

Oktober

2009



Works Council

Rhine Area Labour Support Unit
Mönchengladbach u. Elmt



INFORMATION ON TARIFF AGREEMENT SOCIAL SECURITY (TASS)

Content explanation with guidance regarding the tariff agreement which applies for BFG in case of reduction of personnel due to military reasons (e.g. closure and/or relocation of units).



Information on Tariff Agreement Social Security (TASS)

1. The following explanations will inform you
 - on which conditions you are entitled to a Bridging Payment according to the Collective Tariff Agreement on Social Security (TASS),
 - which formalities are to be observed when applying,
 - how the procedure for processing the applications works,
 - which points of contact can help you with queries regarding TA Social Security.

2. **These explanations contain general information and are not legally binding!**

Tariff regulations are the exclusive legal basis for granting the benefits.

I. General Information

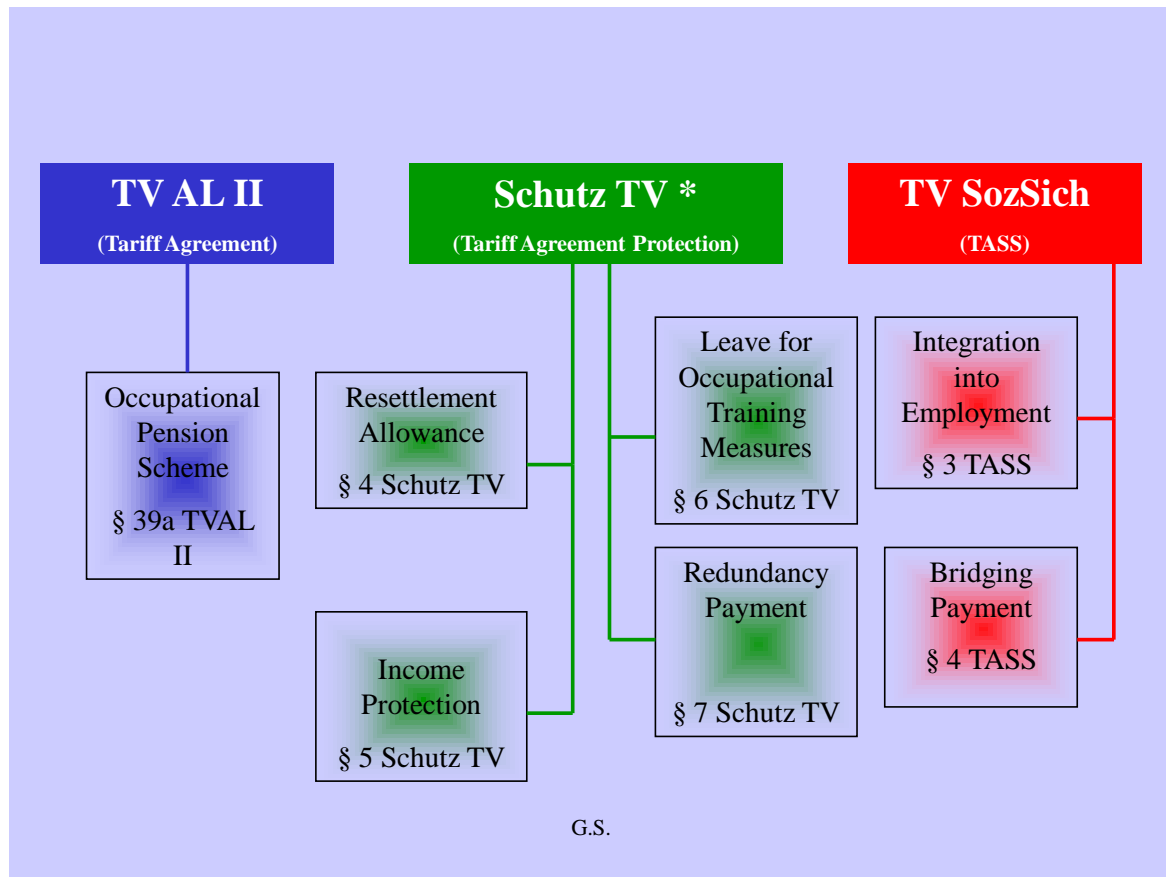
- Integration into employment is the most important task of TASS.

