

Übersetzungshilfe für X_Z705 Einwilligungserklärung LfF Stand 01.12.2019

Please note that the English translation only serves the purpose of providing information on the contents of the corresponding German text. Please complete the German version of this form.

Please cite the reference number (see pay slip).

To the payroll office (payment authorization office/pension authority)

State Finance Office
 Please select / ◇ [town] Office, ◇ [town] Branch
 Employee Payroll Office

Declaration for family-related benefits (FL-Erklärung)

Please complete legibly and mark with a cross as appropriate. If you do not know the answer, please write "*unbekannt*" (unknown) in the respective space and give the reasons. If the space on this declaration is not sufficient for all the necessary information, please give this information on a separate sheet.

Please mark with a cross as appropriate or complete

1 Personal details

Surname, given name	Date of birth
Address	
Department	

Civil status If you are completing this form for the first time, or if your civil status has changed, you need to submit appropriate documentation (e.g. marriage certificate/certificate of civil life partnership, divorce certificate, etc.).	<input type="checkbox"/> Single <input type="checkbox"/> married <u>and not permanently</u> separated <input type="checkbox"/> married <u>and</u> permanently separated <input type="checkbox"/> in a registered civil partnership <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> _____	Since: _____ _____
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2 Personal details of spouse or civil life partner¹

Surname, given name	Date of birth
Birth name	Address (if different)
2.1 Is your current or former spouse/civil partner employed or completing a vocational education and training (VET) program?	

Hinweis: Diese Übersetzung dient als Hilfe zum Verständnis der Inhalte der deutschen Vorlage, es ist kein offizielles Dokument.
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<input type="checkbox"/> No; if applicable: not any more, since _____ <input type="checkbox"/> yes , since _____ as <input type="checkbox"/> Public servant (<i>Beamtin/Beamter</i>) / judge / professional soldier (<i>Berufssoldat/in</i>) / fixed-term soldier (<i>Soldat/in auf Zeit</i>) <input type="checkbox"/> Trainee public servant (<i>Anwärter/in – Beamtin/Beamter auf Widerruf im Vorbereitungsdienst</i>) / legal trainee (<i>Rechtsreferendar/in</i>) <input type="checkbox"/> Employee (without “ <i>Beamte</i> ” status) <input type="checkbox"/> _____
Name and address of the salary-paying office (if possible personnel number/reference number) ⁷

Is the employment in public service or equivalent to public service ⁱⁱ (<i>öffentlicher Dienst</i>)? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
She/he <input type="checkbox"/> works full-time <input type="checkbox"/> works part-time, _____ hours/lesson periods per week <input type="checkbox"/> is on parental or other leave from _____ to _____

2.1 Does your current or former spouse/civil life partner receive <i>Versorgung nach beamtenrechtlichen Grundsätzen</i> (pension or equivalent benefits (e.g. widow’s pension or benefits of reduced earning capacity) according to principles of public service law (<i>Beamtenrecht</i>)) ⁱⁱⁱ ? <input type="checkbox"/> yes , since _____ <input type="checkbox"/> no
<p>If so it is imperative that you complete the following!</p> Name and address of the office for “ <i>Versorgung</i> ” (pensions and benefits for public servants (<i>Beamte</i>)) or pension authority (exact address, if possible personnel number/reference) ⁷

3 To be completed only by persons whose marriage has been divorced, annulled or declared void or whose civil life partnership has been annulled¹

Is the former spouse/civil life partner married again or in a new civil life partnership?	<input type="checkbox"/> Yes, since _____ <input type="checkbox"/> no
3.1 Are you obliged to pay alimony to your former spouse/civil partner? <input type="checkbox"/> no <input type="checkbox"/> yes , since _____ amount of the monthly alimony payment _____ euros <small>Please include documentation of the existing alimony obligations and the monthly payments (e.g. court order, court settlement or notary deed of out-of-court settlement, contract).</small>	
3.2 Have there been any changes to court decisions on alimony or to alimony agreements? <small>If so, please enclose relevant documentation.</small>	<input type="checkbox"/> yes, the change applies from _____ <input type="checkbox"/> no
3.3 Did you fulfill your obligation to pay alimony by paying a one-off settlement payment? <input type="checkbox"/> yes , on (date) _____ of (amount): _____ euros <input type="checkbox"/> no <small>Please include relevant documentation.</small>	

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4 To be completed by persons who are single, divorced or whose civil life partnership has been annulled¹

4.1 Have you taken another person into your household, not only temporarily, for example children, a close relative in need of long-term care, or a person whose help you need for health reasons?
 yes, from (date) _____ **no**

4.2 If so (question 4.1), please complete this additional question
 Do you want to claim the level 1 family allowance (*Familienzuschlag der Stufe 1*) for taking a person in to your household?
 yes, (please submit *F-Erklärung* (form for level 1 family allowance (*Familienzuschlag der Stufe 1*) for taking a person in to your household^{iv}) **no**

5 Details on children

(If you are completing this form for the first time, please include a copy/copies of the birth certificate/s.)

