Annex to Personnel Questionnaire

(fields with a grey background are not to be completed by the employee)



COMPANY NAME:

Declaration on earn to assess exemption fr	•		nent		
Information on the new er		Personnel numb	er:		-
Personal details:					
Last name	First name	Insurance num (shown on soci security card):		Start d	late:
The Gesetz zur Stärkung des Wettbewerbs in der Gesetzlichen Krankenversicherung (GKV-Wettbewerbsstärkungsgesetz – GKV-WSG – German Act on Strengthening Competition in Statutory Health Insurance) revised the rules governing exemption from compulsory insurance for "higher-earning" employees. Under the new rules, employees are only exempt from compulsory insurance if their regular annual earnings exceed the annual earnings limit and have exceeded this limit in the past three calendar years. If employees join a company and their earnings are expected to exceed the prescribed annual earnings limit, their employer requires proof of whether their earnings have exceeded the annual earnings limit in the current calendar year and in the past three calendar years in order to conclusively establish whether the employees are exempt from compulsory insurance. The employer can only decide whether an employee is exempt from compulsory health insurance once this information has been provided. Social security					
Health insurance fund Name of private health insurer: Health in fund no.					surance
NOTE: If employee has private health insurance, enclose certificate in accordance with section 6(1) SGB V issued by the private health insurer					
General information					
No previous employment					
The annual earnings limit was not exceeded in the past three years					
and in the year in which the employee joined the company					
The annual earnings limit was exceeded in previous employment (enclose documentary evidence)					
Information on previou	ıs earnings				
Previous earnings Earnings subject to security contribution					
 Year of joining company 	• 2008/20				
 1st year before joining 	• 2007/20	. 800			
 2nd year before joining 	• 2006/20	007			
 3rd year before joining 	• 2005/20	006			

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Signature

Date

Annex to Personnel Questionnaire

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COMPANY NAME:

Declaration on earnings from previous employment to assess exemption from compulsory health insurance