As far as rehabilitation is not possible, this tariff agreement stipulates Bridging Payment for long-term employees to another employment, liable to social security contributions with **more** than 21 working hours per week and **more** than 91 working hours per month.
- In order to be in a position to receive a Bridging Payment, e.g. in conjunction with Unemployment Benefit, from the very first day of termination of your employment, you should report this immediately in person after obtaining knowledge of notice, or after concluding a termination agreement to the local "Agentur für Arbeit" (Employment Agency).
- Kreis Soest, Pay Office, is responsible for processing your application for Bridging Payment as well as for calculating and paying the Bridging Payment.
- The Bridging Payment can only be calculated after presentation of your income of the first complete month after termination of your employment with the forces. Bridging Payment will be transferred at the end of the respective month for the previous month.
- In your own interest please check that your documentation is completed correctly, and presented to the Pay Office in due time.
- Bridging Payments which were made due to incorrect, incomplete or omitted statements submitted with intent or through gross negligence must be paid back in full.



II. Which Tariff Regulations Apply to Employees of the Stationing Forces who have been Affected by Staff Reductions?

The following survey describes the tariff regulations for employees affected by staff cut of the Stationing Forces in Germany.



Further information on Tariff Agreement Protection (Schutz TV) is available at the responsible Labour Support Unit of the Stationing Forces.

The following explanations only describe issues regarding Bridging Payment according to TASS.



III. Which Conditions Entitle you to Bridging Payment?

If the following factual and personal requirements have been met, you will be entitled to Bridging Payment:



Factual Conditions

A dismissal must be the consequence of the following:

- due to a reduction in troop reductions (Article 2, No. 1a TASS)
- or**
- as a result of closure of agencies or units, or their relocation to a place outside the commuting area of the present permanent place of employment, for military reasons ordered by the highest service authority (Article 2, No. 1b TASS)
- and**
- this must have been agreed by the Federal Ministry of Finance.



An annulment contract can, in certain circumstances, outside the agreed scale rate, be on equal terms with a dismissal due to staff cut. Before you conclude this contract you should contact the Pay Office (Kreis Soest, Pay Office).



Personal Requirements

At the time of dismissal you must

- have been employed full time for at least 1 year – i.e. worked at least 18 regular hours per week (Article 2, No. 2a TASS)
- and**
- prove a reckonable period of employment of at least 10 years (Article 2, No. 2b TASS) and are over 40 years old
- and**
- have had your permanent residence in the last five years in the area to which TV AL II (Article 2, No. 2c TASS) applies– those who cross borders into other EU countries are subject to



special regulations

and

- not yet have shortened or unshortened entitlement to a pension from the statutory pension insurance (Article 2, Section 2d TASS)

and

- not have declined any other reasonably acceptable employment (Article 2, No. 3 TASS).

