



Job assessment for social insurance

code, town ** stage pil in general education employed/ registered job-seek ners (please describe) ation on the job to be ass	er	0	Student Employed	Marital status		
r stage pil in general education employed/ registered job-seek ners (please describe)	er	0				
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employed/ registered job-seek ners (please describe)	er	0				
ners (please describe)	er	0	Employed			
ation on the job to be ass		•••••				
	essed					
start						
name						
ployer name						
ployer address						
ernship prescribed by study o	test regulations?				○ yes	O no
the employment limited to 3 m	onths and/or 70 wo	rking da	ys maximum righ	t from the start?	If yes, up to .	
the employment limited to a lor	nger time period?				If yes, up to .	
gular weekly working hours	days _		hours			
ximum regular monthly pay $ _$	euros					
ner incomes (e.g. non-cash rem	unerations, one-off g	gratuities	, holiday pay or C	hristmas bonus)	○ yes	\bigcirc no
es, what kind?						euro
) 1 = = = = = = = = = = = = = = = = = =	name ployer name ployer address ernship prescribed by study or the employment limited to 3 mg the employment limited to a lor gular weekly working hours ximum regular monthly pay ther incomes (e.g. non-cash remains)	ployer name ployer address prince address p	ployer name ployer address princhip prescribed by study or test regulations? the employment limited to 3 months and/or 70 working dathe employment limited to a longer time period? gular weekly working hours days ximum regular monthly pay euros ter incomes (e.g. non-cash remunerations, one-off gratuities)	ployer name ployer address princhip prescribed by study or test regulations? the employment limited to 3 months and/or 70 working days maximum right the employment limited to a longer time period? gular weekly working hours days hours ximum regular monthly pay euros ther incomes (e.g. non-cash remunerations, one-off gratuities, holiday pay or C	ployer name ployer address ernship prescribed by study or test regulations? the employment limited to 3 months and/or 70 working days maximum right from the start? the employment limited to a longer time period? gular weekly working hours days hours ximum regular monthly pay euros ter incomes (e.g. non-cash remunerations, one-off gratuities, holiday pay or Christmas bonus)	ployer name ployer address ernship prescribed by study or test regulations? he employment limited to 3 months and/or 70 working days maximum right from the start? If yes, up to the employment limited to a longer time period? If yes, up to gular weekly working hours days hours wimum regular monthly pay euros the incomes (e.g. non-cash remunerations, one-off gratuities, holiday pay or Christmas bonus) yes





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Date and signature

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1 Do you earn other income? If yes, p		\bigcirc yes	\bigcirc no	
2 Did/do you have statutory health i If yes, please name the health ins	nsurance at the start of the job to be asses	ssed?	○ yes	○ no
3 If you are a pupil/student or were	immediately beforehand, please answer th	e following que	stions too.	
Which school are/were you attend	ing last?			
Name of the school		from	to	
For students:	enrolled since		until	
	at			
Has the schooling/degree course	oeen completed?		O yes	○ no
Is the job exclusively held during so	chool holidays/semester breaks?		O yes	○ no
If yes, when does the school holida	ny/semester break start and end:	from	to	
After the end of the current job, wi	II			
the schooling/degree course be	continued?		○ yes	○ no
a degree course be started?		O Yes, on:		○ no
a training or employment be sta	rted?	O Yes, on:_		○ no
service that is comparable to a vol	ent service or "Incoming" voluntary	○ Yes, on:_		○ no
rposes, and forwarding this form to n	for the social insurance assessment of my employer's personnel department. I can	withdraw my c	onsent any tir	me
ormally with the effect for the future nail to meldungen@energie-bkk.de.	without giving reasons vis-a-vis energie-BK	K (any persona	i consultant) (or by
ave read the information on the asse surance.	ssment procedure and consent to energie-	BKK assessing	my job for soo	cial

Telephone number for queries

energie·BKK

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To 3.1

from	to	Limited in time right	Employer			,	working urs	Monthly (gross)	l .	sment undo		
		from the start	n the start			days	hours	pay in euros	Health insurance	Nursing care insurance	Pension insurance	Unemployed insurance
		O yes		Prescribed internship	O yes				yes	yes	yes	yes
		O no		Diploma, BA or MA thesis	O yes				Ono	Ono	Ono	Ono
		Oyes		Prescribed internship	O yes				Oyes	Oyes	Oyes	Oyes
		O no		Diploma, BA or MA thesis	O yes				Ono	Ono	Ono	Ono
		Oyes		Prescribed internship	O yes				Oyes	Oyes	Oyes	Oyes
		O no		Diploma, BA or MA thesis	O yes				Ono	Ono	Ono	Ono

from	to	Limited in time right	Employer	Status		_	working urs	Monthly (gross)		sment unde outions wer		
		from the start				days	hours	pay in euros	Health insurance	Nursing care insurance	Pension insurance	Unemployed insurance
		Oyes		Prescribed internship	O yes				Oyes	Oyes	Oyes	Oyes
		O no		Diploma, BA or MA thesis	O yes				Ono	Ono	Ono	Ono
		O yes		Prescribed internship	O yes				Oyes	Oyes	Oyes	Oyes
		O no		Diploma, BA or MA thesis	O yes				Ono	Ono	Ono	Ono
		O yes		Prescribed internship	O yes				Oyes	Oyes	Oyes	Oyes
		O no		Diploma, BA or MA thesis	O yes				Ono	Ono	Ono	Ono



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To	4.	1

Self-employment		Pension/s		
Туре	Annually in euros	Туре	Provider	Monthly in euros

Pension benefits/	(company pensions, retirement pensions	s, etc.)	Other incomes (e.g. rent, capital gains, etc	:.)
Туре	Provider	Monthly in euros	Туре	Annually in euros

To be filled in by the	e health	insurance	company!	
Mandatory contributions for	yes	no	\bigcirc The following registrations must be provided:	Notice for the employer: The evaluation under social security law
Health insurance	\bigcirc	\circ	Person group	is based exclusively on the information provided in this application form and, if applicable, in the enclosures. If these do not meet the
Nursing care insurance	\bigcirc	\circ	Contribution group	actual conditions, this may lead to a different result.
Pension insurance	\bigcirc	\circ		
Unemployment insurance	\bigcirc	\circ		
Sliding pay scale	\circ	\circ	No social insurance registration required	
			For information about the need to register with an accident insurance (PGC 190/CGC 0000), contact the employers' liability insurance association as required.	Date Stamp/ Signature of the health insurance company

Please complete and return to energie-BKK: by mail to energie-BKK 30149 Hannover

by fax to

0511 911 10-7971, as an email-attachment to meldungen@energie-bkk.de (please use SecureMail for safe transmission).