

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

COMPANY NAME:

	- .					
Declaration on earl to assess exemption fr	•					
Information on the new e		Personnel nur	mber:		-	
Personal details:						
Last name	First name		surance number nown on social curity card):		Start date:	
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 certificate in accordance the private health insure.	e with section 6(1)			bmitted:	0	
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 • Previous earning				subject to		
Year of joining company	• 2008/2		ecurity co	<u>ontributio</u>	115 111 €	
 1st year before joining 	• 2007/2	•				
2 nd year before joining	• 2006/2	•				
 3rd year before joining 	• 2005/2	.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