

# Attachment

Social insurance for recipients of citizen's allowance



Please tick the appropriate box.



Please do not submit original documents, but copies.



At [www.jobcenter.digital](http://www.jobcenter.digital) you will find information about our digital offers, the SGB II information sheet and other attachments to the application.



For more information, see the respective number in the instructions for

completion at [www.arbeitsagentur.de/hinweise-sgb2](http://www.arbeitsagentur.de/hinweise-sgb2)  
 The following data is subject to social secrecy (see "Information sheet SGB II"). Your information is collected on the basis of Sections 60 - 65 of the First Book of the Social Code (SGB I) and Sections 67a, b, c of the Tenth Book of the Social Code (SGB X) for the benefits under the Second Book of the Social Code (SGB II). You can obtain information on data protection from the job center responsible for you and also on the Internet at [www.arbeitsagentur.de/datenerhebung](http://www.arbeitsagentur.de/datenerhebung).

## 1. Personal data of the applicant

|   |            |
|---|------------|
| Salutation                                      | First name |
| family name                                     | birth date |
| Number of the community of need (if applicable) |            |

## 2. The information in this Annex refers to the following person in the

Community of Need 4

|                           |            |
|---------------------------|------------|
| Salutation                | First name |
| family name               | birth date |
| Tax identification number |            |

⚠ The tax identification number is requested because the subsidies paid by the job center for health and nursing care insurance must be reported to the tax authorities (Section 10 Paragraph 4b Sentences 4 to 6 of the Income Tax Act). The query is made exclusively for this purpose.

## 3. Subsidy for health and nursing care insurance I am applying for

53

a subsidy towards the contributions to health and nursing care insurance.

|   |   |
|---|---|
| Surname<br>the health insurance company   | Health insurance number/<br>Insurance number                      |
| Name of the insured person  |   |
| Financial institution of the health insurance company                                 |   |
| IBAN of the health insurance account  |   |
| Monthly amount of<br>Health insurance contribution in euros                           | Monthly amount of<br>Nursing care insurance contribution in euros |
| Monthly contribution amount in the basic tariff in euros (only for private insurance) |   |

⚠ Please provide the current notice of the amount of the monthly contribution as proof for health and nursing care insurance and, in the case of private insurance, proof of the premium you would pay in the basic tariff.



# SV

2

Editing notes

To be filled out by the job center only

Entry stamp

Department

team

Contribution certificate

Contribution certificate basic tariff

**4. Health and nursing care insurance, if at the time of application for Citizens' allowance no insurance exists**

27

ÿ Please only fill out the following section if you or the other person **currently have neither compulsory statutory or family insurance nor voluntary or private health and nursing care insurance** .

- I or the other person was last privately insured.
- I am or the other person is or was last
  - self-employed as their main occupation **or** -
  - insured in the event of illness or entitled to assistance in accordance with civil service regulations or principles (for example civil servants, temporary soldiers and professional soldiers).
- I or the other person has reached the age of 55 **and** was **not** legally insured in the last **five years** before receiving citizen's allowance **and** was for **at least two and a half years**
  - **exempt from insurance** or -
  - exempt** from compulsory insurance or - **not subject to compulsory insurance** due to the exercise of a main self-employed activity.

ÿ If one of the above conditions applies to you or the other person, the person concerned **Person is not required to have health and nursing care insurance due to receipt of citizen's allowance.** However, you can apply for a subsidy under Section 3 if you or the other person insures themselves privately or voluntarily in the statutory health insurance scheme. ÿ If the above conditions **do not apply to you or the other person, the Compulsory insurance due to receipt of citizen's allowance. Please select a statutory health insurance provider and submit your membership certificate within two weeks.**

I have received the information sheet "Subsidy for health and nursing care insurance contributions (Section 26 SGB II)" and am familiar with its contents. I am informed of my right to switch to the basic tariff. I have acknowledged that if I am insured under a health and nursing care insurance tariff with a deductible and remain in this tariff, I will have to pay the deductible myself and this may result in financial burdens for me.

I am aware that, as a person with private health and nursing care insurance, I must bear the portion of the premium that exceeds the half-rate contribution in the basic tariff myself if I do not make use of the option to switch to the basic tariff.

|             |   |
|-------------|---|
| Place, date | Insurance holder's signature<br>(for minors: signature of the legal guardian) |
|-------------|---|

I have read the "Information sheet for beneficiaries without health and nursing care insurance" and am informed about the legal obligation to insure myself against the risk of illness and nursing care, as well as about the consequences of not being insured.

|             |  |
|-------------|--|
| Place, date | Signature of the uninsured person (in the case of minors: signature of the legal representative) |
|-------------|--|

**I confirm that the information is correct.**

|             |   |
|-------------|---|
| Place, date | Signature of applicant (in the case of minors: signature of legal representative) |
|-------------|---|

Editing notes  
To be filled out by the job center only

Membership certificate

Information sheet "Grant KV/PV" handed out

Leaflet "LB without KV/PV" handed out

In the following Sections were in the presence of the customer  
Customer made changes:

Hand signal, date

Signature of the customer