5.1 Do you have any children?^v **yes** **no**

Children		Who receives or will apply for child benefit (<i>Kindergeld</i>)?			
Surname, given name (address if different from the address stated in no. 1)	Date of birth	Surname, given name	Date of birth	Legal relationship to child	Family benefits office, child benefit number (<i>Kindergeldnummer</i>) (Personnel number/reference)

5.2 If you do not receive child benefit (*Kindergeld*) yourself:
 (If the child benefit is received by more than one person, please complete a separate sheet for each person.)
 The person who receives child benefit (*Kindergeld*)^{vi} is employed as _____;
 employment since _____
 employed at:

 Name of employer of the child benefit recipient (exact address, if applicable and known: public service personnel number/reference)⁷
 She/he has been receiving a pension or equivalent benefits since _____
 _____ from _____
 Name of the authority responsible for paying this pension or benefit (if applicable and known: public service personnel number/reference)

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Is the other parent married or in a civil partnership?

no

yes, since _____

The spouse/civil partner of the other parent is employed by or receives a pension or equivalent benefits from:

_____ Name of the employer/pension authority (exact address, if applicable and known: public service personnel number/reference)^{vii}

Space for comments and extra information (please use a separate sheet if you need more space).

I confirm that I have provided all information accurately and completely to the best of my knowledge and belief. Where I did not know the answer, I have written a note to that effect in the respective space. I am aware that I

- must immediately inform my payroll office of any changes in the facts described above (for example commencement of another employment or change of employer of the spouse/civil partner;
- can only receive half of the level 1 family allowance that married persons/persons in civil partnerships are eligible for if my spouse/civil partner enters into public service² or an equivalent employment and he/she is also eligible for the level 1 or higher family allowance, or if they are eligible for an equivalent benefit to the amount of at least half the maximum of level 1 of the family allowance;
- cannot receive the child-related part of the family benefit for children who qualify for child benefit and whose child benefit is received by someone other than myself if that person enters public service² or an equivalent employment;
- am obliged to refund any payments that I received incorrectly, due to a lack of or delayed or missing information of changes.

Information on data protection pursuant to articles 13 and 14 of the General Data Protection Regulation (GDPR)

The office responsible for processing these data is the State Finance Office. Address: Landesamt für Finanzen, - Zentralabteilung -, Rosenbachpalais, Residenzplatz 3, 97070 Würzburg (phone: 0931-4504-6770, email: datenschutzanfrage@lff.bayern.de).

Data are collected in order to be able to determine the remuneration you are due, arrange for payment and settle accounts in accordance with statutory provisions. It is also necessary in order for the Free State of Bavaria to be able to meet its obligations as an employer in view of legal provisions governing income tax and social security.

The legal basis for the processing of data is article 6 (1) sentence (1) points a), c) and e), article 6 (3) sentence (1) point b) and article 9 (2) points a) and b) of the GDPR in conjunction with article 4 of the Bavarian Data Protection Act (BayDSG).

Further information on the processing of your data and your rights concerning the processing of your data can be found online at <http://www.lff.bayern.de/ds-info>

Alternatively, you can also request the information from the contact details given above. Our official Data Protection Officer can be reached at: Landesamt für Finanzen – Datenschutzbeauftragter – Rosenbachpalais, Residenzplatz 3, 97070 Würzburg, (telephone: 0931-4504-6767, email: datenschutzbeauftragter@lff.bayern.de).

Date	Signature	Telephone no.

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¹ If details are given for the spouse/civil life partner and/or former spouses/civil life partners, then the name should be added to each entry, so that it is clear which details refer to which person.

² The term “public service” is to be interpreted very widely. Under certain circumstances this can include work for other employers, if the federal government, a federal state (*Land*) or a municipality, or other organizations under public law are involved in any way, for example by paying contributions or subsidies.

ⁱⁱⁱ *Versorgung nach beamtenrechtlichen Grundsätzen* means that there is an entitlement to pension or benefit payments that are classified as *Versorgung* based on an employment in public service according to the regulations of the *Bayerisches Beamtenversorgungsgesetz* (Bavarian act governing pensions and benefits for *Beamte* (public servants) – *BayBeamtVG*) or other regulations concerning *Versorgung* (laws or regulations passed by the federal government, applicable to soldiers, or passed by other federal states or municipalities or organizations run by these). This includes income support allowances (*Unterhaltsbeitrag* – for example pursuant to article 55 of the *BayBeamtVG*), transitional allowance (*Übergangsgeld*, a kind of severance pay for *Beamte* – for example pursuant to article 67 of the *BayBeamtVG*), and support for having served temporarily in the armed forces (*Übergangsgebühren* – pursuant to section 11 of the *Soldatenversorgungsgesetz* (military pensions act – SVG).

^{iv} Forms are available online at www.lff.bayern.de or in the *Behördennetz* at www.lff.bybn.de. [Translators note: These are only available in German; your personnel department or welcome center may have an English version]

^v Answer “yes” if you are eligible for child benefit (*Kindergeld*) pursuant to the German Income Tax Act (*Einkommensteuergesetz* – *EStG*) or the Federal Child Benefits Act (*Bundeskindergeldgesetz* – *BKGG*) or would be eligible if it were not for section 64 or section 65 of the *EStG* or section 3 or section 4 of the *BKGG*. This includes biological or adopted children, foster children (pursuant to section 32 (1) of the *EStG*) and spouse’s children or grandchildren who have been taken into your household (pursuant to section 63 (1) sentence 1 of the *EStG*).

^{vi} If details are given for more than one person, then the name should be added to each entry, so that the details can be allocated to the right person. If the details are the same as under point 2, it is sufficient to refer back to these details.

^{vii} Please avoid using abbreviations. It is imperative to enter the name and complete address of the employer.