This document is a translation and is provided for information purposes only. In the event of any inconsistency between the German version and the English version, only the German version shall apply.

#### Notes for the Employee Information form and Payment Information form

1 Housing – within the meaning of section 10 (3) of the German federal law regulating accommodation cost (Bundesumzugskostengesetzt – BUKG) – comprises an enclosed space with multiple rooms, in which a household can be run, one of which is always a kitchen or a room with cooking facilities. This also comprises water supply, drainage and a toilet.

In this respect, a single room therefore does not constitute housing, even if it is equipped with cooking facilities and the facilities necessary to run a household. If only one room is rented with shared use of the bathroom, kitchen and toilet, this also does not meet the definition of housing as defined in section 10 (3) BUKG.

However, a single-room with cooking facilities and an adjoining toilet constitutes housing as per the definition. The requirements are also met if – in the case of older buildings – the sanitary facilities are located outside of the unit.

In order to constitute housing in the sense of the legal definition, it does not matter whether the tenant has sole rights to the accommodation or has rented it together with others as a flat-share(Wohngemeinschaft or WG).

- 2 Disability within the meaning of part two of Book IX of the German Social Code (Sozialgesetzbuch – SGB). Please enclose a certified copy of your proof of disability or equivalent status.
- **3** All main and additional employment including leave of absence must be entered, as well as any current education or training.

Please enclose certified copies of the relevant supporting documents (certificates of employment, qualifications, or military service). These should clearly specify the start and end of each individual period.

Students should enclose current proof of enrolment.

4 Recipients of pension benefits under civil service law (retired civil servants, widows, widowers, orphans, recipients of maintenance payments) are obliged under section 74 (2) of the Lower Saxony act governing civil servants' pensions and allowances (Niedersächsisches Beamtenversorgungsgesetz – NBeamtVG) to notify the pension authority promptly of their income and of any changes to it, including income from employment in public service. The same applies in the event of commencing new employment under public law (e.g. as a civil servant) or under private law if a bridging pension is paid in accordance with section 53 NBeamtVG.

- **5** Please enclose confirmation of VBL (formerly ZRL) supplementary pension insurance or termination thereof for verification.
- 6 Section 35 (8) of the Lower Saxony law regulating salary (Niedersächsisches Besoldungsgesetz – NBesG) specifies which employers belong to the public service. If in doubt, please state your employer so that your salary office can clarify this and overpayment can be avoided.
- 7 In order to receive tax incentives for a pension plan, your salary office must disclose data to the central office that deals with state-subsidised private pensions (Zentrale Zulagenstelle für Altersvermögen ZfA). In addition to identifying that you belong to this group, information must be disclosed about your income in the year preceding the current contribution year, as well as the information required for granting child allowance. Without your consent you will not receive subsidies and your contributions cannot be claimed as supplementary pension under special expenses in accordance with section 10a of the laws regulating income tax (Einkommensteuergesetz EStG).

Social insurance ID:

In the event of employment, your social insurance ID is required for payment of wages.

#### Capital-forming benefits:

Employees and civil servants are entitled to receive capital-forming benefits. If you wish to do so, please notify me in writing referencing your staff ID number and the type of investment you have chosen. Forms are available from banks and companies (building societies, insurance companies, etc.).

Please sign the final page of the Payment Information form!

## **EMPLOYEE INFORMATION**

Select as applicable

or complete

#### Personal details

Surname, first name, name at birth (if applicable)				Nationality		
Date of birth, place of birth			Address (street, postco	Address (street, postcode, town/city)		
Telephone, fa	ax, email (optional)				Tax ID	
			divorced/dissolved		Housing available as p	er section 10 (3) BUKG
single	married/civil partnership	widowed	civil partnership	separated	yes	no <b>1</b>
severe 2 proof of disability or equi			quiv. status issued by (authorit	y) on (date, referer	nce)	
or equiv. status disability						

#### Spouse's/civil partner's details (husband/wife/civil partner)

Surname, first name, name at birth (if applicable)	Date of birth

#### Children's details

Surname, first name	Date of birth	Legal status (e.g. biological child, step-child)
1)		
2)		
3)		
4)		

