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| **Remuneration questionnaire** | For part-time employees at the University of Oldenburg and other employees who do not receive remuneration according to TV-L or on the basis of a public service appointment. |
| 1 | PERSONAL DETAILSSurname, first name (given name)     ,      | Place of birth/date of birth/nationality     ,      /      |
|  | Home address      |
|  | E-mail:      Telephone:       |
| 2 | **Marital status**[ ]  Single [ ]  Married [ ]  Widowed [ ]  Divorced [ ]  Annulled marriage [ ]  Civil partnership [ ] Separated  | Since:     --------------------- |
|  | Details of spouses (including divorced spouses on separate sheet if necessary) |
|  | Surname, first name (given name)      | Date of birth      |
| 3 | Do you have children? [ ]  Yes: please attach evidence[ ]  No.This question is relevant for the payment of child allowance, assessment of relief for care insurance (0.25%) and for statistical purposes of the Federal Ministry of Finance.  |
|  | Will you be employed by a secondary employer, including self-employment, after the commencement of employment? |
| 4 | [ ]  Yes[ ]  No | Position      | Company      | Working hoursHours/week…      | Income [ ]  Monthly[ ]  AnnuallyEUR       | Evidence[ ] Attached[ ]  To follow |
|  | Are you marginally employed? [ ]  Yes [ ]  NoHave you registered for exemption to statutory pension contributions? [ ] Yes[ ]  No |
| 5 | Is the University of Oldenburg your main employer? [ ]  Yes [ ]  No*(If you do not indicate otherwise, another main employer will be assumed.)* |
| 6 | Do you receive pension benefits (retirement pension, widow's pension, orphan's pension)?[ ]  Yes, a copy of the last statement (payment statement, certificate) is [ ] attached [ ] to follow [ ]  No |
|  | Do you receive a pension in line with social insurance regulations?(Old-age pension, incapacity pension, widow or orphan's pension, additional pension, basic pension according to BVG or similar) |
|  | [ ]  Yes, a copy of my last pension statement [ ]  No statement is[ ]  attached [ ]  to follow | Have you applied for one of these pensions? [ ]  Yes, from:  [ ]  No |
|  | Are you a student?[ ]  Yes, evidence is [ ]  attached [ ]  to follow before commencement of employment [ ]  No |  |
|  | Did you receive payments from the Federal Employment Agency before employment?[ ]  Yes [ ]  No | Were you registered with the Federal Employment Agency as seeking employment?[ ]  Yes [ ]  No | Did you make yourself available for work for the placement service of the Federal Employment Agency?[ ]  Yes [ ]  No |
|  | Which health insurance company are you a member of? | Do you have **private** health insurance?[ ]  Yes | If yes, were you **previously** insured by a **statutory health insurance company**?[ ]  Yes, name       |
|  |  | [ ]  No | [ ]  No |
|  | Are you exempt from statutory health insurance or pension contributions due to reasons other than marginal employment? |
|  | Health insurance | Pension insurance | Exemption certificates |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Attached[ ]  To follow |
| 7 | A copy of your tax number (steuerliche Identifikationsnummer) notification |
|  | [ ]  is attached [ ]  will be submitted [ ]  has been submitted |
|  | Bank details (for the payment of remuneration) |
| 8 | IBAN      | Bank (name and city):      | BIC      |
| 9 | **Declaration:**I confirm that the information given is complete and correct. I will notify the Payroll Section of any changes in my circumstances which may affect my remuneration at the earliest opportunity.I acknowledge that I must return any excess payment which has been made as a consequence of any omitted, delayed or inaccurate information on my behalf. | Place, date     (Employee signature) |

LWO:Tarifbereich/Formulare2.5/Hilfskräfte\_Mentoren/Entgeltfragbogen\_sonstige10/15)