Employment questionnaire

Employment data	Employee's pers. no.:								
1. Name:									
First name:									
Date of birth:									
Densien inventeer wurdten	E-mail address:								
Pension insurance number:	Department/tel.:								
Employed from to									
Working student	y) School student University student (undergraduate/postgraduate/po								
Trainee (mandatory) A-level student PhD student Other: Regular weekly working hours (hrs): Begular weekly work on what days?									
					Monthly gross earnings (including regular special payments) €:				
2. I have been employed in the last 12 months: No Yes, b	y:								
Name of company:	Name of company:								
From to	From to								
Average monthly gross salary €:	Average monthly gross salary €:								
Average weekly working hours (hrs):	Average weekly working hours (hrs):								
Working days:	Working days:								
Mandatory internship: Yes No	Mandatory internship: Yes No								
3. Yes, I am also employed or working on a self-employed basis. I w Name of company:	vill provide notification of any termination/change in this work without delay.								
Average monthly gross salary €:	Average weekly working hours (hrs):								
Working days:	-								
No, I will notify any commencement of activity immediately.									
4. Yes, I am/have been registered with the Federal Employment Ag	gency in the last 12 months as available for work and/or have received								
benefits from the Agency from									
No, I will report any unemployment notification immediately.									
I am/was a school student until Name and location of school: and intend to attend college from attend vocational school from									
					begin work (e.g. apprenticeship, voluntary military services/national voluntary service) from				
					I am a housewife/husband doing voluntary milita	ry service/national voluntary service			
a civil servant an employee	on parental leave a pensioner (e.g. retirement pension/disability)								
	SBK)								
We are on your side.									

Employee's pers. no.: _ (to be completed by the employer)

	6. Iam	a full-time student	on leave due to			
		a non-enrolled student no longe	er a registered student since	·····		
		officially been notified of the overall results options) in writing on		helor/master course (Print and cross out inappropriate		
		en registered since				
		n the semester at				
		me studies	time course			
	part-time studies – Standard period of study of part-time course					
	Studying towards: Planned end of degree studies					
	Last offici	ial lecture in the present semester is on	····•			
	First offici	ial lecture in the next semester is on	···•			
	8. I am curre	ently 🔲 a member 🗌 insured through my fa	amily with the following health insure	r:		
	I am curre	ently privately insured with				
	 use my data provided here for this purpose an inform me by mail and telephone. Yes, I would like to receive valuable information on the benefits and insurance offerings of the SBK. I hereby agree to allow SBK to use the data provided here for such purposes and to contact me by mail and by telephone. With my signature, I certify that the information provided in this form is complete and correct. I will notify any changes without delay. Under social insurance law you are not entitled to make applications or take action without the consent of a legal representative until you reach the age of 15. Accordingly, please append the signature of your legal representative if you have not yet reached the age of 15. Only then will you 					
	be able to use I am acting as made above.	s the representative, with power of representati	ion/legal representative/caregiver and	d hereby authorise or consent to the disclosures		
	Name/first na	ame of the representative	Representative's ad	dress		
	Representativ	ve's signature				
		· · · · · · · · · · · · · · · · · · ·				
12/2022 sbk.org/en	Date	Name/first name (block letters	;) Phone (mobile)	Signature		
Seite 2/3 1	We are o	on your side.		SBK		



Confirmation from employer (to be completed by the employer)

We have checked the employment information in item 1. A copy of the registration certificate/evidence of internship/certificate of school attendance has been added to the personnel file. We shall notify any changes in the employment relationship which may have an effect on the social insurance without delay. ••••••••••••••••••••••••

Low-wage employees: request for pension contribution exemption:									
Date Responsible		Phone no.		Stamp and signature					
ınd:									
Yes, from			No No						
General, from		•	Reduced rate, fro	om : : : : : : :					
Yes, from			No No						
Yes, from			No No						
Yes, from	•		No No						
Yes, from			No No						
Yes, from	•		No No						
Apprentice (102)		Trainee (105	i)	Working student (106)					
Temporary emplo	yment (110)	Apprentice <	€325 (121)	Accident insurance only (190)					
	Phone no.		Stamp/signature of	of SBK					
	Ind: Yes, from General, from Yes, from Yes, from Yes, from Yes, from Yes, from Yes, from Apprentice (102) Temporary emplo	Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no. Phone no	Phone no. Imd: Yes, from General, from Yes, from Trainee (105) Temporary employment (110)	Phone no. Stamp and signature Ind: No Yes, from No General, from Reduced rate, from Yes, from No Apprentice (102) Trainee (105) Temporary employment (110) Apprentice < €325 (121)					

* The assessment is not an administrative act. A legally binding assessment is made by the employer or the responsible collection agency.