#### Your education and training (including higher education)

Type of school/training	from - to (exact dates)	Date and title of examinations, subject, acquired qualifications

## Employment (including leave of absence, part-time work), military and community service <sup>3</sup>

Employer, military service, community service	position (public employee, civil servant, soldier, etc.)	from - to (exact dates)	part-time hr/week	leave

## Submit to human resources

### PAYMENT INFORMATION

civil servant/judge/employee under civil service law (see next page)

	Surname, first name, name at birth (if applicable)						
	Date of birth, place of birth		Address (street, postcode, town/city)				
	Telephone, fax, email (optional)	Telephone, fax, email (optional)					
	Last employment for the state of Lo	Last employment for the state of Lower Saxony (if appl.; from - to, place of employment, personnel no.) I am a student (please enclose proof)					
_	Are you in receipt of pension	benefits under civil ser	rvice law, statutory pension or unen	nployment benefit? 4			
General	no yes	Information for If receiving pe	or salary office: ension benefits under civil service law, section 74 (1) NBeamtVG must be observed.				
If yes: Address of the paying entity							
	Tax information						
	This is my	main tax clas employment	ss (if applicable, factor)	additional employment (always tax class VI).			
	Tax ID (compulsory)	Religion					
Bank details							
	Account holder		Bank				
	IBAN		BIC (only for foreign banks)				

Social insurance and pension (please enclose the corresponding s				g supporting documents)			
Social insurance number (if available)			٢	lationality			
0	lose one hirth certificate: s	innorting document	for further chi	(drep are not required)			
-	aren are not required)						
If you are a member of other statutory pension sc	nemes please indicate t	ne name, address	s and your ins	surance number:			
		ntary pension scho	eme? 5				
I am insured by the following statutory heal	th insurance provider (ir	ncl. family health i	nsurance)	private health insurance provider			
Complete only in the case of private health insurance:         Were you exempt from compulsory statutory health insurance         for previous employment in accordance with section 8 (1) 1 SGB V?         I was previously insured by the following statutory health insurance provider:         Additional employment - the salary office must be promptly informed of any changes							
Additional employment - the salary office	must be promptly info	ormed of any ch	anges				
l am self-employed.							
I am not pursuing any additional employment							
I am pursuing the following additional employr	nent:						
Employer	from - to	Rate of pay		Social insurance status			
			Short-te	rm work			
			Minijob (	(marginally paid employment)			
			Employr	ment covered by social insurance			
			Short-te	rm work			
			Minijob (	(marginally paid employment)			
			Employr	nent covered by social insurance			
	Social insurance number (if available) Long-term care insurance allowance: I have at least one biological child. ( <i>Please end</i> I have an adopted child a foster of Are you exempt from compulsory statutory pension sc If you are a member of other statutory pension sc Were you previously insured by VBL or another pu If yes, please indicate the name, address and your insure I am insured by the following statutory heal <i>Complete only in the case of private health insura</i> Were you exempt from compulsory statutory heal for previous employment in accordance with section I was previously insured by the following statutory <b>Additional employment</b> - <i>the salary office</i> I am not pursuing any additional employment I am pursuing the following additional employment	Social insurance number (if available)         Long-term care insurance allowance:         I have at least one biological child. (Please enclose one birth certificate; su         I have an adopted child a foster child a stepchild (ple         Are you exempt from compulsory statutory pension contributions?         If you are a member of other statutory pension schemes please indicate t         Were you previously insured by VBL or another public service supplement         If yes, please indicate the name, address and your insurance number:         I am insured by the following       statutory health insurance provider (in         Complete only in the case of private health insurance:         Were you exempt from compulsory statutory health insurance         for previous employment in accordance with section 8 (1) 1 SGB V?         I was previously insured by the following statutory health insurance provider         I am self-employed.         I am not pursuing any additional employment.         I am pursuing the following additional employment:	Social insurance number (if available)         Long-term care insurance allowance:         I have at least one biological child. (Please enclose one birth certificate; supporting documents)         I have an adopted child a foster child a stepchild (please enclose proof of Are you exempt from compulsory statutory pension contributions? no         If you are a member of other statutory pension schemes please indicate the name, address         Were you previously insured by VBL or another public service supplementary pension scheft yes, please indicate the name, address and your insurance number:         I am insured by the following       statutory health insurance provider (incl. family health i <i>Complete only in the case of private health insurance:</i> no         Were you exempt from compulsory statutory health insurance for previous employment in accordance with section 8 (1) 1 SGB V?       no         I was previously insured by the following statutory health insurance provider:       no         Additional employment - the salary office must be promptly informed of any ch.       I am not pursuing any additional employment.         I am pursuing the following additional employment:       I am pursuing the following additional employment:	Social insurance number (if available)       Insurance number (if available)       Insurance allowance:         Long-term care insurance allowance:       I have at least one biological child. (Please enclose one birth certificate; supporting documents for further child have an adopted child a foster child a stepchild (please enclose proof of parenthood)         Are you exempt from compulsory statutory pension contributions?       no       y         If you are a member of other statutory pension schemes please indicate the name, address and your insurance number:       Image: statutory pension schemes please indicate the name, address and your insurance number:         Were you previously insured by VBL or another public service supplementary pension scheme?       5         If yes, please indicate the name, address and your insurance number:       5         I am insured by the following       statutory health insurance provider (incl. family health insurance)         Complete only in the case of private health insurance:       no         Were you exempt from compulsory statutory health insurance provider:       no         Additional employment - the salary office must be promptly informed of any changes       1         I am not pursuing any additional employment:       I am pursuing the following additional employment:       Short-te         Minijob       Employer       from - to       Pate of pay       Short-te			

