Application for deferred Retirement pension

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

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

The retirement pension is to be granted from _____.

1. Personal details

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

2. Other insurance periods

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

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

3. Biological children and adopted children

Note: Please enclose a copy of the child's birth certificate or equivalent evidence (see attachment: Information sheet for children).

If the child is between 21 and 27 years of age and is in education/training or is permanently incapacitated for work, please enclose the relevant evidence (copy).

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

4. Bank details for payment of benefits

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

5. Declaration by the applicant

I confirm that all information provided is true and complete.

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

The mandatory information requested in this form is necessary and required solely to fulfil the Saxon Medical Pension Scheme's remit. It is collected on the basis of statutory authorisations.

Your data will be processed by the Saxon Medical Pension Scheme in compliance with data protection legislation and will only be passed on to external recipients where this is necessary to process your application, where your consent has been obtained for this purpose, or where another legal basis permits it.

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

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

Consent to use the voluntary information provided may be withdrawn at any time for the future, without giving reasons. The withdrawal may be submitted to the Saxon Medical Pension Scheme by post or email.

Place, date	Signature / name of the applicant or authorised representative (with evidence)

Annex to the application for Benefits

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Supplementary sheet: Other insurance periods

1. Other insurance periods

Insurance periods or periods of residence under a foreign social security scheme within the European Economic Area (EEA) and the United Kingdom of Great Britain and Northern Ireland for the member, or, in the case of an application for survivors' benefits, for the deceased.

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

If yes: did you, or (in the case of an application for survivors' benefits) did the deceased, have insurance periods under the statutory pension insurance scheme (e.g. Deutsche Rentenversicherung Bund, Knappschaft)?

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

If yes, please complete:

Pension insurance provider	Insurance number / reference
from	to

2. Details of the social security scheme

Name of pension provider / pension scheme	Address of pension provider / pension scheme
Insurance number	
from	to
Name of pension provider / pension scheme	Address of pension provider / pension scheme
Insurance number	
from	to
Name of pension provider / pension scheme	Address of pension provider / pension scheme
Insurance number	
from	to

3. Details of other professional pension schemes

Insurance or residence periods in other domestic professional pension schemes of the member or, in the case of an application for survivors' benefits, of 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

4. Consent declaration

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

- to the forwarding of the application documents submitted by me and the medical documents available to the institutions concerned/processing the application, and/or
- to the requesting of medical documents from

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

Place, date	Signature / name of the applicant or authorised representative (with evidence)

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

Membership number

Surname

First name (preferred name)

Determining the health insurance provider of the beneficiary

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

1. General information

The data are collected pursuant to § 202 SGB V and processed in compliance with data protection legislation.

As a paying agent for benefits, the Saxon Medical Pension Scheme is legally obliged to determine the health insurance provider responsible for the recipient (§ 202(1) sentence 1 SGB V) so that the insurer can check whether contributions to health insurance must be paid from the benefits.

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

If you have any questions regarding contribution liability and the amount of health and long-term care insurance contributions to be paid by the Saxon Medical Pension Scheme, please contact your health insurance provider, which is responsible for such matters.

Under § 202(1) sentence 3 SGB V, the recipient must inform the paying agent (Saxon Medical Pension Scheme) of their health insurance provider and must report any change of provider **immediately**.

For persons subject to compulsory statutory insurance, the Saxon Medical Pension Scheme pays the general contribution rate and the individual additional contribution rate to the health insurance providers from the benefits, by analogy with §§ 241 and 242 SGB V.

Changes to the individual additional contribution rate are only to be taken into account in the calculation of health insurance contributions from benefits 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 by 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(3) SGB XI. For recipients with several children under 25 years of age, the contribution rate is reduced in accordance with § 55(3) SGB XI.

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

2. Information for beneficiaries who are eligible orphans

Under the "E-Health Act", orphans entitled to benefits from professional pension schemes and the statutory pension insurance are subject to compulsory statutory health insurance pursuant to § 5(1) no. 11b(b) SGB V.

