

This translation is to be used as a guide for filling out the German original.  
 The University of Bayreuth is not liable for inaccuracies or mistakes in the English translation.  
 In case of doubt, the German originals are to be used in a court of law.

**University of Bayreuth Social Security Questionnaire**  
 for determining insurance obligations

new employee       contract extension       Mr.       Ms./Mrs.

First name	Last name	Date of birth
Postal code / city	Street / house number	Employee number (if applicable)

**Are you gainfully employed apart from or in addition to your employment relationship with the University of Bayreuth?**

no please proceed to question 3       yes Please proceed to question 2

**Question 2:**

Other employer	Work time (hours)	Earnings (in euros)	a) employed since b) contract expires
	<input type="checkbox"/> per week <input type="checkbox"/> per month		a) b)

Please list any additional employers on a separate sheet and include all the information above for each employer.

**Question 3:**

Were you gainfully employed in the 12 months prior to entering into this employment agreement with the University of Bayreuth or have you already agreed to enter into an employment agreement in the future (including agreements with other employers)?  no  yes – employer:

Employer (including address):	Work time (hours)	Earnings (in euros)	a) employed since b) contract expires
	<input type="checkbox"/> per week <input type="checkbox"/> per month		a) b)

**Question 4:**

Do any of the following apply to you **apart from** your employment agreement with the **University of Bayreuth**?

<input type="checkbox"/>	Retired / benefits recipient (please include authorizing agency/ office)	
<input type="checkbox"/>	miscellaneous (e.g. leave of absence from your primary occupation, self-employed)	
<input type="checkbox"/>	Registered as "seeking employment" ( <i>Arbeitssuchender</i> ) at German Federal Employment Office	

**Question 5:**

Who is your **health insurance** provider and what is your status?

<input type="checkbox"/>	Insurance policy with a private health insurance provider	Name of health insurance provider (include address):
<input type="checkbox"/>	Compulsory health insurance due to primary occupation	
<input type="checkbox"/>	Voluntary health insurance from national health insurance provider (AOK, TK, etc.)	
<input type="checkbox"/>	Included in family insurance policy	
<input type="checkbox"/>	No insurance coverage	

German pension insurance number (if known)	
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I hereby confirm that this information is accurate to the best of my knowledge. I agree to immediately report any changes that could affect my insurance obligations (especially entering into or terminating additional employment agreements or changing health insurance providers). In case of secondary employment, I consent to the exchange of my personal information that is relevant to social security with my other employer(s). The purpose of this is to ensure that social security contributions are collected appropriately.

Providing incomplete or inaccurate information may result in claims of damages against the employee under the terms of § 28 g SGB IV.

Place and Date of Signature	Signature
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**Please note:** The answers to these questions form the basis for determining whether or not the employee is required to make social security contributions. (Obligation to disclose information to employer pursuant to § 198 SGB V in conjunction with § 28 c SGB IV).