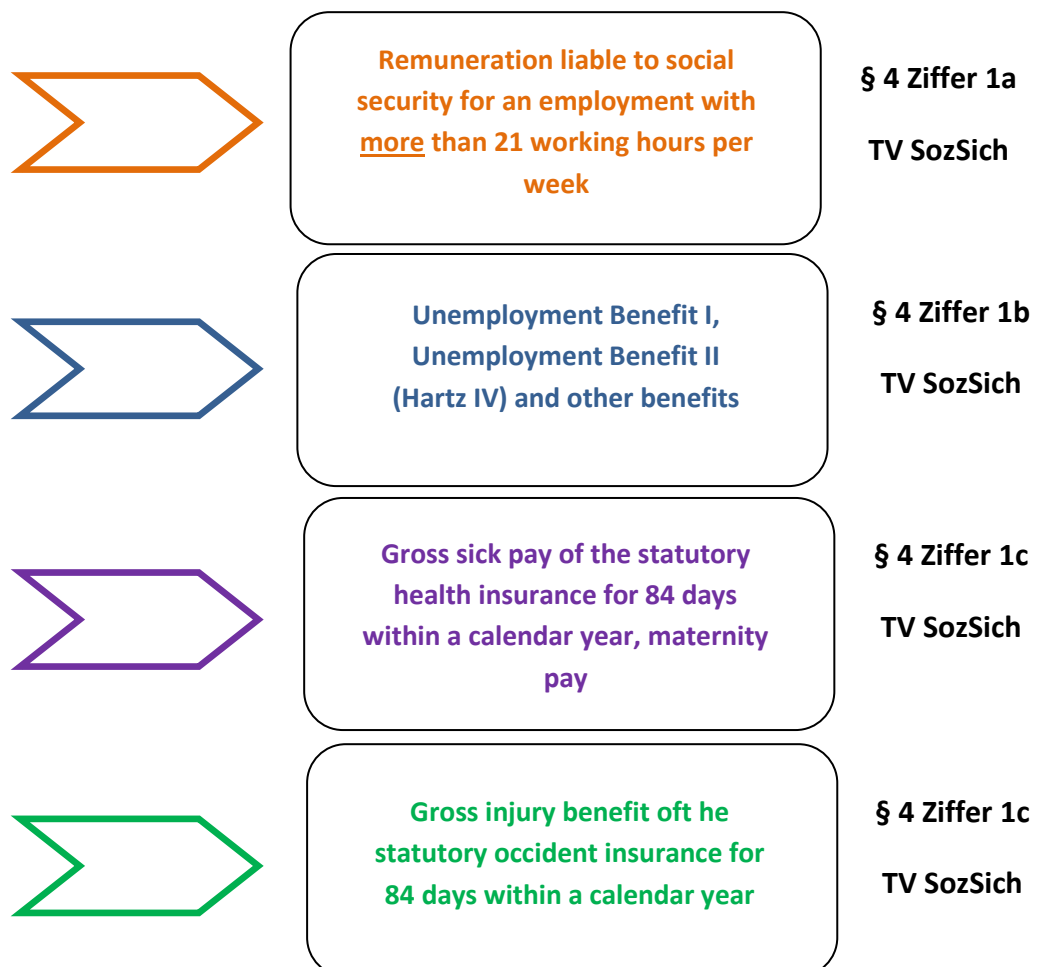


The Bridging Payment can only be granted if you can prove a certain income.

IV. What Kind of Income are a Requirement for Bridging Payment?

The Bridging Payment can only be granted if you receive a certain income (☞ linked benefits).

In particular, the following types of income are considered to be “linked benefits”:



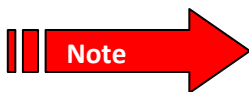


In case of doubts whether your income is recognised as “linked benefit”, you should contact the Pay Office (Kreis Soest, Pay Office).

V. When Does your Entitlement to Bridging Payment End?

The entitlement to Bridging Payment **no longer** applies when you

- were dismissed without notice from a new work position after your initial dismissal
- or
- receive a pension due to full reduced earning capacity
- or
- could receive a pension (even though reduced) before you are 65 years old from the statutory pension insurance on due application
- or
- are at least 65 years of age.



In general a **pension** from the statutory pension insurance can be drawn by women, unemployed, severely disabled, long-term policy holders before they reach the normal retirement age. (The earliest date from which to draw a pension is detailed in the pension information of the German Pension Fund.)

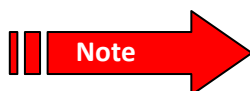
If the requirements for receiving or prematurely drawing a pension are met, the claim to Bridging Payment will end, even when the pension is not drawn in reality.

VI. How Long Will the Bridging Payment be Made?

The timeframe for an entitlement to Bridging Payment depends on the number of reckonable years of employment with the Stationing Forces and on the age you have reached on the date of your dismissal; the timeframe for the entitlement begins with the day after the dismissal; it ends with the termination of the entitlement. See table below:



Documentary proof of an employment period of at least	and having reached the following age	You will receive Bridging Payment expiring at the end of
10 years	40 years	2 years
10 years	45 years	3 years
10 years	50 years	4 years
15 years	40 years	3 years
15 years	45 years	4 years
15 years	50 years	5 years
20 years	55 years	until reaching the earliest possible statutory entitlement to a pension
25 years	50 years	



Please also refer to the explanations under V.

VII. Which other Income is Offset Against Bridging Payment?

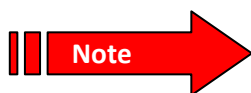
In case you have other income besides the “linked benefits”, it is to be offset against the Bridging Payment:

This covers especially the following income:

- Christmas bonus, Summer bonus and other bonuses and one-time payments for your employment, as far as not yet considered in the monthly remuneration,
- compensation for leave and compensation for dismissal (redundancy) arising from termination of another employment,



- pension due to partially reduced earning capacity,
- occupational disability pension,
- pension from the statutory accident insurance,
- widow's/widower's pension,
- pensions and related benefits (e.g. widow pensions and military pension according to British law),
- benefits for non self-employment, second jobs or voluntary work.



These benefits are also to be offset if the entitlement is reduced or cancelled because you have failed to file the required application.

VIII. Application Procedures

Please file your application (annex 1) for Bridging Payment with Kreis Soest, Pay Office, immediately after termination of your present job with the Stationing Forces, **no later, however, until the end of 3 months** after the date of dismissal.

The following procedure is applied by Kreis Soest, Pay Office:

- RHINE ALSU Mönchengladbach will send the dismissal certificate (annex 3) to Kreis Soest, Pay Office.
- The Pay Office will automatically send the application form (annex 1) to the employee together with a covering letter.
- After receipt of the application, an acknowledgement of receipt will be sent to the applicant.
- At the same time, he/she will be informed about the assessment basis and the term of the entitlement to the Bridging Payment in a covering letter.
- The form "Proof of Income and Advice of Amendment (annexes 2/1 and 2/2)" will be sent to him/her as attachment for 12 months.
- This form must be submitted until the 10 of each month for the previous month in order to receive benefits.

Kreis Soest, Pay Office, can give binding information in each individual case only.

IX. Which Further Information is to be Provided?



Different details are required depending on the “linked benefit” for which the Bridging Payment is requested.

**Bridging Payment in Addition to Remuneration
for a New Employment**

- **Contract of employment** (copy)
It must contain details, start date of the employment, the activity carried out, the weekly/monthly working hours as well as the amount of the remuneration.
- **Income tax card** (original)
An additional income tax card is required, as the Bridging Payment is **always liable to tax**. It is up to you which tax card you present to Kreis Soest, Pay Office, and which one to your new employer.
- **Form “Proof of Income and Advice of Amendment” (original) – see annexes 2/1 and 2/2**
You are to submit this form monthly without delay for benefits for the previous month.
- **Payslip** (copy)
The payslip to be submitted must contain your gross earnings, the statutory deductions and the net earnings.

Should no salary printout be produced in case of **constant monthly remuneration**, the presentation of a copy of a bank statement showing the transfer for the respective accounting period will suffice.

**Bridging Payment in Addition to Unemployment Benefit I /
Unemployment Benefit II and Other Benefits**

- **Notice of granting Unemployment Benefit I / Unemployment Benefit II and other Benefits**
- The notice of granting Unemployment Benefit as well as notices of amendment or cancellation are to be submitted to Kreis Soest, Pay Office.
- **Receipt of payments** (copy)
As a proof of received payments, please submit a copy of your **bank statement** to Kreis Soest, Pay Office.



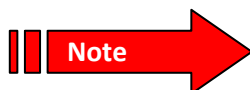
- **Form “Proof of Income and Advice of Amendment” (original)** – see annex 2/1 and 2/2
You are to submit this form **promptly monthly** for benefits for the previous month.
- **Income tax card (original)**
A tax card is required, as the Bridging Payment is **always liable to tax**.

**Bridging Payment in Addition to Sick Pay /
Maternity Pay and Injury Benefit**

- **Notice of benefits of the relevant institutions (copy)**
- The certificate must contain the gross benefit (including contributions to pension and unemployment insurance) and the net benefit.
- **Receipt of payments (copy)**
As a proof of received payments, please present a copy of your bank statement to Kreis Soest, Pay Office.
- **Form “Proof of Income and Advice of Amendment” (original)** – see annexes 2/1 and 2/2
You are to submit this form **monthly without delay** for benefits for the previous month.
- **Wage tax card (original)**
A wage tax card is required, as the Bridging Payment is **always liable to tax**.

X. Bridging Payment in Case of a Dismissal Protection Procedure (LAWSUIT)?

In order to protect you from any disadvantages, we recommend you file your application in any case within three months after the judgement becomes effective or after conclusion of a settlement (Art. 8 No. 1a TASS) with Kreis Soest, Pay Office.



Your application for a Bridging Payment (see annex 1) can be sent to Kreis Soest, Pay Office, immediately after termination of your employment with the Stationing Forces. However, it can only be processed when it has been ascertained by a legally valid adjudication or a judicial or extra-judicial settlement that the employment was terminated due to staff cut (Art. 2 No. 1 TASS).

XI. Tax Implecations



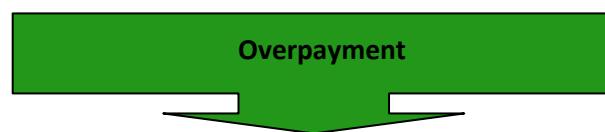


Tax Disadvantage

If you receive Bridging Payment in addition to Unemployment Benefit or benefits from the health insurance, you will have a **tax disadvantage** when your income tax is assessed by your responsible tax office.

In order to compensate this disadvantage, the Bridging Payment is **always recalculated upon application and presentation** of the notice concerning wage tax, solidarity supplement, church tax (tax assessment notice) by Kreis Soest, Pay Office.

Your application is to be submitted to Kreis Soest, Pay Office, **within three months** after receipt of the tax assessment notice so that your entitlement does not expire.



The increase of the Bridging Payment in the amount of the required income tax can, however, lead to an overpayment in the framework of the income tax assessment.

The Bridging Payment will also be recalculated in this case. Overpaid increased amounts will be offset against current payments or claimed back.

You are obliged to present your tax assessment notice to Kreis Soest, Pay Office, **within three months** after receipt so that the Bridging Payment can be finally calculated and it can be determined if and to which amount an overpay was made.

XII. Your Points of Contact and Further Information

As far as your agency is affected by staff cuts, Kreis Soest, Pay Office, will carry out information events regarding TASS questions in your agency after consultation with the local head of agency.

