Application for Contribution Reduction 2026

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 Surname First name (preferred name)

1. Application for Contribution Reduction for Assessment Year 2026

Pursuant to Section 15 (1) sentence 2 of the bylaws of the Sächsische Ärzteversorgung, I hereby apply for a reduction of contributions for the year 2026, based on the professional income earned in 2024 from self-employed medical / veterinary activity.

The professional income earned in 2024 from self-employed medical / veterinary activity amounts to

_____ EUR

and is therefore below the contribution assessment ceiling of 101.400,00 EUR (please attach supporting documentation*).

*Acceptable proof of the professional income earned includes a copy of the tax assessment notice, a confirmation by the tax advisor, or a certified copy of the profit statement.

2. Note

Please note that lower contributions result in lower insurance cover!

3. Confirmation

I confirm that all information provided is true and complete.

I will notify the Sächsische Ärzteversorgung without undue delay of any changes to the above information, in accordance with Section 14 of its bylaws.

Your data will be processed by the Sächsische Ärzteversorgung in compliance with applicable data protection provisions and will be disclosed to external recipients only where this is necessary for processing or handling your matter/application, where your consent has been obtained for this purpose, or where another legal basis permits such disclosure.

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

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