



## – Landesgraduiertenförderung Program –

### Application for a Health Insurance Subsidy

#### Information about eligibility for this subsidy:

If you are a part of the obligatory public health insurance system (*pflichtversichert in der gesetzlichen Krankenversicherung*) through an employment contract, you are not eligible to apply for this subsidy. However, if you are voluntarily insured in the public health insurance system (*freiwillig versichert in der gesetzlichen Krankenversicherung*) or if you have private health insurance that has the same coverage as public health insurance (basic or full policy), you are eligible to apply for the health insurance subsidy.

#### Information about the amount of the health insurance subsidy:

The health insurance subsidy can be granted in the amount of up to 50 % of the demonstrated cost of your health insurance and up to a maximum of 100 Euro per month. When calculating the amount of the subsidy, we will take into account your basic health insurance premium and, if applicable, additional premiums. Premiums for long-term nursing care (*Pflegeversicherung*) will not be taken into account.

#### Technical information for completing this form:

Please save this PDF on your computer **both before and after filling it out** in order to ensure that your data is transferred correctly.

**Mac OS users:** Please use the [Adobe Reader for Macintosh](#) rather than the integrated Mac OS Preview. Using the Preview may cause your data to be incorrectly displayed in Windows.

#### Contact:

Please submit this application for a health insurance subsidy with the necessary documentation by postal mail to the Graduate Academy:

Graduiertenakademie Universität Heidelberg – Im Neuenheimer Feld 370 – 69120 Heidelberg

If you have any questions, please contact Ms. Elif Avcu: [elif.avcu@uni-heidelberg.de](mailto:elif.avcu@uni-heidelberg.de)

#### 1. PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Email: \_\_\_\_\_ LGF identification no. (if applicable): \_\_\_\_\_

#### 2. INFORMATION FOR THE PAYMENT OF THE HEALTH INSURANCE SUBSIDY

*(not necessary if you are submitting this form along with the LGF Form 1.03 or if you have already submitted Form 1.03 and there have been no changes to this information since then)*

##### 2.1 Bank account information

Account holder: \_\_\_\_\_ Bank: \_\_\_\_\_

SWIFT/BIC: \_\_\_\_\_ IBAN: \_\_\_\_\_

## 2.2 Information about employment at Heidelberg University<sup>1</sup>

a) I am an employee of Heidelberg University or am related to  Yes → go to b)  No  
an employee at Heidelberg University

b) Please enter the 8-digit LBV personnel number of the employee  
*this refers to the first 8 digits of the "Personalnummer" (before the slash)*

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## 3. INFORMATION ABOUT YOUR HEALTH INSURANCE

I have voluntary health insurance with a:

public health insurance provider (*gesetzliche Krankenkasse*) OR

private health insurance company

Name and address of your health insurance provider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am applying for the health insurance subsidy to begin on (date) \_\_\_\_\_.

*Please note: The health insurance subsidy will be granted at the earliest from the month in which the LGF funding begins and all of the necessary documentation\* has been received by the Graduate Academy. Payment of the subsidy can only begin on the first of the month.*

(Expected) amount of your monthly health insurance premium: \_\_\_\_\_ Euro

If applicable, (expected) amount of additional monthly premium(s): \_\_\_\_\_ Euro

### \* Please submit the following additional documents:

- Proof of your voluntary membership with a public health insurance provider (*gesetzliche Krankenkasse*) or proof of your coverage by a private health insurance company with at least the same coverage as public health insurance (basic or full policy)
- Proof of the amount of your health insurance premium (can be submitted later)

## DECLARATION

I hereby confirm that the information provided above is correct and complete. I will immediately inform the Graduate Academy in writing of any changes to the above information.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

## **<sup>1</sup> Information about employment at Heidelberg University for the payment of the health insurance subsidy**

Legal obligations with regard to taxation and social security make it necessary for Heidelberg University to collect this information in order to make payments to third parties. The information that you provide will have no effect on the payment of the subsidy.

If, as a recipient of this funding, you are also employed by Heidelberg University (not including the University Hospital – Universitätsklinikum), you must indicate your LBV personnel number on the payment forms. You must provide the LBV personnel number of a relative only if it is not you, but rather a relative as determined by §15 of the “Abgabenordnung” (see page 2) who is an employee of the university. If you have more than one relative who is an employee of Heidelberg University, you must provide the LBV personnel number of only one of these relatives. To determine which relative, please use the ranking as provided by §15 of the “Abgabenordnung” below.

### List of relatives according to § 15 “Abgabenordnung”:

(1) Relatives are:

1. a fiancé(e)
2. a spouse or civil partner
3. parents, children, grandparents, grandchildren and in-laws
4. siblings,
5. children of siblings,
6. spouses or civil partners of siblings and siblings of spouses and civil partners
7. siblings of parents
8. people with whom you have a long-term relationship involving care-giving and with whom you live in the same household (e.g. foster parents and foster children).

(2) The people listed in paragraph 1 are considered to be relatives even if, in cases 2, 3 and 6, the marriage or civil partnership that was the basis of the relationship has ended.