Internet Address: www.bv-ralsu.de

Point of Contact:

Betriebsvertretung
**Rhine Area Labour Support Unit
Mönchengladbach**
Bedford Walk 3
41179 Mönchengladbach
Tel.: 02161-472-2988
E-Mail: bvralsumg@hotmail.com

Dienststelle
Rhine Area Labour Support Unit
Bedford Walk 1
41179 Mönchengladbach
Tel.: 02161-472-2624

Betriebsvertretung
**Rhine Area Labour Support Unit
Elmpt**
Roermonder Str.
41372 Niederkrüchten
Tel.: 02163-973211
E-Mail: bvelmpt@hotmail.com

Kreis Soest
Abt. Lohnstelle
Niederbergheimerstr. 24
59494 S o e s t



Anlage 1

Antrag auf Überbrückungsbeihilfe nach dem TV Soziale Sicherung

Zuständige Lohnstelle		Eingangsstempel									
Für Vermerke der Lohnstelle											
Name, Vorname											
ggf. Geburtsname		Geburtsdatum									
Straße, Hausnummer		PLZ, Wohnort									
Bankverbindung Kontonummer		Kreditinstitut	Bankleitzahl								
1. Die dem Antrag zugrunde liegende Entlassungsbescheinigung <input type="checkbox"/> ist beigelegt <input type="checkbox"/> liegt bereits vor <input type="checkbox"/> folgt			<input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein								
2. Ich war zum Zeitpunkt der Entlassung bei den Stationierungsstreitkräften - seit mindestens einem Jahr vollbeschäftigt - mindestens 10 Jahre bei den Stationierungsstreitkräften tätig - mindestens 40 Jahre alt											
3. Während der letzten 5 Jahre vor meiner Entlassung hatte ich meinen ständigen Wohnsitz in einem Mitgliedstaat der Europäischen Union. wenn ja <table border="1"><tr><td>vom</td><td>bis</td><td>In</td></tr><tr><td>vom</td><td>bis</td><td>In</td></tr><tr><td>vom</td><td>bis</td><td>In</td></tr></table>				vom	bis	In	vom	bis	In	vom	bis
vom	bis	In									
vom	bis	In									
vom	bis	In									
4. Ich erfülle die Voraussetzungen der gesetzlichen Rentenversicherung zum Bezug von Altersrente (auch vorzeitige Altersrente).			<input type="checkbox"/> ja <input type="checkbox"/> nein								
5. Ich bin von der Versicherungspflicht in der gesetzlichen Rentenversicherung befreit. Bescheid ist beizufügen			<input type="checkbox"/> ja <input type="checkbox"/> nein								
6. Mir ist Erwerbsunfähigkeitsrente/Rente wegen voller Erwerbsminderung aus der gesetzlichen Rentenversicherung bewilligt worden. Bescheid ist beizufügen			<input type="checkbox"/> ja <input type="checkbox"/> nein								
7. Ich bin schwerbehindert im Sinne des SGB IX oder habe hierzu die Anerkennung beantragt.			<input type="checkbox"/> ja <input type="checkbox"/> nein								

Ich beantrage die Zahlung von Überbrückungsbeihilfe nach § 4 TV Soziale Sicherung.

Ich versichere, die vorstehenden Angaben wahrheitsgemäß und vollständig gemacht zu haben.

Ort

Datum

Unterschrift

Nur vollständig ausgefüllte Vordrucke können bearbeitet werden.
Sollten Sie Fragen haben, wenden Sie sich bitte an Ihre Lohnstelle.



Annex 1: Application for Bridging Payment According to Tariff Agreement Social Security (TASS)

Responsible Pay Office	receipt stamp
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Remarks of the Pay Office

Family name, first name			
Name at birth (if applicable)		date of birth	
Street, number		post code, town	
Bank details	Bank	bank code	
Account No			
1. The dismissal certificate as a basis for this application			
is enclosed	has already been presented	will follow	
2. At the date of dismissal from the Stationing Forces			
- I have been employed full time for at least one year		Yes	No
- I have been working for the Stationing Forces for at least 10 years		Yes	No
- I was at least 40 years old		Yes	No
3. During the last 5 years before my dismissal my permanent residence was within the European Union		Yes	No
If yes,			
From	Until	In	
From	Until	In	
From	Until	In	
4. I fulfil the requirements of the statutory pension insurance as to drawing pension (also early retirement).		Yes	No
5. I am exempt from compulsory insurance in the statutory pension insurance. Please attach notification		Yes	No
6. I have been granted disability pension/pension for complete reduction in earning capacity from the statutory pension insurance. Please attach notification		Yes	No
7. I am severely disabled in the sense of SGB IX or have applied for the allowance.		Yes	No

I apply for Bridging Payment according to Art. 4 TASS.

