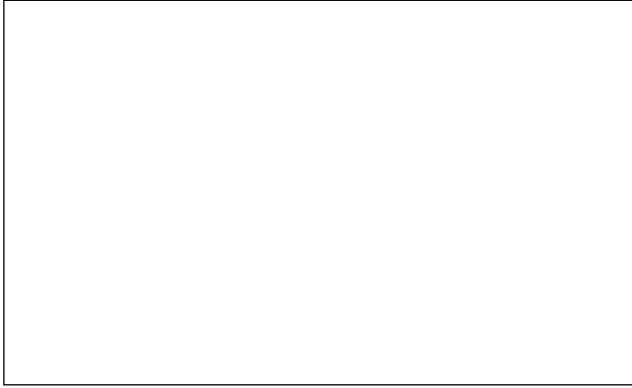


Please note: This translation is provided by the Landeskoordinationsstelle für Übersetzungsangelegenheiten im Hochschulwesen Baden-Württemberg at the University of Mannheim and serves informational purposes only. The English form is not legally binding and will not be accepted by any institution. Please fill in the German form.



→ Please send this questionnaire to:

- the statutory health insurance provider if the respective person is insured under statutory health insurance. This applies regardless of the insurance status (compulsory insurance, voluntary insurance or family insurance).
- the statutory pension insurance provider (DRV Bund, DRV Knappschaft Bahn-See or the responsible regional statutory pension insurance provider of the DRV) if the person in question is not insured with a statutory health insurance provider.
- the Arbeitsgemeinschaft Berufsständischer Versorgungseinrichtungen e.V. (ABV), Postfach 080254, 10002 Berlin if the person in question is a member of an occupational pension fund and not insured with a statutory health insurance provider.

Delete all entries

**Employment of a Civil Servant or a Person of Equal Status 1)
in One or Several Other Member State/s 2)**

- Article 11 Subsection 3 Letter b Regulation (EC) No. 883/2004 -

Questionnaire for Issuing a "Bescheinigung über die Rechtsvorschriften der sozialen Sicherheit, die auf den/die Inhaber/in anzuwenden sind" (Certificate concerning the Social Security legislation which applies to the holder) (A1 Form)

1. Personal data

Sex male female unknown diverse

Country codes

Last name First name Title

Name at birth Date of birth

Place of birth Country of birth Citizenship

German pension insurance number

Address in country of residence

Street and number

Zip code and city Country

Address in country of employment (if available)

Street and number

Zip code and city Country

Fill in additionally if the questionnaire is sent to the statutory pension insurance provider or to the ABV:

The person named above is insured under a statutory private health insurance scheme

Please note: Persons who have taken out statutory health insurance **in addition to** private health insurance only have to indicate "statutory health insurance."

Name of respective occupational pension fund

Street and number

Zip code and city Membership number

1) This includes

- public employees working with the Bund, Länder, Gemeinden, Gemeindeverbände,
- employees of institutions, corporations or foundations under public law or associations of such, and
- members of the German parliament

if the German legal provisions on social security applied to the posted employees immediately before their employment abroad.

2) The term „member state“ refers to the EU countries as well as Iceland, Liechtenstein, Norway and Switzerland.

2. Details regarding the employer

Name

Street and number

Zip code and city Country

Employer identification number

Contact details in case of questions 3) Country codes

Name Phone number E-mail

3. Details regarding civil/public service relationship

During the period of employment abroad, the person named under 1 is working with a different employer or pursues an activity as a self-employed person: yes 4) no

a.) Civil service relationship

The active civil service relationship remains in effect without restriction during the period of employment abroad yes no

The person named under 1 is granted leave from work by the employer for the duration of the employment abroad yes no

If yes: The leave from work was granted in the interest of official responsibilities and is recognized as a pensionable period of civil service yes no

b) Public service relationship

The public service relationship remains in effect without restriction during the period of employment abroad yes no

The posted employee was subject to the German legal provisions on social security immediately before the employment abroad

4. Details regarding the employment abroad

1. Place of posting from until

Name

Street and number

Zip code and city Country

2. Place of posting from until

Name

Street and number

Zip code and city Country

Country codes

3) Optional

4) If the person in question is pursuing a further employment or is self-employed in a different member state in addition to the civil/public service relationship, the German legal provisions apply accordingly (see art. 13 subsection 4 EC no. 883/2004). If the main place of residence of the person in question is in Germany, please contact the GKVSpitzenverband, DVKA for the A1 form.

3. Place of posting from until

Name

Street and number

Zip code and city Country

In the following member states without a fixed place of posting:

Country codes

from until

Countries

5. Declaration by the employer

We hereby declare that the information above is accurate.

We are aware that the responsible authorities both in Germany and in the country of employment carry out inspections and that any false statements in this form, even if by mistake, may lead to a withdrawal of the A1 form and to application of the legislation of the country of employment.

This also applies for previous periods.

We declare to inform the responsible authority mentioned in the address field of this application immediately if there are any changes to the information provided above.

.....
City and Date

.....
Stamp and Signature

Data Protection Information:

The data collected in this form are required by statutory health insurance providers, statutory pension insurance providers or the Arbeitsgemeinschaft Berufsständischer Versorgungseinrichtungen in order to fulfill their tasks as required by law. The data are collected, stored electronically and used exclusively in accordance with data protection regulations.