

Guidelines – How to fill out the application form for an exemption from the German Statutory Pension Insurance

Please fill in your original application form completely and sign it personally. Otherwise there may be delays in processing your application and hence you may miss important deadlines regarding your exemption. Many thanks!

Regarding Point 2.1: Specifying your occupation

2	Angaben zur ausgeübten Erwerbstätigkeit	
2.1 Bitte geben Sie Ihre Berufsgruppe an		
<input checked="" type="checkbox"/> Arzt	<input type="checkbox"/> Tierarzt	<input type="checkbox"/> Zahnarzt
<input type="checkbox"/> Steuerberater	<input type="checkbox"/> Wirtschaftsprüfer	
<input type="checkbox"/> Apotheker	<input type="checkbox"/> Architekt	<input type="checkbox"/> sonstige

Please mark the box for “Arzt” (doctor). Should you be working in two or more jobs at the same time, and both jobs qualify you for an exemption (e.g. doctor and dentist), please provide these additional details in the space marked “sonstige” (other).

Regarding Point 2.2: Type of employment (employee vs. self-employed)

2.2 Bitte machen Sie Angaben zur ausgeübten Erwerbstätigkeit.	
<input type="checkbox"/>	Ich bin in der zu befreienden Tätigkeit abhängig beschäftigt.
	Beginn der abhängigen Beschäftigung
	genaue Bezeichnung der Tätigkeit laut Arbeitsvertrag

noch Ziffer 2.2	
<input type="checkbox"/>	Ich bin in der zu befreienden Tätigkeit selbständig tätig.
	Beginn der selbständigen Tätigkeit
	genaue Beschreibung der Tätigkeit
	Auftraggeber (Name)

As most people applying for an exemption from the German Statutory Pension Insurance are employees (e.g. a doctor working for a hospital), they will need to mark the first box. However, in some cases, self-employed people may also be subject to the German Statutory Pension Insurance (e.g. teachers or self-employed persons with only a single customer). Should you be self-employed, please provide official documentation from the German Federal Pension Insurance Agency (Deutsche Rentenversicherung Bund) confirming that you are subject to the German Statutory Pension Insurance and enclose it with your application for exemption. If you are unsure whether you are an employee or self-employed, you can ask the German Federal Pension Insurance Agency to carry out

an “assessment of your status” (Statusfestellung). Additional information regarding status assessments is available from your pension fund (Versorgungswerk).

Regarding Point 2.2: Precise job description as per employment contract

genaue Bezeichnung der Tätigkeit laut Arbeitsvertrag
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You should always provide a precise job description. This applies to both typical medical jobs (e.g. ward physician, resident physician, senior physician, head physician) and non-typical medical jobs (e.g. jobs in the pharmaceutical industry, jobs without direct patient contact). For non-typical medical jobs, please also enclose the following with your application: a precise job description/ specification drawn up by your employer or the relevant excerpts from your contract of employment.

Regarding Point 2.2: Information regarding your employer

Angabe der Betriebsnummer des Arbeitgebers	
<input type="text"/>	
Falls die Betriebsnummer nicht bekannt ist, bitte die vollständige Anschrift und Name des Arbeitgebers angeben.	
Name	
<input type="text"/>	
Straße, Hausnummer	
<input type="text"/>	
Postleitzahl	Wohnort
<input type="text"/>	<input type="text"/>

template

It is very important, that exemptions from the German Statutory Pension Insurance are granted for the actual employer, i.e. Helioskliniken, University Clinics, the Charité etc. and not for an individual clinic from one of these clinic networks. This will allow you to work in your employer’s other clinics, without losing the exemption you have been granted regarding the German Statutory Pension Insurance. This is only possible if the exemption is granted for the overall employer of the clinic you work for, i.e. the organisation that runs the clinic network.

If your employer runs numerous clinics, i.e. is a clinic network (Klinikverbund) please specify the name of the overall clinic network when providing the details of your employer.

If available, please enter the appropriate company number of the new employer in the box above. If you should have any queries, you can also find the new company number in the local payroll office.

Regarding Point 6: Declarations made by the pension fund

This section will be filled in by your pension fund. Please do not fill out this section.

6	Erklärung des Versorgungswerks
<input type="checkbox"/>	Bestätigung der Kammerpflichtmitgliedschaft
Der Antragsteller ist aufgrund gesetzlicher Verpflichtung Mitglied der <input type="text"/>	
Name der berufsständischen Kammer	