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Name _____
Forename _____
Street, _____
Building No _____
Post code, _____
city _____
Date of birth _____

**Application for exemption from compulsory insurance scheme in the public sector
Supplemental Pension Provision**

(Section 2 para. 2 Pension Provision Collective Agreement (Tarifvertrag Altersversorgung - ATV))

I have read the information memo from VBL regarding the special conditions according to Section 2 para. 2 ATV (VBLspezial Wissenschaftler West) and added it to my files. The VBLspezial is available in German and English under www.vbl.de or www.uni-kassel.de/einrichtungen/bhf/informationen-zur-vbl.html.

In particular, I am aware that

- this application can only be made to my employer **within 2 months after the start** of the employment relationship.
- Exemption is **not** possible if compulsory insurance already exists / has existed with the VBL or another public service supplemental pension institution (without a refund of contributions having been paid for this insurance period);
- The application for exemption from compulsory insurance cannot be withdrawn.
- Disadvantages may result from the exemption in the event of subsequent compulsory insurance occurring.
- The employee pays contribution for me into a voluntary, capital-covered insurance with VBL and I have the opportunity to agree voluntary insurance with VBL instead of the compulsory insurance.
- The exemption ends as soon as the fixed term employment relationship exceeds 5 years or it continued.
- There are differences between the benefit entitlement from compulsory insurance and voluntary insurance (VBLextra) that in turn may lead to difference in the subsequent pension.

I apply for an exemption from compulsory insurance in the public service supplemental pension insurance with the Versorgungsanstalt des Bundes und der Länder (VBL) for my employment relationship starting on _____ and state **that I have not previously had compulsory insurance with a public sector supplemental pension insurance provider.**

Date, employee's signature

Confirmation from the employing department (personnel department)

Received by the university on

The employee holds a academic position as defined in Section 2 para. 2 ATV.

The personnel number is: _____

Responsible BHF employee: _____

Date, signature, advisor, departmental stamp