

# Survey Form


for Verification of Membership

Sächsische Ärzteversorgung Institution of the Sächsische Landesärztekammer Dr.-Külz-Ring 10 01067 Dresden	<input type="checkbox"/> Physician	<input type="checkbox"/> Veterinarian
	Reference number	

### 1. Personal details

Surname		First name (preferred name)	
Birth name (if different)	Gender	Nationality	
Date of birth	<input type="checkbox"/> female	<input type="checkbox"/> German	
	<input type="checkbox"/> male	<input type="checkbox"/> _____	
Street, house number			
Postal code	City		
Country			
Phone (optional)	Email		

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

<b>2.1 Employed</b> as a physician / veterinarian (start of contract) <input type="checkbox"/> since _____ as _____	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 <b>electronically</b> . You can find the link on our website <a href="http://www.saev.de">www.saev.de</a> .   Hier gelangen Sie zur elektronischen Antragsstellung: <input type="checkbox"/> I have already submitted the application electronically
Employer / address	
I receive remuneration that is subject to statutory pension insurance <input type="checkbox"/> yes <input type="checkbox"/> no	

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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>2.2 Employed as a <b>civil servant</b> / in the <b>German Armed Forces</b> in Saxony</b>  <input type="checkbox"/> since _____ (Please enclose the letter of appointment / proof)	Place of duty
<b>2.3 Self-employed</b> as a physician / veterinarian  <input type="checkbox"/> since _____	<input type="checkbox"/> in own practice <input type="checkbox"/> fee-based work / locum <input type="checkbox"/> other
Practice / duty address / place of work	
<b>2.4 Without</b> medical / veterinary activity as  <input type="checkbox"/> since _____ <input type="checkbox"/> no activity <input type="checkbox"/> non-professional activity (please enclose proof) <input type="checkbox"/> student (please enclose proof) <input type="checkbox"/> scholarship holder / observer / intern / visiting physician (please enclose proof) <input type="checkbox"/> unemployed and receiving unemployment benefit (ALG I) <input type="checkbox"/> yes <span style="margin-left: 350px;"><input type="checkbox"/> no</span>	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 <b>option to be exempted</b> , which is associated with waiving this comprehensive insurance coverage.  <input type="checkbox"/> I waive insurance coverage. <small>(I apply for exemption from compulsory membership.)</small>

<b>3. Membership during maternity protection/parental leave</b>	
<b>Maternity protection/parental leave</b>	
<input type="checkbox"/> 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.	

<b>4. Details of membership in the pension scheme last responsible</b>		
Name of pension scheme		Membership number
from	to	Country (if not Germany)

<b>5. Declaration of truthful information and privacy statement</b>	
<p>I confirm that all information provided is true and complete, and declare that I am <u>not occupationally disabled</u> within the meaning of the statutes of the Saxon Medical Pension Scheme.</p> <p>I will notify any changes to the above information without delay in accordance with Section 14 SSÄV.</p> <p>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.</p> <p>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.</p> <p>Please also note the published privacy statement on our website <a href="http://www.saev.de">www.saev.de</a>.</p> <p>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.</p> <p>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.</p>	
Place, date	Signature / name in print