



# Baden-Württemberg

LANDESAMT FÜR BESOLDUNG UND VERSORGUNG

**Erklärung und Änderungsmitteilung zum Zuschuss für den Pflegeversicherungsbeitrag nach § 61 SGB XI für in der sozialen Pflegeversicherung Versicherte ab \_\_\_\_\_ - Declaration and Notice of Change regarding the Contribution to Long-Term Care Insurance according to Section 61 of the Eleventh Social Code (Elftes Sozialgesetzbuch, SGB XI) for Members Social Long-Term Care Insurance as of \_\_\_\_\_**

**Please note:**

The following information is necessary for the payment of your remuneration. Please see the information sheet on data protection ("Merkblatt zum Datenschutz") for information on the relevant legal provisions on the basis of which your data are collected. All questions must be answered, unless marked (optional).

**1. Personal data**

Please check  or fill in as appropriate

Last name	First name	Personnel number / area of work
Date of birth	Phone number (optional)	

**2. Insurance details**

As a voluntary member of statutory health insurance I pay contributions to social long-term care insurance with the following

health insurance provider

in (city)

I have attached a confirmation from the health insurance provider/long-term care insurance provider.

The confirmation will be sent directly from the long-term care insurance provider.

**Declaration**

I hereby confirm that the information provided above is both accurate and complete. I am aware that I am obliged to immediately inform the Landesamt of any changes with regard to my insurance and that I am obliged to pay back any excess amounts received due to failure, delay or incomplete information.

I am aware that I cannot waive the contribution as long as I meet the prerequisites.

\_\_\_\_\_  
Date, Signature

**Landesamt für Besoldung und  
Versorgung Baden-Württemberg  
70730 Fellbach**