I declare that the above-mentioned information is complete and correct.

Place

date

signature

Only fully completed forms can be processed. Should you have any queries, please contact your Pay Office.



Anlage 2/1

Einkommensnachweis und Veränderungsanzeige zur Berechnung der Überbrückungsbeihilfe nach dem TV Soziale Sicherung

für den Monat _____

Jahr _____

Zuständige Lohnstelle		Eingangsstempel	
Für Vermerke der Lohnstelle			
Name, Vorname		Bearbeiternummer	Geburtsdatum
Straße, Hausnummer		PLZ, Wohnort	Telefon
1. Ich habe Arbeitsentgelt aus einem nach der Entlassung bei den Streitkräften eingegangenen neuen Beschäftigungsverhältnis erhalten Bitte Lohn-/Gehaltsabrechnung beifügen			<input type="checkbox"/> ja <input type="checkbox"/> nein
2. Ich habe folgende Leistungen erhalten: - Arbeitslosengeld - Unterhaltsgeld - Leistungen zur Sicherung des Lebensunterhaltes nach SGB II - Krankengeld aus der gesetzlichen Krankenversicherung - Verletztengeld aus der gesetzlichen Unfallversicherung - Übergangsgeld aus der gesetzlichen Unfallversicherung - Übergangsgeld aus der gesetzlichen Rentenversicherung - Sonstige Leistungen der Agentur für Arbeit oder anderer Leistungsträger (z.B. Krankenkasse, Unfallversicherung, Rentenversicherung) aufgrund des beigefügten oder bereits vorliegenden Bescheides der zuständigen Behörde Bitte Zahlungsbelege beifügen			<input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> ja <input type="checkbox"/> nein



Anlage 2/2

<p>3. Ich habe sonstiges Einkommen erhalten, zu beanspruchen oder beantragt</p> <ul style="list-style-type: none"> - Nachzahlungen oder sonstige Leistungen aus einem neuen Beschäftigungsverhältnis - Berufsunfähigkeitsrente/Rente wegen teilweiser Erwerbsminderung - Witwen-/Witwerrente - Unfallrente - Verletztenrente - andere Leistungen aus öffentlichen Mitteln, wie Versorgungsbezüge, auch solche nach ausländischem Recht (z.B. Militärrente) - aus einem weiteren Beschäftigungsverhältnis - aus nichtselbständiger, nebenberuflicher oder ehrenamtlicher Tätigkeit (auch z.B. aus geringfügiger oder gering entlohnter Beschäftigung, Aufwandsentschädigung) <p>Anzugeben ist auch Einkommen aus Erwerbstätigkeit, das nicht auf das ALG II angerechnet wird, weil es die Freibeträge nicht übersteigt.</p> <p>Bitte Belege beifügen</p>	<p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p>
<p>4. Folgende Änderungen meiner bisherigen Verhältnisse sind eingetreten:</p> <ul style="list-style-type: none"> - Ich habe Erwerbsunfähigkeitsrente/Rente wegen voller Erwerbsminderung beantragt - Mir ist Rente wegen Erwerbsunfähigkeit/voller Erwerbsminderung bewilligt worden. <p>Bitte Bescheid beifügen</p> <ul style="list-style-type: none"> - Ich erfülle die Voraussetzungen der gesetzlichen Rentenversicherung zum Bezug von Altersrente (auch vorzeitige Altersrente) - Ich bin aus dem Beschäftigungsverhältnis fristlos entlassen worden - Ich bin schwerbehindert im Sinne des SGB IX 	<p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p> <p><input type="checkbox"/> ja <input type="checkbox"/> nein</p>
<p>5. Ich habe die Zusatzversicherung nach § 39 TV AL II (Gruppenversicherung) beitragspflichtig fortgesetzt</p> <p>Bitte Zahlungsbeleg beifügen</p>	<p><input type="checkbox"/> ja <input type="checkbox"/> nein</p>

Ich versichere, sämtliche vorstehenden Angaben wahrheitsgemäß und vollständig gemacht zu haben.

Mir ist bekannt, dass Überbrückungsbeihilfe, die aufgrund vorsätzlich oder grob fahrlässig unrichtigen, unvollständigen oder unterlassenen Angaben gezahlt worden ist, in voller Höhe zurückzuerstatten ist. In diesem Fall bleibt eine strafrechtliche Verfolgung wegen Betruges nach § 263 StGB vorbehalten.

