**Mandatory social insurance for students**

The following information is provided in relation to mandatory social insurance for students:

 Individuals who are enrolled on a degree programme at a university or scientific or technical training at an institution of education and are also in paid employment are exempt from mandatory social insurance contributions to health, unemployment and care insurance if they do not work for more than 20 hours a week, irrespective of pay. In individual cases (such as employment at the weekend or during evenings and nights) longer weekly working hours may be permitted providing that the student invests the majority of their time and effort into studying.

In addition, students are also exempt from mandatory social insurance contributions to health, unemployment and care insurance if their employment, irrespective of the weekly working hours, is limited to no more than two months or takes place exclusively during the semester breaks. If part-time employment lasts for more than two months contrary to expectations, mandatory social insurance contributions must be paid after this period. If it becomes apparent earlier that the employment will last for a longer period, mandatory social insurance contributions must be paid as soon as this is known and not after the two-month period has expired.

Exemption from statutory pension contributions is only possible with a maximum employment period of three months in a year, irrespective of pay.

Students in marginal employment can apply for exemption to statutory pension insurance by submitting a written application to the Carl von Ossietzky University of Oldenburg under Section 6 (1b) SGB VI.

Students in part-time employment for more than 26 weeks (more than 20 hours a week) are considered as employees who are required to pay mandatory social insurance contributions. Mandatory social insurance contributions will begin on the day that it is evident that the employment period will be longer than 26 weeks. To determine whether the period of 26 weeks has been exceeded, all weeks where the student worked over 20 hours will be considered.

Individuals who are enrolled in a further education or doctoral degree programme must pay mandatory social insurance contributions.

Students who already have a university degree (for example Bachelor's degree, Master's degree or Diplom degree) must also pay mandatory social insurance contributions unless they are also enrolled in a second degree or Master's degree. Mandatory social insurance contributions will begin on the day after the Diplom examination or equivalent.

The pay threshold (Gleitzone) for low-income employment is between €450.01 and €850. In the case of low income employment, the employee makes reduced social insurance contributions which are measured on a sliding scale. Full contributions are due when monthly pay reaches €850. This has the consequence that low income remuneration must also be registered with the pension insurance institution. Students can apply in writing to the Carl-von-Ossietzky University of Oldenburg for exemption to the threshold (Gleitzone) regulation for calculating pension contributions.

In order to determine whether you are required to make mandatory social insurance contributions, please complete the details on the form overleaf and return it to me with any required documents.

**If you are currently employed or will be employed in the future, the monthly salary slips from your other employer are required to ensure that the correct social insurance contributions are made.**

|  |  |
| --- | --- |
| Surname, first name: | Address: |
| Social security number (Rentenversicherungsnummer) - Date of birth  | Tax identification number (steuerliche Identifikationsnummer) |

**Please complete** **[x]  as appropriate**

**Details for determining social insurance contributions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Degree programme details | No | Yes | Subject and degree pursued/achieved  | Start | Periods of interruption  | End |
| **First degree** | [ ]  | [ ]  |  |  |  |  |
| **Second degree** in another subject than the first degree | [ ]  | [ ]  |  |  |  |  |
| **Postgraduate study** in the same subject as my first or second degree. This will end/has resulted in a professional qualification. | [ ]  | [ ]  |  |  |  |  |
| **Doctoral degree** | [ ]  | [ ]  |  |  |  |  |
| **Additional study** with the purpose of further academic qualification  | [ ]  | [ ]  |  |  |  |  |
| **Supplementary study** specialisation in research related to my degree | [ ]  | [ ]  |  |  |  |  |

**Declaration of employment periods**

|  |
| --- |
| Declaration of all employment periods for the current year: |
| Employer | From | To | Days worked(e.g. Mon-Fri) | Hours per week | Monthly net pay in € | Evidence |
|  |  |  |  |  |  | [ ] Attached[ ] To follow |
|  |  |  |  |  |  | [ ] Attached[ ] To follow |
|  |  |  |  |  |  | [ ] Attached[ ] To follow |
| Is there an entitlement to holiday pay or other allowances within these employment periods? |
| [ ]  No [ ]  Yes, due in month / year Amount?  [ ]  Yes, due in month / year Amount? |

|  |  |  |
| --- | --- | --- |
| Did you receive payments from the Federal Employment Agency before employment?[ ]  Yes [ ]  No  | Were you registered as jobseeking with the Federal Employment Agency?[ ]  Yes [ ]  No | Did you make yourself available for work for the placement service of the Federal Employment Agency?[ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Which health insurance company are you a member of? | Nationality |

|  |
| --- |
| Social insurance- [ ]  is attached [ ]  will be submitted [ ]  has already been submitted [ ]  has not yet been issuedcertificate (copy)  |

|  |  |
| --- | --- |
| The enrolment certificate for the degree programme [ ]  is attached [ ]  will be submitted [ ]  has been submittedIt is not possible to verify the details without an enrolment certificate. | I confirm that the information given is complete and correct and acknowledge I have read the attached information.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |