Application for mandatory Old-Age Pension

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

Membership number

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

The old-age pension shall be granted from _____.

1. Personal details

Surname	First name (preferred name)	
Birth name (if different)	Gender	Nationality
Date of birth **Please enclose a copy of the birth certificate**	☐ female ☐ diverse ☐ male	☐ German ☐ _____
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 scheme are not taken into account)?

☐ **Yes,** please complete the enclosed additional sheet (Other insurance periods) ☐ **No**

3. Biological children and adopted children

Note: Please enclose a copy of the child's birth certificate or appropriate proof (see annex: information sheet for children).

If the child is between 21 and 27 years old and is in education/training or permanently incapable of work, please enclose appropriate proof (copy).

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

4. Bank details for payment of the pension benefit

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 you immediately of any changes to the above information in accordance with § 14 of the statutes of Sächsische Ärzteversorgung.

The mandatory information requested in this form is necessary and required solely for the fulfillment of the pension mandate of Sächsische Ärzteversorgung. It is collected on the basis of statutory authorizations.

Your data will be processed by Sächsische Ärzteversorgung in compliance with data protection regulations and will be passed on to external recipients only if this is necessary for processing your application, if you have given your consent, or if another legal basis exists.

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

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

Consent to use the voluntary information provided may be revoked at any time for the future, without stating reasons. The revocation may be submitted to Sächsische Ärzteversorgung by post or email.

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

Annex to the application for pension benefits

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01067 Dresden

Membership no.

Surname

First name (preferred name)

Additional sheet: Other insurance periods

1. Other insurance periods

Insurance or residence periods in a foreign social security system within the European Economic Area (EEA) as well as the United Kingdom of Great Britain and Northern Ireland of the member, or—in the case of an application for survivors' benefits—of 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 in the statutory pension insurance scheme (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 system

Name of the institution / system	Address of the institution / system
Insurance number	
from	to
Name of the institution / system	Address of the institution / system
Insurance number	
from	to
Name of the institution / system	Address of the institution / system
Insurance number	
from	to

3. Details of other professional pension schemes

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

☐ **No** ☐ **Yes**, please complete:

Pension scheme	Membership no.
from	to
Pension scheme	Membership no.
from	to
Pension scheme	Membership no.
from	to

4. Consent declaration

I have—or, in the case of an application for survivors' benefits, the deceased had—insurance or residence periods in a foreign social security system within the European Economic Area and/or the United Kingdom of Great Britain and Northern Ireland, and I hereby declare my consent, if applicable with a release from confidentiality,

- to the forwarding of the application documents submitted by me as well as the medical documents available to the responsible institutions, and/or
- to the request for medical documents from

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

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

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Membership no.

Surname

First name (preferred name)

Determining the health insurance fund of the beneficiary

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

1. General information

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

As the paying agency for pension benefits, Sächsische Ärzteversorgung is required by law to determine the health insurance fund responsible for the beneficiary (§ 202 paragraph 1 sentence 1 SGB V) so that it can check whether contributions to the health insurance fund must be paid from the pension benefits.

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

Questions regarding contribution liability and the amount of health and long-term care insurance contributions to be paid by Sächsische Ärzteversorgung should generally be addressed to your health insurance fund, which is responsible for such matters.

Pursuant to § 202 paragraph 1 sentence 3 SGB V, the beneficiary must state their health insurance fund to the paying agency (Sächsische Ärzteversorgung) and notify it immediately of any change of fund.

For persons subject to statutory compulsory insurance, Sächsische Ärzteversorgung pays the general contribution rate and the fund-specific additional contribution rate to the health insurance funds from the pension benefits in accordance with § 241 and § 242 SGB V.

Changes in the amount of the fund-specific additional contribution rate must be taken into account for the calculation of the health insurance contribution from pension benefits only after two months, pursuant to § 248 SGB V.

With the Care Support and Relief Act (Pflegeunterstützungs- und -entlastungsgesetz), the long-term care insurance contribution rate has been differentiated by number of children since 01.07.2023. For childless persons, the contribution rate is to be 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 accordingly pursuant to § 55 paragraph 3 SGB XI.

The statutes of Sächsische Ärzteversorgung do not provide for a subsidy for health and long-term care insurance. This applies both to beneficiaries with statutory health insurance and to those with private insurance.

