

Hinweis: Diese Übersetzung dient als Hilfe zum Verständnis der Inhalte der deutschen Vorlage, es ist kein offizielles Dokument.
 Please note that the English translation is for the purpose of information. Please complete and sign the German version only.

Übersetzungshilfe für A730 LfF Stand 01.07.2019

Please note that the English translation is for the purpose of information only. ONLY the German version of this document is legally binding. Please complete and sign the German version.

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

reference number:
 (Please quote)

Determination whether there is an obligation to make statutory pension insurance contributions

Supplement to record of salary [*Lohnkonto*] required by section 8 (2) of the *Beitragsverfahrensverordnung* (procedural regulations for social security contributions – *BVV*)

Please note:

The employer is obligated to categorise the employee according to statutory insurance law. The employee must give the employer the information required to do so (section 280 (1) of SGB IV [German Social Security Code, book IV]). If the employee does not provide the employer with this information, provides incorrect information, or does not provide the information in time, they are committing an offence punishable by fine (section 111 (1) no. 4 of SGB IV).

1 Personal details

Surname		Given name	
Civil status	Date of birth	Place of birth	
Post code	Town/city	Street, number	
Social security number [<i>Rentenversicherungsnummer</i>]		Employer (place of employment)	

2 Details of employment

Employment is on demand	<input type="checkbox"/> No	<input type="checkbox"/> yes	Weekly working hours	
Employment is continuous	<input type="checkbox"/> No	<input type="checkbox"/> yes	<input type="checkbox"/> Regular	Days:
Employment is temporary	<input type="checkbox"/> No	<input type="checkbox"/> yes	<input type="checkbox"/> Average	Hours:
From	To	Salary	Euros:	
Is this employment undertaken during a period of parental leave?			<input type="checkbox"/> No	<input type="checkbox"/> Yes

3 Information on health insurance

I have statutory health insurance.			<input type="checkbox"/> no	<input type="checkbox"/> yes, with the following status:
<input type="checkbox"/> Compulsory insurance based on a main employment (<i>Pflichtversicherung</i>)	<input type="checkbox"/> Voluntary insurance (<i>freiwillige Versicherung</i>)	<input type="checkbox"/> Family insurance (<i>Familienversicherung</i>)		
I do not have statutory health insurance and have the following health insurance status:				
<input type="checkbox"/> No health insurance		<input type="checkbox"/> Private health insurance		
Name and address of statutory or private health insurance provider:				

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4 Details of other employment

Are you carrying out any other employment in addition to this employment?

- No
- Yes, I am also employed as follows:

Employer with address	Start/end of employment:	Monthly salary/working hours	The additional employment is
		EUR hours per week	<input type="checkbox"/> Subject to the usual compulsory social security <input type="checkbox"/> a compulsory work placement <input type="checkbox"/> short-term ¹ <input type="checkbox"/> low-income ² <input type="checkbox"/> subject only to compulsory pension insurance
		EUR hours per week	<input type="checkbox"/> Subject to the usual compulsory social security <input type="checkbox"/> a compulsory work placement <input type="checkbox"/> short-term ¹ <input type="checkbox"/> low-income ² <input type="checkbox"/> subject only to compulsory pension insurance

(Please list any further employment relationships on a separate sheet.)

Were you in paid employment during the last twelve months before this employment or have you arranged other employment (also with other employers) for the future?

- No
- Yes, I was/will be in the following employment:

Employer with address	Start/end of employment:	Monthly salary/working hours	The additional employment is
		EUR hours per week	<input type="checkbox"/> Subject to the usual compulsory social security <input type="checkbox"/> a compulsory work placement <input type="checkbox"/> short-term ¹ <input type="checkbox"/> low-income ² <input type="checkbox"/> Subject only to compulsory pension insurance
		EUR hours per week	<input type="checkbox"/> Subject to the usual compulsory social security <input type="checkbox"/> a compulsory work placement <input type="checkbox"/> short-term ¹ <input type="checkbox"/> low-income ² <input type="checkbox"/> Subject only to compulsory pension insurance

(Please list any further employment relationships on a separate sheet.)

¹ Employment is considered short-term if the employment is limited to three months or 70 working days within one calendar year due to the nature of the work, or by contract in advance and is not a main occupation.

² Employment is considered low-income if the monthly salary regularly does not exceed 450 euros.

