

**Personnel Questionnaire**  
with earnings of more than EUR 450 / month

State of June 2022

**1. Personal data of the employee**

Name: \_\_\_\_\_

First name: \_\_\_\_\_ Birth name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  male  female  diverse

Place of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Street address: \_\_\_\_\_

Postcode, City: \_\_\_\_\_

Email address: \_\_\_\_\_

Different account holder: \_\_\_\_\_

IBAN: \_\_\_\_\_

BIC: \_\_\_\_\_

Does a severe disability apply to you?  yes  no if yes, GdB: \_\_\_\_\_  
(Note: if yes, please submit proof)

**2. Information on employment, tax classification and social security.**

I am

Employee  Pensioner  Trainee  \_\_\_\_\_

Full-time self-employed  Student  Shareholder  Related to the employer

(Note: Attach a copy of the pension certificate, school/study certificate or education contract)

Highest level of education:

3 intermediate school qualification/equivalent  2 completion of a recognised occupational training

4 university entrance qualification/entrance qualification for university of applied science  4 Bachelor's degree

9 qualification unknown  5 Diploma/Magister/Master's degree/State exam

9 qualification unknown

This employment is my:  primary employment  secondary employment

Do you carry out any other jobs?  yes  no

if yes, weekly working time: \_\_\_\_\_ monthly remuneration: \_\_\_\_\_

Tax ID no.: \_\_\_\_\_ Tax class/factor: \_\_\_\_\_

(Note: without indication of Tax ID no. the tax category VI must be used for accounting)

Social insurance no.: \_\_\_\_\_

Health insurance: \_\_\_\_\_

Different pension insurance institute: \_\_\_\_\_

(e. g. professional pension fund [Versorgungswerk]; please submit certificate of membership and notification of exemption from compulsory statutory pension insurance)

Employee no. Social Fund SOKA BAU: \_\_\_\_\_

(please submit a holiday certificate)

Do you have children?  yes  no

(Note: if yes, please submit a proof of parenthood, unless child allowance is granted)

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**3. Information on private health insurance:**

If privately insured, last statutory health insurance: \_\_\_\_\_  
(Note: Please submit certificate)

The employer's certificate of private health insurance must be submitted in order to obtain the contribution subsidy in accordance with § 257 SGB V and § 61 SGB XI.

Were you already covered by private health insurance as an employee on 31.12.2002?  yes  no

Other special characteristics: \_\_\_\_\_

**4. Employee's statement**

The signing employee confirms that the given information is truthful. The employee undertakes to notify the employer without delay of any changes, in particular with regard to further employment (in terms of type, duration and remuneration).

The employee is aware that all data required to process the employment relationship will be stored electronically and processed within the framework of the provisions of data protection law and that employment and ancillary income certificates will be transmitted electronically to the Federal Employment Agency and that the employee may object to this electronic transmission channel.

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Place, date \_\_\_\_\_ Employee's signature \_\_\_\_\_

**5. Information of the employer**

Entry date: \_\_\_\_\_ Fixed-term until: \_\_\_\_\_

Occupational title/job performed: \_\_\_\_\_

Agreed weekly working hours: \_\_\_\_\_ hrs. on \_\_\_\_\_ days/week

Cost center/cost unit: \_\_\_\_\_

Employer's liability insurance association: \_\_\_\_\_

Risk category:  exclusively office workers  not exclusively office workers

**If vacation statistics ordered separately:** Annual vacation \_\_\_\_\_ Vacation entitlement current year \_\_\_\_\_

Salary: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Other: \_\_\_\_\_

Company pension plan: submit documents on company pension plan (e.g. direct insurance, pension fund), if applicable.

**For wages in the transitional range from 450.01 to 1,300 EUR**

Is the wage consistently within these limits?  yes  no

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Place, date \_\_\_\_\_ Employer signature \_\_\_\_\_