2. Information for beneficiaries receiving an orphan's pension

Under the "E-Health Act", beneficiaries receiving orphan's pensions from professional pension institutions and the statutory pension insurance scheme are subject to compulsory statutory health insurance pursuant to § 5 paragraph 1 no. 11 b letter b SGB V.

As the paying agency for the orphan's pension, Sächsische Ärzteversorgung is obliged to report the application for payment of an orphan's pension 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 the review of compulsory insurance pursuant to § 5 paragraph 1 no. 11 b letter b SGB V.

3. -Beneficiary (applicant)

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

4. Beneficiaries receiving an orphan's pension (until reaching the age of 18; only for survivors' benefits)

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

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

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

☐ The beneficiaries receiving an orphan's pension are **not** insured with a statutory health insurance fund.

If I am insured with a statutory health insurance fund, I agree that Sächsische Ärzteversorgung will withhold health and long-term care insurance contributions from my pension benefits until my insurance obligation 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 have voluntary insurance coverage from the start of the pension benefit. Once the relevant proof has been provided, any contributions withheld in excess will be refunded immediately.

I confirm that the above information is complete and correct and acknowledge that I am obliged to notify Sächsische Ärzteversorgung immediately of any change of health insurance fund.

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

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Information sheet for children

1. Evidence for biological parents and adoptive parents

As evidence for biological parents and adoptive parents (related to the child in the first degree), the following may be provided alternatively:

- Birth certificate or international birth certificate ("Multilingual extracts from civil status registers")
- Certificate of descent (kept at the place of birth for a specific person)
- Extract from the register of births issued by the registry office
- Extract from the family register / family record book
- Tax certificate of life issued by the residents' registration office (issued if the taxpayer wants to have a half child allowance entered on their wage tax card for a child who is not registered at their address; the taxpayer must prove first-degree relationship to the child, e.g. by presenting a birth certificate)
- Acknowledgement of paternity / determination of paternity certificate
- Adoption certificate
- Child benefit decision issued by the Federal Employment Agency (BA) – Family Benefits Office – (for public service employees and recipients of pension benefits: the benefits or salary statement from the office responsible for determining benefits or paying salary of the respective public-law employer / appointing authority)
- Bank statement showing 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
- Proof of receipt of maternity benefit
- Proof of taking parental leave under the Federal Parental Allowance Act (BErzGG)
- Income tax assessment notice (consideration of a child allowance)
- Wage tax card (entry of a child allowance)
- Death certificate of the child
- Decision notice issued by the pension insurance institution showing periods of child-rearing and child-care consideration

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

1. Evidence for step-parents

As evidence for step-parents (parents within the meaning of § 56 paragraph 3 no. 2 in conjunction with paragraph 2 no. 1 SGB I), the following may be provided 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/was registered as living in the household of the stepfather or stepmother (cf. household certificate or marital status certificate for granting child benefit – BA forms for declaring children's household membership and for employees whose children live in Germany)
- Decision notice issued by the pension insurance institution showing periods of child-rearing and child-care consideration
- Income tax assessment notice (consideration of a child allowance)
- Wage tax card (entry of a child allowance)

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

2. Evidence for foster parents

As evidence for foster parents (parents within the meaning of § 56 paragraph 3 no. 3 in conjunction with paragraph 2 no. 2 SGB I), the following may be provided 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" ("Vollzeitpflege") pursuant to § 27 in conjunction with § 33 SGB VIII (e.g. foster care agreement between youth welfare office and foster parents, decision granting benefits to those with parental custody, or certificate from the youth welfare office regarding the foster relationship; the foster relationship must be/has been intended for a longer period and a domestic community must exist/has existed; day-care foster parents are not included under 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 with her partner and his children – in such cases, consideration only if step-parent status exists)
- Decision notice issued by the pension insurance institution showing periods of child-rearing and child-care consideration
- Income tax assessment notice (consideration of a child allowance)

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

Annex to the application for pension benefits

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Authorization for receipt of pension benefits

1. Details of the applicant

Surname	First name (preferred name)
Title	

2. Authorization

In the knowledge that entitlement to pension benefits exists under the statutes until the end of the month of death, I hereby authorize

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to reclaim overpaid pension benefits 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 entitlement to the reclaim.

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