

Have you received a statement from us for the receipt of sickness benefit?

On the following pages, you will find a **translation guide.** Please answer the questions on the **form in German language** that you received by ground mail, and return it to us signed. This is **important** so that we can check your entitlement to sickness benefit. Thank you very much.

Background information:

AOK-insured employees who are incapacitated for work for more than six weeks can receive sickness benefit for a certain period of time. This way you are financially secure. Sickness benefit starts after the continued payment of wages by the employer or the continued payment of benefits by the employment agency.

In order to pay sickness benefit, the AOK Lower Saxony needs a doctor's confirmation of how long you have been unable to work. The doctor's practice usually sends us this information electronically. If this is not possible in the practice for technical reasons, please submit the doctor-signed paper printout to us.

The entitlement to sickness benefit starts on the day on which it was medically determined that you are unfit for work. The certificate of incapacity for work indicates the expected duration. Please pay attention to the day until which you are on sick leave. At the latest on the next day, further incapacity to work must be certified by a doctor if it persists. If this is a Saturday, Sunday or public holiday, it is sufficient that the incapacity for work is established on the next working day at the latest. If your practice is on holiday at that time, please contact a substitute.

If all the conditions are met, we will transfer the sickness benefit to your account. The payment is made retroactively - always up to the day on which the incapacity for work was last medically certified.

Important information on the questionnaire:

Please enter your tax identification number. This consists of 11 digits. You will find it at the top left of your tax statement.

Declaration for the receipt of sickness benefit

Please fill in front and back. Thank you very much.

Name, first r KV-Nr.: XXX					to work	from: X	XXXXXX	<u>(XXXXX</u>	<u>XX</u>
Please transf	er my sickne	ess benefi	it to th	e bank a	.ccount ir	ndicated.			
IBAN (Interna	tional Bank	Account	Number))					
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BIC (Bank Ide	ntifier Code))							
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Account hold			•			XXXXX	XXXXX	<u>(X</u>	
XX	X	X	X	X	X	X	X	X	X
Voluntary ind	ned by telep			ndline)*					
XXXXXXXX	XXXXXXXX	(XXXXX	XXX (Mo	bile Phor	ne)*				
I still partially worked on XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
I have applied for a benefit for medical rehabilitation									
I receive α pension							no		
I have been re					m the				
I have applied for a pension						no			
I was at the _	XXXXXX at	the XXX	(XXXXX	XXXXXX	<u>(XXXXX</u>	XXXXX	<u>(XXXXX</u>	XXXXX	<u>XX</u>
applied for a	XXXXXXX	XXXXX	XXXXX	XXXXX	XX pen	ision.			

I have changed employer in the last 12	2 calendar months	ges no				
If yes, were contributions from one-time during this period? (e.g. holiday pay, C		☐ yes ☐ no				
If yes, please attach relevant evidence	e from your former employer.					
I have agreed on flexible working time	arrangements (e.g. partial ret	tirement) 🗌 yes 🗌 no				
The data is collected and processed for the fulfilment of our tasks pursuant to § 284 para. I sentence I no. 4 SGB V for the purpose of paying sickness benefits according to §§ 44 ff. Your cooperation is required according to § 60 SGB I. Lack of cooperation can lead to disadvantages in benefit entitlements. Recipients of your data may be third parties or service providers commissioned by us within the scope of legal obligations and notification powers. General information on data processing and your rights can be found at www.aok.de/nds/datenschutzrechte. If you have any questions, please contact your contact person named in the letter or our data protection officer.						
*The respective telephone numbers are provi questions regarding the payment of sickness with effect for the future.	<u> </u>	•				
Furthe	r explanations and notes					
I will inform you of any changes witho I am aware that will not be paid if I period of incapacity for work. I am als refunded.	receive remuneration or incom	~				
If there is an entitlement to a allower inform my employer of the following: tas the date on which payment begins.	the amount of the daily gross (-				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				