

Apothekerversorgung
Schleswig-Holstein
Düsternbrooker Weg 75
24105 Kiel, Germany

APPLICATION FOR A DISABILITY PENSION

<input type="text"/>			<input type="text"/>			<input type="text"/>		
LAST NAME			FIRST NAME			TEL.:		
<input type="text"/>								
HOME ADDRESS:								
<input type="text"/>			<input type="text"/>					
DATE OF BIRTH:			PLACE OF BIRTH:			<input type="text"/>		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
MEMBERSHIP NO.:			PENSION PAYMENT FROM (DATE): <small>(the pension is paid on the 20th of each month)</small>					
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					