30134 Hannover
sv-beurteilung@energie-bkk.de

Job assessment for social insurance

1 Personal information

Last name, first name _____ Date of birth _____

Pension insurance number _____ Marital status _____

Street, post code, town _____

2 Career stage

2.1 ◯ Pupil in general education ◯ Student

2.2 ◯ Unemployed/ registered job-seeker ◯ Employed

2.3 ◯ Others (please describe) _____

3 Information on the job to be assessed

3.1 Job start _____

3.2 Job name _____

3.3 Employer name _____

Employer address _____

3.4 Internship **prescribed** by study or test regulations? ◯ yes ◯ no

3.5 Is the employment limited to 3 months and/or 70 working days maximum right from the start? If yes, up to _____

Is the employment limited to a longer time period? If yes, up to _____

3.6 Regular weekly working hours _____ days _____ hours

3.7 Maximum regular monthly pay _____ euros

3.8 Other incomes (e.g. non-cash remunerations, one-off gratuities, holiday pay or Christmas bonus) ◯ yes ◯ no

If yes, what kind? _____ _____ euros

4 Information on other jobs

4.1 Were any jobs or occupations already held in the last 12 months preceding the expected end of the job? ◯ yes ◯ no

If yes, please fill in page 3.

4.2 Any employments running in parallel to the job to be assessed (also including employment as a civil servant)? ◯ yes ◯ no

If yes, please fill in page 3.

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5 Further information

5.1 Do you earn other income? If yes, please fill in page 4. ◯ yes ◯ no

5.2 Did/do you have statutory health insurance at the start of the job to be assessed? ◯ yes ◯ no

If yes, please name the health insurance company: _____

5.3 If you are a pupil/student or were immediately beforehand, please answer the following questions too.

5.3.1 Which school are/were you attending last?

Name of the school _____ from _____ to _____

5.3.2 For students: enrolled since _____ until _____

at _____

5.3.3 Has the schooling/degree course been completed? ◯ yes ◯ no

5.3.4 Is the job exclusively held during school holidays/semester breaks? ◯ yes ◯ no

If yes, when does the school holiday/semester break start and end: from _____ to _____

5.3.5 After the end of the current job, will

... the schooling/degree course be continued? ◯ yes ◯ no

... a degree course be started? ◯ Yes, on: _____ ◯ no

... a training or employment be started? ◯ Yes, on: _____ ◯ no

... a voluntary social/ecological year, federal voluntary service, a voluntary service that is comparable to a voluntary social/ecological year (e.g. „WELTWÄRTS“ voluntary development service or „Incoming“ voluntary service), or a voluntary military service be started? ◯ Yes, on: _____ ◯ no

Consent to data use:

I consent to energie-BKK using my data for the social insurance assessment of my job, storing them for monitoring purposes, and forwarding this form to my employer‘s personnel department. I can withdraw my consent any time informally with the effect for the future without giving reasons vis-a-vis energie-BKK (any personal consultant) or by email to sv-beurteilung@energie-bkk.de.

I have read the information on the assessment procedure and consent to energie-BKK assessing my job for social insurance.

_____ _____

Date and signature **Telephone number for queries***

Data protection information: The data are collected on the basis of Social Code V §§ 5 ff., § 10 for the health insurance and Social Code XI §§ 20 ff and § 48 for the nursing care insurance and is required for the lawful fulfilment of our obligations. You are required by Social Code IV § 28o or Social Code XI § 50 to provide the requested information. Social Code XI § 50.5 obliges us to make the data required for task fulfilment available to the nursing care insurance fund set up by us. *Provision of the telephone number is voluntary.

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To 4.1 and 4.2

from	to	Limited in time right from the start	Employer	Status		Weekly working hours		Monthly (gross) pay in euros	Assessment under insurance law* Contributions were compulsory for:			
						days	hours		Health insurance	Nursing care insurance	Pension insurance	Unemployed insurance
		◯ yes ◯ no		Prescribed internship	◯ yes ◯ no				◯ yes	◯ yes	◯ yes	◯ yes
				Diploma, BA or MA thesis	◯ yes ◯ no				◯ no	◯ no	◯ no	◯ no
		◯ yes ◯ no		Prescribed internship	◯ yes ◯ no				◯ yes	◯ yes	◯ yes	◯ yes
				Diploma, BA or MA thesis	◯ yes ◯ no				◯ no	◯ no	◯ no	◯ no
		◯ yes ◯ no		Prescribed internship	◯ yes ◯ no				◯ yes	◯ yes	◯ yes	◯ yes
				Diploma, BA or MA thesis	◯ yes ◯ no				◯ no	◯ no	◯ no	◯ no

from	to	Limited in time right from the start	Employer	Status		Weekly working hours		Monthly (gross) pay in euros	Assessment under insurance law* Contributions were compulsory for:			
						days	hours		Health insurance	Nursing care insurance	Pension insurance	Unemployed insurance
		◯ yes ◯ no		Prescribed internship	◯ yes ◯ no				◯ yes	◯ yes	◯ yes	◯ yes
				Diploma, BA or MA thesis	◯ yes ◯ no				◯ no	◯ no	◯ no	◯ no
		◯ yes ◯ no		Prescribed internship	◯ yes ◯ no				◯ yes	◯ yes	◯ yes	◯ yes
				Diploma, BA or MA thesis	◯ yes ◯ no				◯ no	◯ no	◯ no	◯ no
		◯ yes ◯ no		Prescribed internship	◯ yes ◯ no				◯ yes	◯ yes	◯ yes	◯ yes
				Diploma, BA or MA thesis	◯ yes ◯ no				◯ no	◯ no	◯ no	◯ no

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Job assessment for social insurance

To 5.1

Self-employment		Pension/s		
Type	Annually in euros	Type	Provider	Monthly in euros

Pension benefits/ (company pensions, retirement pensions, etc.)			Other incomes (e.g. rent, capital gains, etc.)	
Type	Provider	Monthly in euros	Type	Annually in euros

To be filled in by the health insurance company!

Mandatory contributions for	**yes**	**no**
Health insurance	◯	◯
Nursing care insurance	◯	◯
Pension insurance	◯	◯
Unemployment insurance	◯	◯
Transistation area	◯	◯

◯ **The following registrations must be provided:**

Person group _____

Contribution group _____

◯ **No social insurance registration required**

◯ **For information about the need to register with an accident insurance (PGC 190/CGC 0000), contact the employers' liability insurance association as required.**

Notice for the employer: The evaluation under social security law is based exclusively on the information provided in this application form and, if applicable, in the enclosures. If these do not meet the actual conditions, this may lead to a different result.

Date

Stamp/ Signature of the health insurance company

Please fill in and send to energie-BKK:

By post to energie-BKK - 30134 Hannover

By e-mail to sv-beurteilung@energie-bkk.de
(please use SecureMail for safe transmission).