5 Additional details

For school leavers: Do you intend to take up studies or a vocational education and training (VET) programme this year?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you registered as seeking employment with the <i>Bundesagentur für Arbeit</i> (federal employment agency)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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Are you currently receiving any benefits from the <i>Bundesagentur für Arbeit</i> (federal employment agency), or have you received any previously this year?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify.
Period		Type of benefit (e.g. Unemployment benefit [Arbeitslosengeld, Arbeitslosenhilfe], vocational retraining, or similar)	Employment agency (town or city)
From	To		

In addition to the employment entered on page one, I...		
<input type="checkbox"/> ...am a housewife/househusband or not employed		
<input type="checkbox"/> ...am retired and receiving a pension or am receiving a pension for another reason pension provider: (To waive your exemption from statutory pension insurance contributions in the case of full retirement pension, please fill in form A735.)		
<input type="checkbox"/> ...attend school (please provide a certificate from the school)	<input type="checkbox"/> Is enclosed	<input type="checkbox"/> Will be submitted soon
<input type="checkbox"/> ...study (please provide certificate of enrolment)	<input type="checkbox"/> Is enclosed	<input type="checkbox"/> Will be submitted soon
Do you expect to complete your final examination achievement and end your studies during your current employment?	<input type="checkbox"/> No <input type="checkbox"/> yes	If so, please submit the document from the examinations office informing you of the examination decision, or that you can collect your certificate immediately upon receipt .
Will this employment be carried out after you have completed the first State Examination in law?	<input type="checkbox"/> No <input type="checkbox"/> yes	from
Will you be studying for a doctoral degree in addition to this employment?	<input type="checkbox"/> No <input type="checkbox"/> yes	
During your employment, have you interrupted your studies without being de-registered?	<input type="checkbox"/> No <input type="checkbox"/> yes	from to
Did you complete a first higher education degree before commencing this employment?	<input type="checkbox"/> No <input type="checkbox"/> yes.	The cumulative final grade was communicated by the examinations office in writing on: [date]
If yes, have you started another degree programme?	<input type="checkbox"/> No <input type="checkbox"/> yes	
Is the purpose of these studies further education and/or specialisation?	<input type="checkbox"/> No <input type="checkbox"/> yes	
For co-operative degree programmes: Type of degree programme	My degree programme is a co-operative degree programme Start of employment: End of employment: Employer (with address):	
Were you employed in a position subject to statutory insurance contributions before you commenced your studies?	<input type="checkbox"/> No <input type="checkbox"/> yes	
<input type="checkbox"/> Other (e.g. ... am self-employed as main occupation. If you are exempt from the obligation to make statutory pension insurance contributions, please submit letter of exemption)		
Type of employment		

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I am aware that low-income employment (450 euro mini-job) is generally subject to statutory insurance and full contributions must be paid (from 1st January 2013). Exemption is however possible. To apply for exemption from the obligation to make statutory pension insurance contributions, submit the completed application for exemption from the obligation to make statutory pension insurance contribution ("*Antrag auf Befreiung von der Rentenversicherungspflicht bei einer geringfügig entlohnten Beschäftigung*") - form A410 available at the "Formularcenter" <http://www.lff.bayern.de/formularcenter/arbeitnehmer/index.aspx> to your employer.

I confirm that the information given is correct. I commit to informing the State Finance Office (Landesamt für Finanzen) immediately of all changes that may influence my obligation to make statutory pension insurance contributions (or lack thereof), in particular if

- I take up or end another employment,
- I change my health insurance provider or
- I start receiving a retirement pension or benefits for reduced earning capacity or similar.

I consent to the exchange of details which are important for statutory insurance with additional employers if I have more than one job. This is intended to ensure that the statutory insurance contributions are paid correctly.

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

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

Data is collected in order to be able to determine the remuneration you are due, arrange for payment and settle accounts in accordance with contractual and 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 (supplementary) social security contributions.

The legal basis for the processing of data is article 6 (1) sentence 1 points (b) and (c) of the GDPR, article 9 (2) b of the GDPR, article 88 (1) of the GDPR, and section 611 of the German Civil Code (BGB).

Further information on data processing and rights concerning data processing is available 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; e-mail: datenschutzbeauftragter@lff.bayern.de).

Date

Employee's signature

1 copy back to the

State Finance Office (Landesamt für Finanzen)

 [Town] Office
 Employee Payroll Office
 Postbox
 80535 München

Decision of the payroll office

Based on the above information the employee is

- subject to
- not subject to

compulsory statutory insurance contributions

Date,

signature

Print