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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 DETAILS  Surname, 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 hours  Hours/week  … | | | | Income  Monthly  Annually  EUR | | | | Evidence  Attached  To follow | |
|  | Are you marginally employed?  Yes  No  Have 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)