Reset

D1M01GM

GKV-Spitzenverband
Deutsche Verbindungsstelle
Krankenversicherung -
Ausland
Postfach 20 04 64
53134 Bonn

GME1Men

Regular employment with several employers in different Member States

– Article 13(1) of Regulation (EC) 883/04 –

Questionnaire for determining the applicable legislation on social security and issuing certificate A1

1. Details on the person

Sex* ☐ male ☐ female ☐ unkown

Last name* First name* Title

Name at birth Date of birth* 00.00.0000 Country code

Place of birth* Country of birth* Nationality*

German pension insurance number

The State of Residence (centre of vital interests) is Germany:* ☐ yes ☐ no

Street/Number

Postal code* Town* State* DE

Phone number Fax

E-mail address

2. Details on social security*

☐ Health insurance with a **German statutory health insurance fund**

☐ Health insurance with a **German private health insurance company**

Please only fill in the following field in case of private health insurance cover and simultaneous membership with a professional pension scheme (Versorgungswerk):

Name of the professional pension scheme

Membership no

☐ Social insurance with an institution or company **abroad**

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* Mandatory

3. Details regarding the employers

3.1 Name/company name*

Street/Number*

Additional information

Postal Code* Town* State*

Company number in Germany (if available)

Identification number for social insurance purposes in the State of domiciliation (if not Germany)

Legal form of the company*

- ☐ partnership or company limited by shares (e.g. OHG, KG, GmbH, AG)
- ☐ public employer (e.g. Federation [Bund], Land, municipality, or public-law corporation or foundation)
- ☐ Other (e.g. registered association [eingetragener Verein]

Economic sector*

- ☐ Agriculture, Forestry and Fishing
- ☐ Mining and quarrying
- ☐ Manufacturing
- ☐ Electricity, gas, steam and air conditioning supply
- ☐ Water supply; sewerage, waste management and remediation activities
- ☐ Construction
- ☐ Wholesale and retail
- ☐ Transport (without freight transport by road) and Storage
- ☐ Transport (freight transport by road)
- ☐ Accommodation / Food service activities
- ☐ Information and communication
- ☐ Financial and insurance activities
- ☐ Real estate activities
- ☐ Professional (freelance), scientific and technical activities
- ☐ Other economic services (without personnel placement services)
- ☐ Personnel placement services
- ☐ Public administration, Defence, Social Security
- ☐ Education
- ☐ Health and social work activities
- ☐ Arts, entertainment and recreation
- ☐ Other service activities
- ☐ Private households

Contact person for queries

Last name First name

Phone number Fax

E-Mail address Reference

Start of employment relationship 00.00.0000

End of employment relationship (if time-limited) 00.00.0000

* Mandatory

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3.2 Name/company name*

Street/Number*

Additional information

Postal Code* Town* State*

Company number in Germany (if available)

Identification number for social insurance purposes in the State of domiciliation (if not Germany)

Legal form of the company*

- ☐ partnership or company limited by shares (e.g. OHG, KG, GmbH, AG)
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Contact person for queries

Last name First name

Phone number Fax

E-Mail address Reference

Start of employment relationship 00.00.0000

End of employment relationship (if time-limited) 00.00.0000

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4. Angaben zur Beschäftigung

4.1 General information

Determination of the applicable legislation on social security and issuing of certificate A1 is requested for the following period: from* 00.00.0000 to* 00.00.0000

A certificate E101 or document A1 (copy attached) has already been issued for the following period from* 00.00.0000 to* 00.00.0000

4.2 Information on employment carried out in two or more Member States

Employment will presumably be carried out on **at least one day per month or five days per quarter** in the **next 12 calendar months** in these Member States:

Germany* ☐ yes ☐ no No fixed place of work Address of place of work:

Name

Street/Number

Postal code Town

In the **next 12 months** the share of the working time/the remuneration **in Germany** will

be **less than 25** .

be **more than 25% or exactly 25%.**.

The employed person is selecting/has selected the following **German statutory health insurance fund** in order to examine and ensure social security coverage:

Name

If the employed person does not make use of his/her right to choose or if there is private health insurance cover, the employer selects the following collecting agency for the total social security contribution (**German statutory health insurance fund**):

Name

and/or in the following Member State(s): **Country code**

☐ Member State* No fixed place of work Address of place of work:

Name

Street/Number

Postal code Town

☐ Member State* No fixed place of work Address of place of work:

Name

Street/Number

Postal code Town

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* Mandatory

☐ Member State* | No fixed place of work | Address of place of work:

Name

Street/Number

Postal code Town

☐ Member State* | No fixed place of work | Address of place of work:

Name

Street/Number

Postal code Town

☐ Member State* | No fixed place of work | Address of place of work:

Name

Street/Number

Postal code Town

☐ Member State* | No fixed place of work | Address of place of work:

Name

Street/Number

Postal code Town

5. Declarations*

5.1 Declaration by the employed person

I hereby declare that all information concerning myself corresponds to the actual facts and circumstances and has been provided to the best of my knowledge. I am aware of the fact that checks may be carried out in all the Member States where a part of the activity is pursued and that incorrect information in this questionnaire – also if given in error – may lead to revocation of the certificate A1 and thus to application of the legislation of another Member State. This also applies to past periods. I undertake to immediately inform the GKV-Spitzenverband, DVKA in particular if

- **employment is not or no longer pursued in several Member States,**
- **one or both of the employment relationships end(s),**
- **changes occur with regard to personal details (address etc.) or information on employers (renaming of the company etc.)**

  or

- **other changes occur with regard to my employment situation (taking up of additional employment, self-employed activity, etc.).**

00.00.0000

Place and Date | Employee's signature

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5.2 Declaration by the employer under 3.1

We hereby declare that all information concerning us corresponds to the actual facts and circumstances and has been provided to the best of our knowledge. We are aware of the fact that checks may be carried out by the competent authorities in all the Member States where a part of employment is pursued and that incorrect information in this questionnaire – also if given in error – may lead to revocation of the certificate A1 and thus to application of the legislation of another Member State. This also applies to past periods. We undertake to immediately inform the GKV-Spitzenverband, DVKA in particular if

- **employment is not or no longer pursued in several Member States,**
- **the employment relationship ends**

  or

- **changes occur with regard to personal details (address etc.) or information on employers (renaming of the company etc).**

00.00.0000

Place and Date

Employer's stamp and signature

5.3 Declaration by the employer under 3.2

We hereby declare that all information concerning us corresponds to the actual facts and circumstances and has been provided to the best of our knowledge. We are aware of the fact that checks may be carried out by the competent authorities in all the Member States where a part of employment is pursued and that incorrect information in this questionnaire – also if given in error – may lead to revocation of the certificate A1 and thus to application of the legislation of another Member State. This also applies to past periods. We undertake to immediately inform the GKV-Spitzenverband, DVKA in particular if

- **employment is not or no longer pursued in several Member States,**
- **the employment relationship ends**

  or

- **changes occur with regard to personal details (address etc.) or information on employers (renaming of the company etc).**

00.00.0000

Place and Date

Employer's stamp and signature

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Data protection remarks:
The information contained in this request is required by the GKV-Spitzenverband, DVKA in order to meet its legally defined tasks. Data is collected and electronically stored and used exclusively in compliance with regulations on data protection. Further information on data protection and your rights in this regard is available at: https://www.dvka.de/de/global/datenschutz_gmeen.html

* Mandatory