Application for early old-age retirement benefit

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

Sächsische Ärzteversorgung Institution of the Sächsische Landesärztekammer Dr.-Külz-Ring 10 01067 Dresden	Membership number

The old-age retirement benefit is to be granted from _____.

1. Personal details

Surname		First name (preferred name)
Birth name (if different)	Gender ☐ female ☐ diverse ☐ male	Nationality ☐ German ☐ _____
Date of birth **please attach a copy of the birth certificate**		
Street, House number		
Postal code	City	
Country	Tax identification number (**11-digit** tax ID)	
Phone(optional)		Email

2. Other insurance periods

Have you completed insurance or residence periods in a foreign social security system within the European Economic Area (EEA) and/or the United Kingdom of Great Britain and Northern Ireland, or in another domestic professional pension scheme (insurance periods in the statutory pension insurance are not taken into account)?

☐ **yes,** please complete the enclosed supplementary sheet (Other insurance periods) ☐ **no**

3. Biological children and adopted children

Note: Please attach a copy of the child's birth certificate or appropriate evidence (see appendix: Information sheet for children).

If the child is between 21 and 27 years old and is in education/training or permanently unable to work, please attach appropriate supporting documents as copies.

Surname	Date of birth	☐ in education/training
First name (preferred name)		☐ permanently unable to work
Surname	Date of birth	☐ in education/training
First name (preferred name)		☐ permanently unable to work
Surname	Date of birth	☐ in education/training
First name (preferred name)		☐ permanently unable to work
Surname	Date of birth	☐ in education/training
First name (preferred name)		☐ permanently unable to work
Surname	Date of birth	☐ in education/training
First name (preferred name)		☐ permanently unable to work

4. Bank details for payment of benefits

IBAN		
BIC* (*to be provided for international transfers)		
Account number* (*to be provided for transfers outside the EU)		
Bank		
Account holder	Last name	First name (preferred name)

5. Declaration by the applicant

I declare that all information provided is true and complete.

I will promptly notify the Saxon Medical Pension Scheme of any changes to the above information in accordance with § 14 of its bylaws.

The mandatory information requested in this form is necessary solely to fulfill the statutory mandate of the Saxon Medical Pension Scheme and is collected on the basis of legal authorizations.

Your data will be processed by the Saxon Medical Pension Scheme in compliance with data protection regulations and will only be disclosed to external recipients if this is necessary to process your application, if you have given your consent, or if another legal basis permits such disclosure.

Please also note the published privacy policy on our website www.saev.de.

I agree that the voluntary information provided above will be processed to facilitate communication in accordance with the currently applicable data protection regulations.

Consent to the use of the voluntary information can be revoked at any time with effect for the future, without stating reasons. The revocation can be submitted to the Saxon Medical Pension Scheme by post or email.

Place, date	Signature/printed name of the applicant or authorized representative (with proof)

Appendix to the application for benefits

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Supplementary sheet: Other insurance periods

1. Other insurance periods

Insurance or residence periods in a foreign social security system within the European Economic Area (EEA) and in the United Kingdom of Great Britain and Northern Ireland, completed by the member, or—if applying for survivors' benefits—by the deceased.

☐ **no,** continue with item 3 ☐ **yes**

If yes: have you—or, if applying for survivors' benefits, did the deceased—have insurance periods in the statutory pension insurance (e.g., Deutsche Rentenversicherung Bund, Knappschaft)?

☐ **no,** continue with item 2 ☐ **yes**

If yes, please complete:

Pension insurance institution	Insurance number / reference number
from	to

2. Details of the social security scheme

Name of institution/scheme	Address of institution/scheme
Insurance number	
from	to
Name of institution/scheme	Address of institution/scheme
Insurance number	
from	to
Name of institution/scheme	Address of institution/scheme
Insurance number	
from	to

3. Information on other professional pension schemes
4.

Insurance or residence periods in other domestic professional pension institutions completed by the member or—if applying for survivors' benefits—by the deceased.

☐ **no** ☐ **yes,** please complete:

Professional pension scheme	Membership number
from	to
Professional pension scheme	Membership number
from	to
Professional pension scheme	Membership number
from	to

5. Consent declaration

I have completed—or, if applying for survivors' benefits, the deceased had completed—insurance or residence periods in a foreign social security system within the European Economic Area (EEA) and/or the United Kingdom of Great Britain and Northern Ireland, and I declare my consent, where applicable including a release from confidentiality,

- to the disclosure of the application documents submitted by me as well as the available medical documents to the relevant institution(s), and/or
- to the request for medical documents from

the participating/processing institution(s) within the European Economic Area (EEA) and/or the United Kingdom of Great Britain and Northern Ireland, and/or participating/processing professional pension institutions.