As the paying agent 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 providers. If the orphan has never been insured with a statutory health insurance provider before, a statutory health insurance provider must be selected and contacted to ensure the review of compulsory insurance under § 5(1) no. 11b(b) SGB V in fulfilment of the reporting obligation

3. Beneficiary applicant

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

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

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

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

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

☐ The beneficiary orphans are **not** insured with a statutory health insurance provider.

In the event that I am insured with a statutory health insurance provider, I agree that the Saxon Medical Pension Scheme may withhold health and long-term care insurance contributions from my benefits until my compulsory insurance status has been finally clarified. This does not apply if I enclose written confirmation from my health insurance provider with my application confirming my voluntary insurance from the start of benefit receipt. Once the relevant evidence has been provided, any contributions withheld in excess will be reimbursed immediately.

I certify that the above information is complete and correct, and I acknowledge that I am obliged to notify the Saxon Medical Pension Scheme immediately of any change of health insurance provider.

Place, date	Signature / name of the applicant or authorised representative (with evidence)

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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 may be provided as evidence (alternatively):

- Birth certificate or international birth certificate ("multilingual extracts from civil status registers")
- Certificate of parentage (kept for a specific person at their place of birth)
- Extract from the birth register of the registry office
- Extract from the family record book / family register
- Tax residence certificate issued by the residents' registration office (certificate issued if the taxpayer wishes to have a half child allowance entered on their wage tax card for a child who is not registered as living with them; they must prove first-degree relationship to the child, e.g. by presenting a birth certificate)
- Certificate of acknowledgement of paternity and certificate establishing paternity
- Adoption certificate
- Child benefit decision issued by the Federal Employment Agency (BA) – Family Benefits Office – (for public service employees and recipients of pensions/benefits: the benefits or salary statement from the office responsible for setting benefits or paying salary of the respective public-law employer or appointing authority)
- Bank statement showing payment of child benefit by the BA – Family Benefits Office – (the statement must show the amount transferred, the child benefit reference number and, as a rule, the period for which the amount is intended)
- Parental allowance decision
- Certificate of receipt of maternity benefit
- Evidence of taking parental leave under the Federal Parental Allowance Act (BErzGG)
- Income tax assessment notice (taking account of a child allowance)
- Wage tax card (entry of a child allowance)
- Child's death certificate
- Determination notice issued by the pension insurance provider showing periods of child-raising and child-care consideration

Note: Copies of the above documents are also accepted 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

As evidence for step-parents (parents within the meaning of § 56(3) no. 2 in conjunction with § 56(2) no. 1 SGB I), the following may be used (alternatively):

- Marriage certificate or evidence of the registration of a 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 for declaring children's membership of the household for employees whose children live in Germany)
- A statement from the pension insurance provider setting out periods spent raising children and periods taken into account for child-rearingEinkommensteuerbescheid (Berücksichtigung eines Kinderfreibetrages)
- Income tax card (entry of a child allowance)

Note: Copies of the above documents are also accepted 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

As evidence for foster parents (parents within the meaning of § 56(3) no. 3 in conjunction with § 56(2) no. 2 SGB I), the following may be used (alternatively):

- Registration certificate from the residents' registration office or another authority/office responsible for civil status matters and evidence from the Youth Welfare Office of "full-time foster care" pursuant to § 27 in conjunction with § 33 SGB VIII (e.g. foster care agreement between the Youth Welfare Office and foster parents, decision on granting benefits to the persons with parental custody, or a certificate from the Youth Welfare Office confirming the foster care relationship; the foster care relationship must be, or have been, intended for the longer term and a domestic community must exist or have existed; day-care foster parents are not covered by the term "foster parents"; a foster-child relationship is not assumed if a man lives in a joint household with his partner and her children, or a woman lives in a joint household with her partner and his children – only taken into account where step-parent status exists)
- A statement from the pension insurance provider showing periods spent raising children and periods taken into account for child-rearings
- Income tax assessment (taking into account a child allowance)

Note: Copies of the above documents are also accepted 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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Power of attorney for benefits

1. Details of the applicant

Surname	First name (preferred name)
Title	

2. Power of attorney

Being aware that entitlement to benefits continues under the statutes until the end of the month of death, I hereby grant power of attorney to the

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Institution of the Sächsische Landesärztekammer

Dr.-Külz-Ring 10

01067 Dresden

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

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