

**ATTENTION, please remember you are required to record your working time and fill out time sheets accordingly!**

**Personal details**

Form P6000 must also be filled out

Surname, first name		Date of birth	
Street, Number		Postal code, City	
Name and place of health insurance		Social security number	
<input type="checkbox"/> Voluntarily insured <input type="checkbox"/> Statutorily insured.		<input type="checkbox"/> Family insured <input type="checkbox"/> Private	
		Tax-ID	
Employed as	Start of employment	Date of termination (if terminated)	

**Status at the start of this employment**

- |   |   |
|---|---|
| <input type="checkbox"/> Student __ school class                          | <input type="checkbox"/> Unemployed   |
| <input type="checkbox"/> My studies are expected to end on _____          | <input type="checkbox"/> Employee on unpaid Leave                                       |
| <input type="checkbox"/> Graduated with intention for vocational training | <input type="checkbox"/> Employee   |
| <input type="checkbox"/> Student, studies expected to end on _____        | <input type="checkbox"/> Pensioner; Type of pension _____                               |
| <input type="checkbox"/> Employed only during the holidays?               | <input type="checkbox"/> Old age pensioner before reaching the statutory retirement age |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  | <input type="checkbox"/> Old age pensioner after reaching the statutory retirement age  |
| <input type="checkbox"/> Seeking Work / Training                          | <input type="checkbox"/> Employee on parental leave                                     |
| <input type="checkbox"/> Federal voluntary service /Conscripts            | <input type="checkbox"/> Civil Servant  |
| <input type="checkbox"/> Other: _____                                     | <input type="checkbox"/> Apprentice   |
|   | <input type="checkbox"/> Self-employed  |

**Information about other employments**

<input type="checkbox"/> The employee has no other employments <input type="checkbox"/> The employee has other employments					
from	to	<input type="checkbox"/> Minijob <input type="checkbox"/> No Minijob	<input type="checkbox"/> With contribution to pension insurance <input type="checkbox"/> Without contribution to pension insurance	Salary Minijob	Employer (optional)
from	to	<input type="checkbox"/> Minijob <input type="checkbox"/> No Minijob	<input type="checkbox"/> With contribution to pension insurance <input type="checkbox"/> Without contribution to pension insurance	Salary Minijob	Employer (optional)

**Exemption from the pension insurance**

<input type="checkbox"/> No, I do not want to be exempted from pension insurance. The employer deducts the employee's contribution to the pension system from the salary and forwards them to the mini-job-center.	
<input type="checkbox"/> Yes, I hereby apply for exemption from mandatory enrollment in the pension system as part of my Minijob and thus renounce the accrual of time in the pension insurance. I have read and understand the "Leaflet regarding the possible consequences of an exemption from the mandatory pension insurance". I am aware that application for exemption applies to all active concurrent Minijobs and is binding for the duration of my employment; it is not possible to revert this decision. I agree to inform all other employers where I work as a Minijobber about this request for exemption.	
I declare that the above mentioned information is true and correct. I agree to inform my employer immediately about any changes, especially of additional activities.	
_____ Place, Date	_____ Signature employee