Place, date	Signature/printed name of the applicant or authorized representative (with proof)

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Determining the health insurance fund of the beneficiary

(Please complete and return immediately so that payment of benefits is not delayed due to unclear health insurance coverage.)

1. General information

The data are collected on the basis of § 202 SGB V and processed in compliance with the data protection regulations.

As a paying agency for benefits, the Saxon Medical Pension Scheme is required by the legislator to determine the health insurance fund responsible for the beneficiary (§ 202 paragraph 1 sentence 1 SGB V) so that it can verify whether contributions to the health insurance fund must be paid from the benefits.

As a rule, this is the case if the beneficiary is a member of a statutory health insurance fund.

Questions regarding the obligation to pay contributions and the amount of health and long-term care insurance contributions to be paid by the Saxon Medical Pension Scheme should generally be addressed to your health insurance fund, which is responsible for these matters.

Under § 202 paragraph 1 sentence 3 SGB V, the beneficiary must state their health insurance fund to the paying agency (Saxon Medical Pension Scheme) and must notify any change of health insurance fund **without delay**.

For persons subject to statutory insurance, the Saxon Medical Pension Scheme pays the general contribution rate and the fund-specific additional contribution rate from the benefits to the health insurance funds, in accordance with §§ 241 and 242 SGB V.

Changes in the fund-specific additional contribution rate are to be taken into account for calculating health insurance contributions from benefits only after two months, in accordance with § 248 SGB V.

Under the Long-Term Care Support and Relief Act, the long-term care insurance contribution rate has been differentiated according to the number of children since 01/07/2023. For persons without children, the contribution rate is increased by 0.60 percentage points in accordance with § 55 paragraph 3 SGB XI. For beneficiaries with several children under the age of 25, the contribution rate is reduced in accordance with § 55 paragraph 3 SGB XI.

The bylaws of the Saxon Medical Pension Scheme do not provide for any subsidy toward health and long-term care insurance. This applies both to beneficiaries with statutory health insurance and to beneficiaries with private health insurance.

2. Information for beneficiaries' orphans

Due to the "E-Health Act", beneficiaries' orphans of professional pension institutions and the statutory pension insurance are subject to compulsory insurance in the statutory health insurance pursuant to § 5 paragraph 1 no. 11 b letter b SGB V.

As the paying agency for orphan's benefits, the Saxon Medical Pension Scheme is obliged to report the application for payment of orphan's benefits to the statutory health insurance funds. If the orphan has never been insured with a statutory health insurance fund, a statutory health insurance fund must be selected and contacted in order to ensure that the compulsory insurance pursuant to § 5 paragraph 1 no. 11 b letter b SGB V is verified.

3. Beneficiary (applicant)

Surname	Responsible health insurance fund
First name (preferred name)	Address of the health insurance fund
Date of birth	
Social security number (DRV Bund)	

4. Beneficiaries' orphans (until the age of 18; only for survivors' benefits)

Last name	Responsible health insurance fund
First name (preferred name)	Address of the health insurance fund
Date of birth	
Social security number (DRV Bund)	
Last name	Responsible health insurance fund
First name (preferred name)	Address of the health insurance fund
Date of birth	
Social security number (DRV Bund)	
Last name	Responsible health insurance fund
First name (preferred name)	Address of the health insurance fund
Date of birth	
Social security number (DRV Bund)	
Last name	Responsible health insurance fund
First name (preferred name)	Address of the health insurance fund
Date of birth	
Social security number (DRV Bund)	

If you are not insured with a statutory health insurance fund, please provide the following declaration:

☐ I am **not** insured with a statutory health insurance fund.

☐ The beneficiaries' orphans are **not** insured with a statutory health insurance fund.

In the event that I am insured with a statutory health insurance fund, I agree that the Saxon Medical Pension Scheme will withhold health and long-term care insurance contributions from my benefits until my obligation to be insured has been finally clarified. This does not apply if I enclose with my application a written confirmation from my health insurance fund stating that I am voluntarily insured from the start of benefit payments. Once appropriate evidence has been provided, any contributions withheld in excess will be reimbursed without delay.

