Survey Form

for Verification of Membership

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

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

☐ **Physician** ☐ **Veterinarian**

Reference number

1. Personal details

Surname	First name (preferred name)	
Birth name (if different)	Gender ☐ female ☐ diverse ☐ male	Nationality ☐ German ☐ _____
Date of birth		
Street, house number		
Postal code	City	
Country		
Phone (optional)	Email	

2. Details of (current) profession-specific activity in Saxony

2.1 Employed as a physician / veterinarian (start of contract)

☐ since _____ as _____

Employer / address

I receive remuneration that is subject to statutory pension insurance

☐ yes ☐ no

For each activity subject to statutory pension insurance, an exemption from statutory pension insurance in favor of the professional pension scheme must be applied for electronically. You can find the link on our website www.saev.de.

Hier gelangen Sie zur elektronischen Antragsstellung:

☐ **I have already submitted the application electronically**

By signing this data collection form, I consent to the forwarding of the current and all future exemption notices pursuant to Section 6 (1) sentence 1 no. 1 of the German Social Code (SGB VI) in copy by the Saxon Medical Pension Scheme (SÄV) directly to my employer, and I consent to being contacted by my current and future employers (or third parties commissioned with payroll accounting) in order to support proper payment of contributions.

Do you have multiple employments? ☐ no ☐ yes, since _____

If yes, in the 2nd employment working as _____

with employer (name/address) _____

_____

_____

2.2 Employed as a **civil servant** / in the **German Armed Forces** in Saxony ☐ since _____ (Please enclose the letter of appointment / proof)	Place of duty
2.3 Self-employed as a physician / veterinarian ☐ since _____	☐ in own practice ☐ fee-based work / locum ☐ other
Practice / duty address / place of work	
2.4 Without medical / veterinary activity as ☐ since _____ ☐ no activity ☐ non-professional activity (please enclose proof) ☐ student (please enclose proof) ☐ scholarship holder / observer / intern / visiting physician (please enclose proof) ☐ unemployed and receiving unemployment benefit (ALG I) ☐ yes ☐ no	For periods without medical/veterinary activity, half of the minimum contribution must be paid in accordance with the statutes of the Saxon Medical Pension Scheme (SSÄV). This entitles you to retirement benefits as well as risk coverage in the event of occupational disability and death for you and your family. However, there is the **option to be exempted**, which is associated with waiving this comprehensive insurance coverage. ☐ I waive insurance coverage. (I apply for exemption from compulsory membership.

3. Membership during maternity protection/parental leave

Maternity protection/parental leave

☐ since _____ (please enclose a copy of the birth certificate and proof of the duration)

Pursuant to Section 17 SSÄV, contributions are waived during periods of maternity protection and parental leave, provided that no medical or veterinary activity is carried out.

4. Details of membership in the pension scheme last responsible

Name of pension scheme		Membership number
from	to	Country (if not Germany)

5. Declaration of truthful information and privacy statement

I confirm that all information provided is true and complete, and declare that I am not occupationally disabled within the meaning of the statutes of the Saxon Medical Pension Scheme.

I will notify any changes to the above information without delay in accordance with Section 14 SSÄV.

The mandatory information provided in this form is necessary and required solely to fulfill the pension scheme's statutory mandate. It 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 passed on to external recipients if this is necessary for processing your request/application, if your consent has been obtained, or if another legal basis applies.

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

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

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

Place, date	Signature / name in print