

**Please note that only the German version of this document is legally binding and has to be signed. This translation is only for assistance.**

Surname, given name:  
Date of birth:  
Birth name (if applicable):  
Personnel number, if already known:

Post code, city:  
Street, number:  
Telephone:

To  
Landesamt für Finanzen  
Dienststelle (administrative office)  
Bezügestelle (payroll office)  
Arbeitsgruppe (project team)

**Responsibility for employees  
of the University of Bamberg:**  
Landesamt für Finanzen  
Dienststelle Bayreuth  
Bezügestelle Arbeitnehmer  
Tunnelstraße 2  
95448 Bayreuth

**Application for exemption from statutory insurance  
as part of the supplementary benefits for public servants  
(Section 2 (2) Collective Agreement on Retirement Pensions – ATV –)**

<b>1</b>	<p><b>Applicant:</b> For my employment contract starting on _____, I request to be exempted from the statutory insurance as part of the supplementary benefits for public servants by the Federal and State Government Employees Retirement Fund (Versorgungsanstalt des Bundes und der Länder, VBL). I have read and understood the notes and explanations on the exemption from statutory insurance as part of the supplementary benefits for public servants. In particular, I am aware that</p> <ul style="list-style-type: none"><li>- the application for exemption from statutory insurance cannot be withdrawn;</li><li>- after exemption from statutory insurance, a change from optional to statutory insurance cannot be effected retroactively and is only possible on the first of the following month;</li><li>- the exemption ends as soon as the fixed-term employment is extended or continued beyond a period of five years;</li><li>- the exemption may also result in disadvantages with regard to supplementary benefit contributions;</li><li>- the employer makes contributions in my favour to a funded pension insurance with the VBL instead of the statutory insurance and that I furthermore have the possibility of taking out an optional insurance with the VBL and to supplement the employer's contributions with my own financial means.</li></ul> <p>I confirm that I have not had any previous periods of statutory insurance as part of a supplementary benefits system for public servants.</p> <p>Place, date <span style="float: right;">Signature</span></p>
<b>2</b>	<p><b>Employer's confirmation:</b> The employee is employed in an academic position within the meaning of Section 2 (2) of the Collective Agreement on Retirement Pensions (ATV). The place of employment is a college, university or research institution within the meaning of Section 2 (2) of the Collective Agreement on Retirement Pensions (ATV).</p> <p>Place, date <span style="float: right;">Signature, stamp</span></p>