I confirm that the above information is complete and correct, and I have taken note that I am obliged to notify the Saxon Medical Pension Scheme of any change of health insurance fund without delay.

Place, date	Signature/printed name of the applicant or authorized representative (with proof)

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Information sheet for children

1. Evidence for biological parents and adoptive parents

For biological parents and adoptive parents (first-degree relatives of the child), the following documents may be provided as evidence (alternatively):

- Birth certificate or international birth certificate ("multilingual extracts from civil status registers")
- Certificate of parentage/lineage (maintained for a specific person at their place of birth)
- Extract from the birth register (civil registry office)
- Extract from the family register/family record book
- Tax-related certificate of being alive issued by the residents' registration office (issued when a taxpayer wants to have half a child allowance entered on their wage tax card for a child who is not registered at their address; they must prove they are a first-degree relative of the child, e.g., by presenting a birth certificate)
- Acknowledgement and determination of paternity certificate
- Adoption certificate
- Child benefit notice from the Federal Employment Agency (BA) – Family Benefits Office – (for civil servants and recipients of pension benefits: the benefits or salary statement from the office responsible for determining benefits or paying salary for the respective public-law employer/service authority)
- Account statement showing the payment of child benefit by the BA – Family Benefits Office – (the statement should show the amount transferred, the child benefit number and, as a rule, the period for which the amount is intended)
- Parental allowance decision notice
- Certificate of receipt of maternity benefit
- Proof of taking parental leave under the Federal Child-Raising Allowance Act (BErzGG)
- Income tax assessment notice (taking account of a child allowance)
- Wage tax card (entry of a child allowance)
- Death certificate of the child
- Decision notice from the pension insurance institution showing periods of child-raising and child-care

Note: Copies of the above documents are also acceptable as evidence. If there are doubts about the correctness of the copies, the originals or certified copies/certified extracts must be presented.

2. Evidence for step-parents

For step-parents (parents within the meaning of § 56 paragraph 3 no. 2 in conjunction with paragraph 2 no. 1 SGB I), the following documents may be provided as evidence (alternatively):

- Marriage certificate or proof of registered civil partnership and a registration certificate from the residents' registration office (or another authority/office responsible for civil status matters) confirming that the child is or was registered as living in the household of the stepfather or stepmother (cf. household certificate or marital status certificate for the granting of child benefit – BA forms regarding children's household membership for employees whose children live in Germany)
- Decision notice from the pension insurance institution showing periods of child-raising and child-care
- Income tax assessment notice (taking account of a child allowance)
- Wage tax card (entry of a child allowance)

Note: Copies of the above documents are also acceptable as evidence. If there are doubts about the correctness of the copies, the originals or certified copies/certified extracts must be presented.

3. Evidence for foster parents

For foster parents (parents within the meaning of § 56 paragraph 3 no. 3 in conjunction with paragraph 2 no. 2 SGB I), the following documents may be provided as evidence (alternatively):

- Registration certificate from the residents' registration office (or another authority/office responsible for civil status matters) and proof from the Youth Welfare Office of "full-time foster care" under § 27 in conjunction with § 33 SGB VIII (e.g., foster care contract between the Youth Welfare Office and foster parents, decision notice on benefit granting to the legal guardians, or a certificate from the Youth Welfare Office about the foster relationship; the foster relationship must be or have been intended for the long term and there must be or have been a shared household; day-care foster parents are not considered "foster parents"; a foster-child relationship is not assumed if a man lives with his partner and her children, or a woman lives with her partner and his children, in a shared household—consideration only if step-parent status exists)
- Decision notice from the pension insurance institution showing periods of child-raising and child-care
- Income tax assessment notice (taking account of a child allowance)

Note: Copies of the above documents are also acceptable as evidence. If there are doubts about the correctness of the copies, the originals or certified copies/certified extracts must be presented.

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Authorization for receipt of benefits

1. Details of the applicant

Surname	First name (preferred name)
Title	

2. Authorization

Knowing that, in accordance with the bylaws, entitlement to benefits exists until the end of the month of death, I hereby authorize the

Sächsische Ärzteversorgung

Institution of the Sächsische Landesärztekammer

Dr.-Külz-Ring 10

01067 Dresden

to reclaim any benefits overpaid from the account to which they were transferred. This authorization remains valid beyond my death. The respective account-holding institution is not obliged to verify the entitlement to reclaim.

Place, Date	**Handwritten** signature of the account holder