

Apothekerversorgung
Schleswig-Holstein
Düsternbrooker Weg 75
24105 Kiel, Germany

PENSION APPLICATION

<input type="text"/>				<input type="text"/>				<input type="text"/>			
LAST NAME				FIRST NAME				TEL.:			
HOME ADDRESS:											
<input type="text"/>				<input type="text"/>							
DATE OF BIRTH:				PLACE OF BIRTH:				<input type="text"/>			
<input type="text"/>				<input type="text"/>				PENSION PAYMENT FROM (DATE): <small>(the pension is paid on the 20th of each month)</small>			
MEMBERSHIP NO.:											
DO YOU HAVE ELIGIBLE DEPENDENTS? <small>(spouse, children under the age of 27 in full-time education)</small>											
				<input type="checkbox"/> YES				<input type="checkbox"/> NO			
BANK ACCOUNT INFORMATION											
<input type="text"/>						<input type="text"/>					
ACCOUNT NO.:						SORT CODE:					
<input type="text"/>											
IBAN:											
<input type="text"/>											
BIC:											
<input type="text"/>											
BANK:											
<input type="text"/>											
HEALTH INSURANCE (private): <small>If you have private health insurance, please provide a certificate from your health insurer confirming that the insurance cover provides benefits corresponding those of statutory health insurance in accordance with the German Social Security Code, Vol. 5 (SGB V).</small>											
<input type="text"/>											
HEALTH INSURANCE (statutory):											
<input type="text"/>											
HEALTH INSURANCE NO.:											
<small>If you have statutory health insurance, please also indicate whether you have children (including adults)</small>											
CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO											
PLEASE NOTE: The Apothekerversorgung (Pharmacists' Pension Fund) does not supplement contributions!											
<input type="text"/>											
TAX IDENTIFICATION NUMBER (11-digit):											
<input type="text"/>											
<input type="text"/>											
DATE				SIGNATURE							