

Notifying department	Date	Personnel number/area of work
	Officer responsible	Telephone number
Last name	First name	Date of birth

Please check  or fill in as appropriate

Landesamt für Besoldung und  
Versorgung Baden-Württemberg  
70730 Fellbach

**Fragebogen für die Ausstellung einer "Bescheinigung über die anzuwendenden Rechtssvorschriften" (Vordruck A1) für Beamte – Questionnaire for Issuing a Statement of Applicable Legislation (A1 Form) for Civil Servants** (Article 11 Subsection 3 Letter b Regulation (EC) No. 883/2004)

**1. Information about the civil servant**

Country of birth	Place of birth (optional)	Telephone (optional)
Business e-mail address (optional)		
German pension insurance number		
<p>The above-mentioned person has</p> <p><input type="checkbox"/> private health insurance</p> <p><input type="checkbox"/> statutory health insurance; if yes:</p> <p>Name of health insurance provider _____</p> <p>ZIP code, city _____</p> <p><input type="checkbox"/> private health insurance <u>and</u> is member in a pension fund; if yes:</p> <p>Name of pension fund _____</p> <p>ZIP code, city _____</p> <p>Membership number _____</p>		

**2. Information about the posting**

<p>Duration of the posting from _____ until _____ (max. 5 years)</p> <p>Is the civil servant employed with another employer or self-employed in another member state<sup>1</sup> during the posting?</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes. Please note: The A1 form will not be issued. If the civil servant's main place of residence is in Germany, please contact the GKV-Spitzenverband <a href="http://www.dvka.de">www.dvka.de</a> to have the A1 form issued.</p>
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<sup>1</sup> The term "member state" refers to the EU countries and to Iceland, Liechtenstein, Norway, Switzerland and the United Kingdom.

In case the civil servant is posted to a non-member state, please use the respective form issued by the DVKA (Deutsche Verbindungsstelle Krankenversicherung – Ausland), [www.dvka.de](http://www.dvka.de).

### 3. Information about the job abroad

#### Place of work abroad

Member state<sup>1</sup> \_\_\_\_\_

Assigned office/  
organization \_\_\_\_\_

Street, no. \_\_\_\_\_

ZIP code, city \_\_\_\_\_

or:  The civil servant is assigned to several or no fixed offices/organizations in this member state.  
(Please make sure to always indicate the member state.)

#### Places of work in other member states<sup>1</sup>, if required:

Member state<sup>1</sup> \_\_\_\_\_

Assigned office/  
organization \_\_\_\_\_

Street, no. \_\_\_\_\_

ZIP code, city \_\_\_\_\_

or:  The civil servant is assigned to several or no fixed offices/organizations in this member state.

Member state<sup>1</sup> \_\_\_\_\_

Assigned office/  
organization \_\_\_\_\_

Street, no. \_\_\_\_\_

ZIP code, city \_\_\_\_\_

or:  The civil servant is assigned to several or no fixed offices/organizations in this member state.

Please note: Please attach a separate sheet in case the civil servant is posted to more than three member states.

### 4. Information about the civil servant status in Germany

Does the active civil servant status in Germany remain in effect without restriction during the period of the posting?

yes

no. Please note: The A1 form will not be issued.

Is the civil servant granted leave of absence for the duration of the posting?

no

yes

If yes:

The leave of absence was granted in the interest of the service and is recognized as a pensionable period.

yes

no

### **Declaration of the employer**

By submitting the request, we as the employer declare that the information provided above is accurate. We agree to inform the Landesamt für Besoldung und Versorgung immediately in case of any changes. Should, for instance, inspections in a member state find that false statements were made, even by mistake, or that changes were not reported immediately, the A1 form might be withdrawn and the legal provisions of the member state applied where the civil servant performs or performed the job subject to the posting.

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Date, signature of the employer

PLEASE FILL IN THE GERMAN FORM