

Date:

Signature:

Insurance law assessment of

holiday he	elp, v	wor	kin	g s	stu	dent	s, i	inter	ns, dip	olom	ıa	stude	nts,	sh	ort-t	erm	an	d paı	rt-ti	me	em	ploy	ees/
Surname										E	Employed as:												
first										E	Employment period:						ý			-			
name born on											Pension insurance number:												
Address (Street, No.)											Tax ID:												
ZIP / City:											Marital status:												
1. Status at the	start of	f emplo	oymer	nt: I	Pupil																		
Student, studying properly Worker on unpaid											Job/training seeker												
leave School leaver with the intention of vocational training Pensioner											employee on parental leave												
											- 8	School leaver with the intention to study											
											+	self-employed Miscellaneous											
1.1 I have been	n emplo	yed in	the la	ast 1	12 mo	onths?																	
Yes, at: co	ompany											company	any										
•																							
	from	(4 ±				u	until				from	100				unt	until						
	Monthly gross pay working hours/week						-	€				lonthly gr workin		-									€
	Working hours/week Working days/week																						
	slightly up to 450 €						s	short term					/orking days/week lightly up to 450 €			sh	ort term						
I'm also still employed at																							
	compa	ny																					
										€ h	€ hours at short working days/week								1				
Monthly gross salary slightly							———			C 110	notice					wc	orking da	ys/we	ek				
up to 450 €											Hotice												
1.2 I have been referring since																		- 1	7	nonc	ion		
retireme						nt ben	efit		disability pension					pension									
1.3 I am on maternity leave										in voluntary military service / fe							al volunta	ary se	ervice				
1.4 Specification	on of a s	tatuto	ry hea	alth	insur	ance/p	ossibl	ly Lette	r of exempt	tion fror	n a	statutory I	Health in	nsui	ance (fu	ıll nam	e heal	Ith insura	nce,	e.g. A	.OK		
Baden-W									·						`								
	Type of health privately insu									sured	ed more complete Name of the GKV:												
insurance:								0	ther			Ivaille	JI IIIE C		•								
1.5 Status afte	r emplo	yment	in our	r co	mpar	ıy: Adm	nissio	n															
a deg											attending the same or secondary school unemploye							oyed					
an apprenticeship or em						ployr	ment																
Miscellaneous	<u> </u>																						
1.6 Lecture-fre	e time d	luring 1	the pe	erio	d of e	mployn	nent F	rom															
											-	until											
1.7 What docu	ments a	re ava	ailable	?																			
Valid school certificate Other Exemption from pension insurance Valid certificate of enrollment																							
9																							
1.8 Carl Zeiss i	s the m	ain em	nploye	er			П	Yes				no											

Telephone for queries: