



# Baden-Württemberg

LANDESAMT FÜR BESOLDUNG UND VERSORGUNG

## Erklärung zum Zuschuss für den privaten Krankenversicherungsbeitrag nach § 257 SGB V - Declaration regarding the Contribution to Private Health Insurance according to Section 257 of the Fifth Social Code (Fünftes Sozialgesetzbuch, SGB V) as of \_\_\_\_\_

**Please note:**

- The following information is necessary for the payment of your remuneration. Please see the information sheet on data protection ("Merkblatt zum Datenschutz") for information on the relevant legal provisions on the basis of which your data are collected. All questions must be answered, unless marked (optional).
- Please note the attached explanations which are referred to in the document by numbers.

### 1. Personal data

Please check  or fill in as appropriate

Last name	First name	Personnel number / area of work
Date of birth	Phone number (optional)	

### 2. Personal data of family members

2.1	Last name, first name of spouse / registered life partner <sup>1)</sup>	
2.2	Last name, first name of child/children <sup>2)</sup>	Date of birth
	1	
	2	
	3	

### 3. Income records of family members

3.1 **My spouse / registered life partner, my/his/her child/children receive/s a total monthly income<sup>3)</sup> that exceeds 1/7 of the monthly amount of income according to section 18 Fourth Social Code (Viertes Sozialgesetzbuch, SGB IV)<sup>4)</sup> on a regular basis.**

Spouse / registered life partner  No  Yes

Last name, first name of child/children

No  Yes

No  Yes

No  Yes

3.2 **Please only fill in if you listed at least one child in number 2.2 that is related to your spouse or registered life partner and if your spouse or registered life partner is not insured under a statutory health insurance scheme.**

The total income<sup>3,3a)</sup> of my spouse / registered life partner regularly exceeds a twelfth of the annual earning limit<sup>5)</sup> per month and is regularly higher than my total income.<sup>3,3a)</sup>

No  Yes

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#### 4. Questions regarding the exemption from insurance and the exemption from compulsory insurance

4.1	I am exempt from statutory health insurance only due to exceeding the annual earning limit according to section 6 subsection 1 number 1 SGB V.	<input type="checkbox"/> No <input type="checkbox"/> Yes, since _____
4.2	<b>I was exempt from statutory health insurance according to</b>	
	<ul style="list-style-type: none"> <li>article 3 section 1 subsection 4 of the Amendment to the Maternity Protection Act and the Former German Law on Social Insurance Dated 24 August 1965 (Gesetz zur Änderung des Mutterschutzgesetzes und der Reichsversicherungsverordnung vom 24. August 1965) (Federal Law Gazette, BGBl, p. 912).</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes, since _____
	<ul style="list-style-type: none"> <li>sections 173b, 173e, 173f of the former law on social insurance (Reichsversicherungsordnung, RVO) until 31 December 1988.</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes, since _____
	<ul style="list-style-type: none"> <li>section 8 subsection 1 numbers 1, 2, 3, 5 or 6 SGB V as of 31 December 1988.</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes, since _____
	The official notification from my health insurance provider is enclosed.	
4.3	I am a degree-seeking student at a higher education institution or at a vocational school (section 6 subsection 1 number 3 SGB V).	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.4	I am exempt from health insurance because it would have had become compulsory for me after having turned 55. However, during the last five years prior to the deadline mentioned above, I have not been insured statutorily as a compulsory or voluntary member. Additionally, I have been exempt from health insurance, compulsory insurance or, as a full-time self-employed person under section 5 subsection 5 SGB V, exempt from compulsory insurance for at least half of the said period of time (section 6 subsection 3a SGB V).	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.5	According to principles and regulations governing the civil service and principles (section 6 subsection 1 numbers 2, 4 and 5 SGB V), I am entitled to receive continued payments of remuneration and Beihilfe - medical care - in case of illness.	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.6	I receive a pension or similar remuneration and I am entitled to receive Beihilfe in case of an illness under principled and regulations governing the civil service (section 6 subsection 1 number 6 SGB V).	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.7	I am entitled to receive a survivor's pension (widow's or widower's pension, orphan's pension, child-raising pension) according to principles and regulations governing the civil service or a similar remuneration and, in addition, I have applied for pension from the statutory pension scheme / I receive pension from the statutory pension scheme (section 6 subsection 2 SGB V).	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.8	I am exempt from statutory health insurance because of a given exemption according to section 6 SGB V or a different exemption <sup>6)</sup> .	<input type="checkbox"/> No <input type="checkbox"/> Yes,
	_____ (Reason for exemption)	
4.9	<b>I am exempt from statutory insurance for agriculturists because</b>	
	<ul style="list-style-type: none"> <li>of a given exemption under section 5 subsection 1 of the Second Act on Health Insurance for Farmers 1989 (Zweites Gesetz über die Krankenversicherung der Landwirte 1989, KVLG 1989) or the KVLG 1972 prior to 1 January 1989 section 4a subsection 1.</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes,
	_____ (Reason for exemption)	
	<ul style="list-style-type: none"> <li>the exemption from insurance (section 3a number 1 KVLG 1989) has been legally effective since 31 December 1994.</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	I have attached the official notification from my health insurance provider.	

**5. Details on insurance**

**Me and my spouse and my/his/her child/children, named in no. 2, are insured with a private health insurance provider:**

Name of the health insurance provider

City

Date of most recent certificate of health insurance

I have attached the certificate of the health insurance provider listing the insured individuals, the contribution split by person and the indemnity my family members and I are entitled to. The certificate from the health insurance provider according to section 257 subsection 2a sentence 2 SGB V is attached as well.

**6. Please only fill in if family members are not insured together with the beneficiary.**

**My spouse / registered life partner / my/his/her child/children is/are insured**

**6.1 with a statutory health insurance provider**

	<b>Spouse / registered life partner:</b>	<b>Child 1:</b>	<b>Child 2:</b>	<b>Child 3:</b>
6.1.1 compulsorily due to their employment.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.1.2 voluntarily due to their own employment.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.1.3 voluntarily without being employed.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.1.4 compulsorily or voluntarily on the grounds of other legal provisions (e. g. as a student or intern).	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.1.5 receiving a pension from the statutory pension insurance provider				
• as a compulsory member.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
• as a voluntary member.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**My spouse / registered life partner / my/his/her child/children is/are insured**

**6.2 with a private health insurance provider**

	<b>Spouse / registered life partner:</b>	<b>Child 1:</b>	<b>Child 2:</b>	<b>Child 3:</b>
6.2.1 due to their own employment.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.2.2 without being employed.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.2.3 while receiving pension from the statutory pension insurance provider.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Please fill in only if you checked “yes” in number 6.1.3 or number 6.2.2.**

The monthly health insurance contribution for my spouse / registered life partner, my/his/her child/children since \_\_\_\_\_ is \_\_\_\_\_ EUR \_\_\_\_\_

**Regarding numbers 6.1 and 6.2:**

I have attached the certificate of the statutory/private health insurance provider listing the insured individuals, the contribution split by person and (only regarding number 6.2.2) the indemnity my family members and I are entitled to. In case an individual listed in number 6.2.2 is insured at another health insurance provider than the one indicated in number 5, the certificate from the respective health insurance provider according to section 257 subsection 2a sentence 2 SGB V is attached.

**Declaration**

I hereby confirm that the information provided above is both accurate and complete. I am aware that I am obliged to immediately notify the Landesamt of any changes regarding the health insurance. This includes changes regarding the contribution class, transfer to another health insurance provider, changes regarding the amount of the health insurance contribution, not including adjustments to a higher income threshold, or changes in contributions that may affect the obligation to take out insurance. I am obliged to pay back any excess amounts I receive due to failure to report, delay in reporting or reporting incomplete information.

I am aware that I cannot waive the contribution as long as I meet the prerequisites.

I am aware that I am obliged to notify the Landesamt of all changes regarding the amount of the monthly **private** health insurance contribution. At the beginning of each year, I will submit proof of the paid **private** health insurance contributions **without demand**.

Furthermore, I am aware that if I am insured with a private health insurance provider, I will have to submit a letter of proof from the provider once every three years in accordance with section 257 subsection 2a sentence 2 SGB V (see page 3 section 5 last sentence).

\_\_\_\_\_  
Date, Signature

**Landesamt für Besoldung und  
Versorgung Baden-Württemberg  
70730 Fellbach**

## Explanatory Notes:

- 1) Only applies to registered partnerships according to section 1 subsection 1 Civil Partnership Act (Lebenspartnerschaftsgesetz, LPartG).
- 2) Children include (also see section 10 subsection 4 SGB V) children born in wedlock, adopted children and children of a male employee born out of wedlock if parenthood is proven; children of a female employee born out of wedlock; step children (also children of the registered life partner) and grandchildren of an employee if he or she provides for the livelihood of the grandchild; foster children (section 56 subsection 2 no. 2 First Social Code (1. Sozialgesetzbuch, SGB I). Children are considered children of the adoptive parent if they are cared for by the adoptive parent and if the consent necessary for the adoption has been given by the biological parents.

### Children are insured

1. until they turn 18.
2. until they turn 23 if they are not employed.
3. until they turn 25 if they pursue a degree in higher education or undertake vocational training or if they complete a voluntary service (freiwilliges soziales Jahr, freiwilliges ökologisches Jahr under the Youth Volunteer Service Act (Jugendfreiwilligendienstgesetz)). If the higher education or vocational training is interrupted or delayed due to the children's legal obligation to serve in the military or civilian service, the children are insured for the respective period of time past their 25th birthday.
4. without an age limit if they are disabled (section 2 subsection 1 sentence 1 SGB IX) and are not able to support themselves financially; provided that the disability occurred while the child was insured according to number 1, 2 or 3.

### Children are not insured

if the spouse or registered life partner of the member who is related to the children is not insured with a health insurance provider and his/her total monthly income exceeds a twelfth of the annual earning limit and is regularly higher than the total income of the insured spouse or life partner. In case of pensions, the payment amount is taken into account.

- 3) The total income is the sum of the income in accordance with income tax law (see section 16 SGB IV). In case of marginal employees, the permissible total income amounts to EUR 450. In case of pensions, the portion of pension you receive calculated on the basis of parental leave, indicated separately on the pension approval certificate, is not taken into account.
- 3a) When determining the total income mentioned in no. 3.2, benefits that are granted due to your marital status are not taken into account.
- 4) As of 2015: EUR 405.00/month  
As of 2016: EUR 415.00/month
- 5) As of 2014: EUR 4,462.50/month  
As of 2015: EUR 4,575.00/month  
As of 2016: EUR 4,687.50/month
- 6) The exemption from insurance in accordance with section 7 SGB V due to marginal employment is not to be taken into account.