

Explanation for Form: LBesA 4610

This form is for the *Landesamt für Finanzen* (State Finances Office) – as a state employee of Mecklenburg-Vorpommern, you will be paid by a central institution called the *Landesamt für Finanzen*. On this form, you are required to give personal details and social insurance details. All details made are required by law, defined in § 28o SGB IV.

- Please fill in the following boxes at the top of the page:
 - *"Name, Vorname"*: surname and first name(s)
 - *"Anschrift"*: residential address
 - *"Geburtsdatum"*: date of birth
 - *"Telefonnr"*: telephone number
- Then fill in the following boxes:
 - "Versicherungsnummer"*: national insurance number for your pension
 - "Geburtsname"*: name at birth
 - "Geburtsort"*: place of birthMake sure you check the box next to *"Hauptbeschäftigungsverhältnis"* if the employment contract for which you are completing this form is your primary employment contract, or *"Nebenbeschäftigungsverhältnis"* if it is a secondary employment contract
 - "zu meiner Beschäftigung als"*: the description/title of your job
 - "bei"*: the name of your employer

Re.:

1. Fill in the number of week days you will work on at " Tag(en)"
2. If you have a secondary or tertiary employment contract, please indicate the following:
 - a) Where (*"bei"*), from when (*"vom"*) to when (*"bis"*) and the weekly working hours (*"wö Arb.Std."*)
Monthly gross pay (*"Bruttoentgelt"*) and on how many days (" Tag(en)") a week. If applicable, please note your staff, or salary and HR officer number (*"Personal- bzw. Gehalts- und Bearbeiternummer"*)
Please cross off the corresponding type of employment: as a civil servant yes/no (*"Beamter ja/nein"*); as a trainee yes/no (*"Referendar ja/nein"*) or as an employee yes/no (*"Angestellter ja/nein"*)
 - b) Please see a), this is only for a tertiary employment contract
3. Please indicate if you are registered at the Employment Agency as "job-seeking" yes/no (*"ja/nein"*)
4. Please indicate if you are currently receiving German unemployment or the other benefits stated (*"Arbeitslosengeld 1, Arbeitslosengeld 2, Unterhaltsgeld, Altersübergangsgeld*) yes/no (*"ja/nein"*)
5. If applicable, please cross off the following if you are otherwise not employed, but are
 - Working during parental leave (*"Arbeit in Elternzeit"*)
 - A housewife (*"Hausfrau"*); a pensioner (*"Rentner"*); at vocational college (*"Schüler"*); self-employed (*"Selbstständig"*)
 - A student (*"Student"*) (please attach proof of university enrolment), certificates issued later on must be submitted without being asked
 - Receiving a state civil service pension (*"Versorgungsempfänger"*) at the entitlement rate (*"Versorgungsanspruch"*) of ___% since the ___(date)

Additional information for the self-employed: please indicate your monthly gross income in euros.

Additional information for pensioners: please write the date on which you started to receive your

pension ("seit dem ____"), check the type of pension that applies

- "Altersvollrente (...) nicht erreicht" – full pension, but not yet at regular pension age
- "Altersvollrente (...) ist erreicht" – full pension having reached regular pension age
- "Altersteilrente" – partial pension and indicate the amount you receive in euros

If a full pension is changed to a partial pension or vice versa you are required to hand in a copy of your pension statement immediately.

If you are receiving a full pension having reached the regular pension age, you are entitled to waiver the freedom from not having to pay pension contributions for this employment contract by checking "ja" to waiver and "nein" to continue not making pension contributions.

This decision cannot be revoked.

The additional contributions towards your pension will have a positive effect on your pension fund and will increase your pension from 1 July of the following year onwards.

Additional information for recipients of state civil service pensions: if you are receiving a state civil service pension due to state service as a civil servant or soldier, please indicate from where/whom ("von") and how much it amounts to ("in Höhe von ____"). Then also note the HR officer number ("Bearb.-Nr.") and your staff number ("Pers.-Nr.").

The next sentence explains that you are aware that you have to tell the above named institution about your income from work in the public sector.

6. If you were employed during the last 12 months, please indicate at a) and b) the periods of employment: from ("vom") to ("bis"); where ("bei"); weekly working hours ("wö. Arb.Std."); gross pay in euros per month ("Bruttoentgelt"); and on how many days of the week ("an ____ Tag(en)")
7. Are you a member of a statutory health insurance company? If yes ("ja"), please write the name of the company, if not "nein"
8. Are you a member of a private health insurance company? If yes ("ja"), please write the name of the company. Also, if "ja" please answer the questions a-c
 - 8a) If your private health insurance continued after the 31/12/2002 due to exceeding the annual employment income threshold, please cross off "ja" and indicate the date on which your insurance started (attaching proof), if not "nein"
 - 8b) If you were previously insured at a statutory health insurance company, please cross off "ja" and write the name of the company, if not "nein"
 - 8c) Here, you are informed that the premiums for pension and unemployment insurance are paid to a statutory health insurance company. If you crossed off "nein" at 8b, please choose a statutory health insurance company and write its name in the box. If you start another job, please inform the employer of your choice of statutory health insurance company immediately.
9. If your income is under the income threshold ("Bemessungsgrenze") for health insurance and you would normally have compulsory health insurance, but have private health insurance (due to an exemption from the statutory health insurance), please cross off "ja" and write the name of the private health insurance company, if not "nein"
10. If you have crossed off all of points 7-9 with "NEIN", please choose and name a statutory health insurance company in accordance with § 173 SGB V.
Membership is to be proved by a certificate from the health insurance company.

11. If you have a pension exemption for your current job, please cross off "*ja*" and attach the current pension exemption certificate, if not "*nein*"
12. If you have paid contributions to a "*Knappschaft*" pension insurance scheme for five years prior to starting this employment contract, please check the box "*ja*" and indicate the dates from when "*vom*" to when "*bis*", if not "*nein*"
12. If you are a parent of your own child, an adopted child, a stepchild or a foster child (see *Kinderberücksichtigungsgesetz – KiBG – Act to Account for Child-Raising Periods*), please cross off "*ja*" and indicate the date at which this relationship started (please attach proof, if necessary copies), if not "*nein*" (you will have to pay a premium supplement for the childless according to § 55(3) SGB XI)

Employee declaration:

The last paragraph states that you have made the above details truthfully. You are aware that the details are used to make legal decisions for your social insurance. You agree to immediately pass on any changes to the details made, in particular if you start further employment, to the *Landesamt für Finanzen Mecklenburg-Vorpommern*.

- Please write the place name of where you have filled the form in and date the form at "*Ort, Datum*"; and sign the form above "*Unterschrift des Arbeitnehmers*"