid leave Registered at employment office employee yes, receiving be intern yes, not receiving doing military service no other: 2. Health insurance details I am insured by a: statutory health insurance company via individual membership via family coverage	₽ nt ounting.	d temporary employ stions to allow proper payroll	orm for low salary a	Fo Please a	
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I am insured by a: statutory health insurance company via individual membership via family coverage				0.11-141-1	
statutory health insurance company via individual membership via family coverage					
□ via individual membership□ via family coverage			urance company		
via family coverage					
private health insurance company					

3. Additional			tionship with one or	moro d	ifferent employers:				
does not exi	_	ists as folk	tionship with one or ows	more u	merent employers.				
Beginning a applicable employ	e) end of	Weekly working hours		O	wn contribution to pension insurance scheme	Employer, including address (voluntary indication)			
					inally compensated own contribution to pension no own contribution arginally compensated				
					inally compensated own contribution to pension no own contribution arginally compensated				
					inally compensated own contribution to pension no own contribution narginally compensated				
	ent with the La	nd of Saxo	ny-Anhalt your main	employ	yment relationship*?				
yes, from:	or boing able to		O:	unin = #	no, effective from:	o omployed in required to inform the co			
(*For the employer being able to process income tax deduction details using the electronic procedure ELSTAM, the employee is required to inform them whether the employment relationship is a primary or a secondary occupation.) Within the current calendar year, I have already been part of one or more temporary employment relationships, or I have been unemployed while being registered as seeking a new job or training:									
Beginning and end of employment/registration as unemployed seeking a new job or training Completed days of work this particular period this particular period to the parti				Monthly gross income in euro	Employer, including address (voluntary indication)				
4. Declaration (450 euro ma			sion scheme du	ring lo	w salary employment				
An employee in a submitting a writte	low salary emplo en declaration to	yment relation	: ' ' '		ed from the obligation to effect a po	licy in the statutory pension scheme by is to the pension fund are acquired.			
□ No,	I do not wish to be relieved from the obligation to effect a policy in the statutory pension scheme. The employer pays 15% and the employee pays 3,7% into the pension scheme. The monthly fees are to be deducted from a 175 euro minimum. Should the overall payments from one or more low salary employment relationships be below 175 euro, the employer is required to deduct 15% from the employee's salary in favor of their pension scheme; the emploee is obliged to pay the remaining amount up to a minimum of 32,73 euro.								
☐ Yes,	I hereby request to be relieved from the obligation to effect a policy in the statutory pension scheme while being in a low salary employment relationship, effectively giving up on the acquisition of compulsory contribution periods. The employer pays the flat tax. The one-time request to be relieved can not be revoked.								
			bove are true. I cor I employments.	nmit m	yself to immediately inform n	ny employer of any changes,			
Place			Date		Signature	Clear form			