Wichtiger Hinweis:

Sofern Sie Leistungen der Agentur für Arbeit oder einer sonstigen Behörde erhalten haben (z.B. Arbeitslosengeld, Leistungen zur Sicherung des Lebensunterhaltes nach SGB II, Unterhaltsgeld oder sonstige Leistungen), sind Sie verpflichtet, zur Feststellung Ihres endgültigen Überbrückungsbeihilfeanspruchs Ihren Einkommensteuerbescheid des betreffenden Jahres spätestens innerhalb von drei Monaten nach Zustellung des Bescheides durch Ihr Finanzamt der Lohnstelle einzureichen.

Ort

Datum

Unterschrift

**Nur vollständig ausgefüllte Vordrucke können bearbeitet werden.
Sollten Sie Fragen haben, wenden Sie sich bitte an Ihre Lohnstelle.**



Annex 2/1:

**Proof of Income and Advice of Amendment for Calculating Bridging
Payment According to Tariff Agreement Social Security**

for the month of _____ year _____

responsible Pay Office		receipt stamp	
Remarks of the Pay Office			
Family name, first name	No. person in charge	Date of birth	
Street, number	Post code, town	Phone	
1. I have received a remuneration for a new employment after dismissal from the Forces Please attach payslip		Yes	No
2. I have received the following benefits:			
- Unemployment Benefit		Yes	No
- maintenance allowance		Yes	No
- benefits for safeguarding subsistence as to SGB II		Yes	No
- sick pay from the statutory health insurance		Yes	No
- injury benefit from the statutory accident insurance		Yes	No
- temporary allowance from the statutory accident insurance		Yes	No
- temporary allowance from the statutory pension insurance		Yes	No
- other benefits from the Agentur für Arbeit or other funding agencies (e.g. health insurance, accident insurance, pension insurance)		Yes	No
on the basis of the enclosed or already presented notification of the responsible authority.			
Please attach vouchers.			

**Annex 2/2**

<p>3. I have received, applied for or am entitled to the following income</p> <ul style="list-style-type: none"> ▪ subsequent payment or other benefits from a new employment ▪ occupational disability pension/pension for partial reduction in earning capacity ▪ widow's/widower's pension ▪ accident pension ▪ injury pension ▪ other benefits from public funds like pensions and related benefits, also according to foreign law (e.g. military pension) ▪ from further employment ▪ from employment, second jobs or voluntary work (also for e.g. marginal or marginally remunerated employment, expense allowance). Income from gainful occupation, which is not offset against Unemployment Benefit II because it does not exceed the tax exempt amounts, is also to be indicated. <p>Please attach supporting documents</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p>4. The following amendments to my situation so far have occurred:</p> <ul style="list-style-type: none"> ▪ I have applied for disability pension/pension for complete reduction in earning capacity ▪ I have been granted disability pension/pension for complete reduction in earning capacity <p>Please attach notification</p> <ul style="list-style-type: none"> ▪ I comply with the requirements of the statutory pension insurance for drawing a pension (also early pension) ▪ I have been dismissed summarily ▪ I am severely disabled in the sense of SGB IX 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p>5. I have continued to make contributions to the additional insurance according to Art. 39 TV AL II (group insurance)</p> <p>Please attach supporting documents</p>	<p>Yes</p>	<p>No</p>

I declare that the above-mentioned information is complete and correct.

I am aware that Bridging Allowance which was paid due to incorrect, incomplete or omitted statements submitted with intent or through gross negligence, must be paid back in full. This case is subject to a criminal prosecution for fraud according to Art. 263 StGB (Strafgesetzbuch = Criminal Code).

Important note:

If you received benefits from the Agentur für Arbeit or another authority (e.g. Unemployment Benefit, benefits for safeguarding subsistence as to SGB II, maintenance allowance or other benefits), you are obliged to submit your tax assessment notice of the relevant year to the Pay Office within three months at the latest after receiving the notice from your tax office in order to assess your final Bridging Payment entitlement.

Place

date

signature

Only fully completed forms can be processed. Should you have any queries, please contact your Pay Office.



Anlage 3/1

ENTLASSUNGSBESCHEINIGUNG

Dienststelle der Streitkräfte

**für Entlassungen gemäß
§ 2 Ziffer 1 TV Soziale Sicherung**

vom BMF bestätigte TASS-Nr.

Zutreffendes bitte ankreuzen ☒ und ausfüllen

Name, Vorname

ggf.: Geburtsname

Geburtsdatum

Straße, Hausnummer

PLZ

Wohnort

letzte Beschäftigungsdienststelle

letzter ständiger Beschäftigungsort

letzte Tätigkeit als

Entlassungsdatum

Der Arbeitnehmer ist entlassen worden wegen Personaleinschränkungen

☐ infolge einer Verringerung der Truppenstärke

☐ infolge Auflösung der Dienststelle zum

Datum der Aufl.