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Please sign the Payment Information form (see next page) and enclose the completed form together with the Employee Information form!

# Submit to salary office

	Marital status						
aw	single	married/civil partnership	widowed	divorced/dissolved civil partnership	sepa	rated	
e	Spouse's (also	if divorced)/civil partner's details	(husband/wife/civ	il partner)			
service law	Surname, first nan	ne, name at birth (if applicable)			Geburtsdatum		
S	Type of employme	ent or income			1		
civil	not employed	employed since		self-employ	ved		
er c	public service	e employment or equivalent employm	ent <sup>6</sup>		in receipt of fan social allowanc	nily or es	
under	in receipt of <b>pe</b> employment	ension benefits under civil service law o	or under a pension sch	eme (not VBL) due to	public service		
	Name and addres	s of institution or employer, pensions aut	hority, staff ID number	(please always indic	ate)		
employees		<i>whether my spouse/ civil partner is emp</i>	bloyed or in receipt of p	pension benefits.			
E	Children's deta	ils					
and e		Surname, first name	Date	of birth	Legal sta (e.g. biological chil		
	1)						
servants, judges,	2)						
s, ju	3)						
vant	4)						
	Child benefit no. (p	Child benefit no. (please enclose a copy of the confirmation letter) Recipient of child benefit					
civil	Private pension	ns <sup>7</sup>	1				
y: ci	I have taken out a private pension policy ("Riesterrente"). I consent to the disclosure of my data to ZfA for tax purposes.						
ed b							
let							
completed by:	I am required to pay financial support to my former husband/wife/civil partner. no yes						
•	If yes: amount currently paid - EUR/month - (please enclose judgement, settlement or similar)						
Only to be	maintenance of	emporary basis and pa l or health reasons (chi e domestic relationship	Ídren are				
	Person's surname	, first name		Date of birth	Joined household on		

#### Information on data protection:

Signature

Your personal data is collected in this Payment Information form and subsequently processed on the basis of Article 88 of the General Data Protection Regulation (GDPR) in conjunction with Section 88 (1) of the Lower Saxony regulations governing employment of civil servants (Niedersächsisches Beamtengesetz - NBG), and - where applicable - Section 12 (1) of the Lower Saxony regulations governing data protection (Niedersächsisches Datenschutzgesetz - NDSG). The information is required in order to calculate and pay your future salary in the amount to which you are entitled. Please also refer to the information on data protection on the NLBV website (www.nlbv.niedersachsen.de). You are required to provide the requested data in order to commence your future employment with the State of Lower Saxony.

Supporting documents		
are enclosed	will be duly submitted	