APOTHEKERVERSORGUNG
SCHLESWIG-HOLSTEIN

**Apothekerversorgung Schleswig-Holstein**
Düsternbrooker Weg 75
24105 Kiel

**Questions or concerns?**
We are here to assist you.

Telefon: 0431 579 3550
Telefax 0431 579 3560
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Internet: www.av-sh.de

# Application for a disability pension

Last name | First name | Tel.

Home Adress

Date of birth | Place of birth

Membership No. | Pension payment from (Date)
(The pension is paid on the 20th of each month)

Do you have eligible Dependents?
(Spouse, children under the age of 27 in full-time education) ☐ Yes ☐ No

## Bank Account Information

D E

IBAN

BIC

Bank

Health Insurance (private)
If you have private health insurance, please provide a certificate from your health insurer confirming that the insurance cover provides benefit statutory health insurance in accordance with the German Social Security Code, Vol. 5 (SGB V).

Health Insurance (statutory)

Health Insurance No.
If you have statutory health insurance, please also indicate whether you have children (including adults)

Children: ☐ Yes ☐ No

**Please note:** The Apothekerversorgung (Pharmacists' Pension Fund) does not supplement contributions!

Tax Identification Number (11-digit)

Place, Date | Signature