

Job assessment for social insurance

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1 Personal information

Last name, first name

Date of birth

Pension insurance number

Marital status

Street, post code, town

2 Career stage

- Pupil in general education Student
 Unemployed/ registered job-seeker Employed
 Others (please describe) _____

3 Information on the job to be assessed

3.1 Job start _____

3.2 Job name _____

3.3 Employer name _____

Employer address _____

3.4 Internship **prescribed** by study or test regulations? yes no

3.5 Is the employment limited to 3 months and/or 70 working days maximum right from the start? If yes, up to _____

Is the employment limited to a longer time period? If yes, up to _____

3.6 Regular weekly working hours _____ days _____ hours

3.7 Maximum regular monthly pay _____ euros

3.8 Other incomes (e.g. non-cash remunerations, one-off gratuities, holiday pay or Christmas bonus) yes no

If yes, what kind? _____ euros

4 Information on other jobs

4.1 Were any jobs or occupations already held in the last 12 months preceding the expected end of the job? yes no

If yes, please fill in page 3.

4.2 Any employments running in parallel to the job to be assessed (also including employment as a civil servant)? yes no

If yes, please fill in page 3.

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5 Further information

- 5.1 Do you earn other income? If yes, please fill in page 4. yes no
- 5.2 Did/do you have statutory health insurance at the start of the job to be assessed? yes no
If yes, please name the health insurance company: _____
- 5.3 If you are a pupil/student or were immediately beforehand, please answer the following questions too.
- 5.3.1 Which school are/were you attending last?
Name of the school _____ from _____ to _____
- 5.3.2 For students: enrolled since _____ until _____
at _____
- 5.3.3 Has the schooling/degree course been completed? yes no
- 5.3.4 Is the job exclusively held during school holidays/semester breaks? yes no
If yes, when does the school holiday/semester break start and end: from _____ to _____
- 5.3.5 After the end of the current job, will
- ... the schooling/degree course be continued? yes no
 - ... a degree course be started? Yes, on: _____ no
 - ... a training or employment be started? Yes, on: _____ no
 - ... a voluntary social/ecological year, federal voluntary service, a voluntary service that is comparable to a voluntary social/ecological year (e.g. „WELTWÄRTS“ voluntary development service or „Incoming“ voluntary service), or a voluntary military service be started? Yes, on: _____ no

Consent to data use:

I consent to energie-BKK using my data for the social insurance assessment of my job, storing them for monitoring purposes, and forwarding this form to my employer's personnel department. I can withdraw my consent any time informally with the effect for the future without giving reasons vis-a-vis energie-BKK (any personal consultant) or by email to sv-beurteilung@energie-bkk.de.

I have read the information on the assessment procedure and consent to energie-BKK assessing my job for social insurance.

Date and signature

Telephone number for queries*

Job assessment for social insurance

To 4.1
and
4.2

from	to	Limited in time right from the start	Employer	Status	Weekly working hours		Monthly (gross) pay in euros	Assessment under insurance law* Contributions were compulsory for:			
					days	hours		Health insurance	Nursing care insurance	Pension insurance	Unemployed insurance
		<input type="radio"/> yes <input type="radio"/> no		Prescribed internship <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
		<input type="radio"/> yes <input type="radio"/> no		Diploma, BA or MA thesis <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
		<input type="radio"/> yes <input type="radio"/> no		Prescribed internship <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
		<input type="radio"/> yes <input type="radio"/> no		Diploma, BA or MA thesis <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
		<input type="radio"/> yes <input type="radio"/> no		Prescribed internship <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
		<input type="radio"/> yes <input type="radio"/> no		Diploma, BA or MA thesis <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no

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		<input type="radio"/> yes <input type="radio"/> no		Prescribed internship <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
		<input type="radio"/> yes <input type="radio"/> no		Diploma, BA or MA thesis <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
		<input type="radio"/> yes <input type="radio"/> no		Prescribed internship <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
		<input type="radio"/> yes <input type="radio"/> no		Diploma, BA or MA thesis <input type="radio"/> yes <input type="radio"/> no				<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no

Job assessment for social insurance

To 5.1

Self-employment		Pension/s		
Type	Annually in euros	Type	Provider	Monthly in euros

Pension benefits/ (company pensions, retirement pensions, etc.)			Other incomes (e.g. rent, capital gains, etc.)	
Type	Provider	Monthly in euros	Type	Annually in euros

To be filled in by the health insurance company!

Versicherungspflicht besteht zur	ja	nein	<input type="radio"/> Folgende Meldungen sind zu erstellen:
Krankenversicherung	<input type="radio"/>	<input type="radio"/>	Personengruppe _____
Pflegeversicherung	<input type="radio"/>	<input type="radio"/>	Beitragsgruppe _____
Rentenversicherung	<input type="radio"/>	<input type="radio"/>	
Arbeitslosenversicherung	<input type="radio"/>	<input type="radio"/>	
Gleitzone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Es ist keine Meldung zur Sozialversicherung zu erstellen.
			<input type="radio"/> Zur Feststellung der Meldepflicht gegenüber der Unfallversicherung (PGR 190/BGR 0000) ggf. mit BG Kontakt aufnehmen

Hinweis für den Arbeitgeber: Die sozialversicherungsrechtliche Beurteilung basiert ausschließlich auf den Angaben in diesem Fragebogen und ggf. beigefügten Anlagen. Sollten diese nicht den tatsächlichen Verhältnissen entsprechen, führt dies ggf. zu einem abweichenden Ergebnis.

_____ Datum

_____ Stempel/ Unterschrift der Krankenkasse

Please complete and return to energie-BKK:

by mail to

energie-BKK 30149 Hannover

as an email-attachment to sv-beurteilung@energie-bkk.de (please use SecureMail for safe transmission).