

Notification of Maternity Protection and/or Parental Leave

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

1. Personal details
Surname
First name (preferred name)
Street, House number
Postal code, City
Date of birth

2. Details on maternity protection*		
(*If maternity protection applies during self-employment : please submit a copy of the child(ren)'s birth certificate(s).)		
Maternity protection period:	from	to

3. Details on parental leave*		
(*Please submit proof of parental leave.)		
Parental leave	from	to
Additional parental leave:	from	to

4. Declaration of truthful information and data protection notice	
The information provided in this form is necessary and required solely to fulfill the Saxon Medical Pension Fund's statutory mandate. It is collected on the basis of legal authorizations. Please also note the published data protection notice on our website www.saev.de .	
Place, Date	Signature / printed name