



# Baden-Württemberg

LANDESAMT FÜR BESOLDUNG UND VERSORGUNG

## Erklärung zur Zusatzversorgung - Declaration regarding Supplementary Pension

**Please note:**

1. The following information is necessary for the payment of your remuneration. Please visit <https://lbv.landbw.de/das-lbv/kontakt/datenschutz> for information on data protection and the relevant legal provisions on the basis of which your data are collected. All questions must be answered, unless marked (optional).
2. Please note the attached explanations which are referred to in the document by (\*).

**1. Personal data**

Please check  or fill in as appropriate

Last name	First name	Date of birth	Personnel number / area of work

**2. Details regarding the supplementary pension scheme**

**2.1 Fill in this section only if you already are or if you were insured under a scheme with the Versorgungsanstalt des Bundes und der Länder – VBL (Pension Institution of the Federal Republic and the Länder).**

I am/was insured with VBL. Insurance number: \_\_\_\_\_

Contributions were paid for the following periods:

From \_\_\_\_\_ until \_\_\_\_\_

From \_\_\_\_\_ until \_\_\_\_\_

Upon my application, VBL reimbursed my contributions for the following periods:

From \_\_\_\_\_ until \_\_\_\_\_

From \_\_\_\_\_ until \_\_\_\_\_

**2.2 Fill in this section only if you were insured with a supplementary pension institution of the public service other than the VBL.**

I was insured with \_\_\_\_\_

Please state the exact name of the pension provider.

Contributions were paid for the following periods:

From \_\_\_\_\_ until \_\_\_\_\_

From \_\_\_\_\_ until \_\_\_\_\_

Proof is attached.

Upon my application, I was reimbursed for the following periods:

From \_\_\_\_\_ until \_\_\_\_\_

From \_\_\_\_\_ until \_\_\_\_\_

**2.3 Fill in this section only if you are insured under another supplementary pension scheme or if your pension entitlement is guaranteed.**

I am insured under such a scheme and/or am entitled to benefits in the future under a scheme with \_\_\_\_\_

Please state the exact name of the pension provider.

Proof is attached.

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**2.4\*** Fill in this section only if you were exempt from compulsory insurance under section 29 of the Collective Agreement on Pensions (Tarifvertrag Altersversorgung, ATV).

- I was exempt from compulsory insurance under the supplementary pension scheme.  
I have attached a copy of the official notification.

**Declaration**

I am aware that the information I have provided in this form may influence the amount I am paid. I confirm that the above information is both accurate and complete. I am aware that I am obliged to immediately communicate in writing any changes regarding this declaration to the Landesamt and that I will have to repay any excess amounts that I receive due to inaccurate information or failure to notify changes.

I am also aware that claims arising from my employment will lapse if I fail to assert them in writing within the definitive deadline of six months of such claims becoming due.

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Date, Signature

PLEASE FILL IN THE GERMAN FORM

**Landesamt für Besoldung und  
Versorgung Baden-Württemberg  
70730 Fellbach**

## **Explanatory Notes:**

### **Regarding number 2.2**

Other supplementary pension schemes include, for example, the Versorgungsanstalt der Bundespost (pension scheme for employees of the federal post offices), the Bundesbahnversicherungsanstalt (insurance fund of the federal railway), Versorgungsanstalt der deutschen Bühnen (pension scheme of German stage companies), Versorgungsanstalt der deutschen Kulturorchester (pension scheme of German orchestras), Pensionskasse Deutscher Eisenbahnen und Straßenbahnen (German railway and streetcar pension scheme) or the community pension schemes or supplementary pension schemes of churches.

Please find the application to merge periods of statutory insurance from different providers ("Antrag auf Überleitung bzw. auf gegenseitige Anerkennung von Versicherungszeiten in der Pflichtversicherung"), form V44, on the VBL website ([www.vbl.de](http://www.vbl.de)).

### **Regarding number 2.3**

You are covered by a different supplementary pension scheme if you are entitled to a pension under civil servants regulations or a retirement pension under retirement pension regulations (Ruhelohnordnung) and in case of compulsory membership in a different supplementary pension scheme, in case you pay increased contributions to the statutory pension insurance, in case of continuation of a life insurance, continuation of pension reserves, insurance with the knappschaftliche Rentenversicherung (pension insurance for miners) or if you receive a pension due to reduced working capacity or a compensatory benefit for former miners (Knappschaftsausgleichsleistung) under this class of pension scheme, in case of voluntary continued membership in the pension scheme of German stage companies or the pension scheme of German orchestras, or if you are entitled to receive a bridging pension.

### **Regarding number 2.4**

Persons who are exempt from the statutory insurance under section 29 are persons who were in employment on 31 December 1966 and who were not subject to compulsory insurance according to the membership/participation agreement between their employer and the supplementary pension provider and who did not apply for insurance with their employer.

In addition, these are employees whose supplementary pension was provided by a life assurance company and who did not apply to be insured under a collective agreement listed in section 40 subsection 3.