PKDW
Pensionskasse für die Deutsche Wirtschaft

Pensionskasse
für die Deutsche Wirtschaft
Postfach 10 10 54
47010 Duisburg

Applicant:

Membership number

Surname, first name

Street, number

Postcode, town/city

Phone number in case of further questions (not mandatory)

Email address in case of further questions (not mandatory)

Application for Occupational Invalidity Pension

I hereby apply for my PKDW occupational invalidity pension from

Date PKDW pension to start

Please transfer my pension to this account

IBAN

Swift-BIC

Bank

My health insurance provider is

Name of health insurance provider

Postcode, town/city

My tax ID number is

11-digit tax ID number

Membership number

☐ I have a child / several children

Please enclose appropriate proof with your application, e.g. birth certificate, certificate of parentage, adoption certificate, etc.

Information on the 1st child

Surname, first name

Date of birth

Information on the 2nd child

Surname, first name

Date of birth

Information on the 3rd child

Surname, first name

Date of birth

Information on the 4th child

Surname, first name

Date of birth

Information on the 5th child

Surname, first name

Date of birth

Note: The pension fund requires this information as part of the notification to your health insurance fund. The contribution rate in the statutory long-term care insurance depends on the age and number of your children. If you have private health insurance, you settle your long-term care insurance directly with your health insurance fund; you can skip this point.

Membership number

Please find enclosed official proof of my date and place of birth
(e.g. uncertified copy of the birth certificate)

I have enclosed the insurance certificate
I do not have the insurance certificate

You will find pages 1–3 of a copy of my pension notice enclosed

I enclose authorisation for the German pension insurance scheme to disclose information

Note: You will be required to discuss your application further with the German pension insurance scheme in order to clarify to what extent illness, infirmity or loss of physical or mental capacity are causes of your reduced capacity. The German pension insurance scheme will only provide us with information if they have an original copy of your written consent.

You are, of course, allowed to ensure that any data that is not relevant for the pension fund in carrying out the contract cannot be used to identify you personally.

The personal data relating to the insurance contract will be processed in accordance with the requirements of the EU General Data Protection Regulation (GDPR) and the new version of the Federal Data Protection Act (BDSG) within the meaning of Article 4 (2) GDPR.

I have answered the questions above fully and truthfully.

Date, signature

For children under 18: signature of the person with parental responsibility also required

Annex to Application for »Occupational Invalidity Pension«

Pension insurance scheme no.

Membership number

Surname, first name

Street, number

Postcode, town/city

Authorisation

I hereby authorise Pensionskasse für die Deutsche Wirtschaft, Am Burgacker 37, 47051 Duisburg,
to request the following information / documents from the pension insurance scheme named above in order to determine the conditions for granting an occupational disability pension:

> that photocopies of the documents in the files relating to decisions be forwarded, along with medical reports, and

> that answers to the following questions be provided:

1. Which health disorders caused the reduction in capacity?
2. When did the causes first appear?
3. Does the insured have reduced capacity to work but is capable of working more than three hours per day and earning more than half of their previous income?
4. Are the conditions in the labour market a deciding factor in granting a pension on the grounds of reduced capacity?

I agree with the documentation requirements/questions and expressly release the pension insurance scheme responsible for my pension for reduced capacity from the duty of confidentiality:

Signature surname and first name

Date authorisation given

Original to be returned to PKDW

Pension insurance scheme no.

Membership number

Surname, first name

Street, number

Postcode, town/city

Authorisation

I hereby authorise Pensionskasse für die Deutsche Wirtschaft, Am Burgacker 37, 47051 Duisburg,
to request the following information / documents from the pension insurance scheme named above in order to determine the conditions for granting an occupational disability pension:

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1. Which health disorders caused the reduction in capacity?

2. When did the causes first appear?

3. Does the insured have reduced capacity to work but is capable of working more than three hours per day and earning more than half of their previous income?

4. Are the conditions in the labour market a deciding factor in granting a pension on the grounds of reduced capacity?

I agree with the documentation requirements/questions and expressly release the pension insurance scheme responsible for my pension for reduced capacity from the duty of confidentiality:

Signature surname and first name

Date authorisation given

Copy for your records