-- | -- | --

☐ infolge Verlegung der Dienststelle

nach

(neuer Standort)

zum

Datum der Verl.

-- | -- | --

☐ im ursächlichen Zusammenhang mit der

☐

Auflösung folgender Dienststelle

zum

Datum der Aufl.

-- | -- | --

☐

Verlegung folgender Dienststelle

zum

Datum der Verl.

-- | -- | --

nach

(neuer Standort)

Auf das Beschäftigungsverhältnis waren die Bestimmungen des

☐

TV AL II

☐

TV AL II (Frz)

kraft Geltungsbereichs anzuwenden.



Anlage 3/2

Arbeitnehmer erhielt für die von ihm zuletzt ausgeübte Tätigkeit
Vergütung nach

☐

Gewerbegruppe

Lohngruppe

☐

Gehaltsgruppe

Stufe

TV AL II/
TV AL II

(Frz)

bei einer regelmäßigen Arbeitszeit von Stunden.

Der Arbeitnehmer hatte am Tage der Entlassung folgende anrechenbare
Beschäftigungszeiten zurückgelegt:

☐

nach § 8 TV AL II / TV ALL II (Frz)

vom bis

=

Jahre	Monate

☐

nach § 8 TV B II

vom bis

=

☐

außertariflich anerkannte Zeiten, die im
Rahmen der Nr. 2.2.3 der Erläuterungen und
Verfahrensrichtlinien zum TV Soziale Si-
cherung anerkannt werden können

vom bis

=

Grund

☐

Zeiten, die darüber hinaus kraft Gesetzes
als Zeiten der Betriebszugehörigkeit gelten

vom bis

=

Grund

Anrechenbare Beschäftigungszeiten i.S. des TV
Soziale Sicherheit danach insgesamt

Eine anderweitige Verwendung des Arbeitnehmers bei den Streitkräften
desselben Entsendestaates war nicht möglich, weil

☐

dem Arbeitnehmer eine anderweitige Beschäftigung i.S. des § 2
Ziffer 3 TV Soziale Sicherheit nicht angeboten werden konnte.

☐

der Arbeitnehmer die ihm vor Beendigung des Beschäftigungsver-
hältnisses angebotene Verwendung nicht angenommen hat.

☐

Der Arbeitnehmer ist Schwerbehinderter i.S. des Schwbg
Grad der Erwerbsminderung %

Kreis Soest Abt. Lohnstelle
59494 Soest Niederbergheimer Str 24

Ort

19

Datum

(Stempel)

Unterschrift



**Annex 3/1: DISMISSAL CERTIFICATE for dismissal according to Art. 2 No. 1 Tariff Agreement
Social Security**

Agency of the Forces

TASS No. confirmed by BMF
(Bundesministerium für Finanzen = Federal Ministry of Finance)

Please tick X, if applicable, and complete

Surname, first name		
if applicable: maiden name	Date of birth	
Street and number	Post code	town
Last employment at (name of agency)	Last permanent place of employment	
Last employment as	Date of dismissal	

The employee has been dismissed due to staff cuts as a consequence of

	reduction in troop strength			
	a closure of the agency	by	Date of closure	
	a relocation of the agency	to	(new location)	By (date of relocation)

originally in conjunction with the

	closure of the following agency	by	Date of closure	
	relocation of the following agency	to	(new location)	By (date of relocation)

The provisions of

	TV AL II
	TV AL II (French)

apply to the employment by virtue of scope of validity.



Annex 3/2

For the last activity that the employee carried out he received a remuneration according to

	Trade group	Wage group		Salary group	step	TV AL II /
French						TV AL II

at regular working hours:

hours.

The employee shows the following reckonable times of employment on the day of his/her dismissal:

	according to Art. 8 TV AL II / TV AL II (French)	From	To	Years	Months
	according to Art. 8 TV B II	From	To	Years	months
	recognized non-tariff times that can be accepted in the framework of No. 2.2.3 of the information and procedure guidelines on TASS	From	To	Years	Months
	Reason				
	further times that are considered to be periods of service by act of law	From	To	Years	Months
	Reason				
	Reckonable times of employment in the sense of TASS, according to this a total of			Years	Months

Another employment with the Forces of the same Sending State was not possible because

	the employee could not be offered another activity in the sense of Art. 2 No. 3 TASS;
	the employee did not accept the offered activity before termination of his employment;
	the employee is severely disabled in the sense of Schbg (Law for the Severely Disabled)
	Level of reduced earning capacity. %

Kreis Soest, Pay Office

59494 Soest

Niederbergheimer Str 24

Place

Date

(Stamp)

Signature