

### Declaration on the child allowance (KiZ)

Receipt stamp of the employment authority

**Please return to:**

University of Kassel  
 University Reference  
 Office 34109 Kassel

via

Your employment authority

Good day,

Please complete the "Declaration on Child Allowance" prepared below and submit it signed – *if possible via your employment authority* – to the university pay office. A copy of the applicable regulations is attached for your reference. **Please make a copy of the completed declaration for your records so that you can fully comply with your obligation to report any changes that may occur in the future** (please also compare the assurance you are required to provide at the end of the second page of the application).

Overpayments of the child allowance resulting from the changes in child allowance and tax law that took effect on January 1, 1996, must be repaid.

Yours sincerely, Your  
 determination office

Notice pursuant to Section 12 (4) of the Hessian Data Protection Act of January 7, 1999 (Law and Ordinance Gazette for the State of Hesse – Part I, page 98).  
 Please check, cross out or fill in as appropriate

<b>1.</b>	Personal data of the person making the declaration Name, first name: Street, zip code, city In the event that another person is also entitled to the child allowance or comparable benefits in relation to you (e.g. you are employed in the public sector), will settlement notifications be exchanged with the office responsible for this other person. Pursuant to Section 68 (4) of the Income Tax Act (EStG), family benefits offices are allowed to provide information to offices instructing the public sector pay on the facts that are decisive for the respective child allowance payment.	File number: receive a child allowance (§ 23a of the effective agreement for the public service of the State of Hesse – <b>TV-H/ TV-TU Darmstadt/ TV-G-U</b> ) or for the review to be carried out at certain intervals as to whether the eligibility requirements for these remuneration components continue to be		
Marital status:      single      Married      Civil partnership      divorced      since: separated      widowed				
<b>2.</b>	<b>Details of the declarant's children</b>			
<b>No.</b>	<b>Surname, first name of child</b> (address if different from item 1). In case of stay abroad, please specify country.	Family stand child	Date of birth	Child relationship. to me
1				
2				
3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/> <input type="checkbox"/>			

Surname, first name of the person making the declaration		File number:				
<b>Declaration of child allowance (KiZ) – page 2</b>						
<b>3.</b>	<b>Information on the previous paying agency of the child benefit or comparable benefit</b>					
	to no.	For the child/children will be <input type="checkbox"/> Child benefit or comparable benefit <sup>1)</sup> <input type="checkbox"/> applied for. <input type="checkbox"/> paid.		Who receives the payment?		
		Amount & Currency	myself <sup>2)</sup>	my spouse/life partner <sup>3)</sup> Supplementary sheet 1 fill	another person <sup>4)</sup> Fill in supplementary sheet 2	
	1	Family fund with address	Child support no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Tax id. Child			
	2	Family fund with address	Child support no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tax id. Child				
3	Family fund with address	Child support no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Tax id. Child				
4	Family fund with address	Child support no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Tax id. Child				
<p><sup>1)</sup> Comparable services are:</p> <ul style="list-style-type: none"> <li>- <i>Child allowances</i> from statutory accident insurance/child allowances from statutory pension insurance schemes</li> <li>- <i>Benefits for children</i> granted abroad or by an intergovernmental or supranational institution</li> <li>- <i>Child supplement in accordance with Section 56 of the German Federal Salary Act</i> (Bundesbesoldungsgesetz – BBesG) or corresponding collective bargaining regulations in the public sector.</li> </ul> <p><sup>2)</sup> If you are receiving child support yourself and are married, please complete Supplementary Sheet 1. If you are single or divorced, please fill out supplementary sheet 2 (this information is voluntary and may be used to determine the amount of the child allowance)</p> <p><sup>3)</sup> If the child benefit or the comparable benefit is received by the spouse or civil partner, supplementary sheet 1 must also be completed.</p> <p><sup>4)</sup> If there are different other persons, please fill in <b>the</b> supplementary sheet 2 separately for <b>each other person concerning the child.</b></p>						
<b>4.</b>	<b>Do you have claims to child-related remuneration components of the BAT, MTArb, MTW or comparable benefits that have been settled, e.g. by a one-time payment?</b>					
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Compensation for the child/childrenNo	<input type="checkbox"/> . 1No	<input type="checkbox"/> . 2No	
				<input type="checkbox"/> . 3No	<input type="checkbox"/> . 4	

I certify the accuracy and completeness of the above information as well as the information provided on Supplementary Sheets 1 and 2. I understand that I am obligated to immediately notify the assessment office responsible for me of any change in the circumstances set forth herein and that I will be required to repay any overpayments that occur as a result of breach of the duty to notify or misrepresentation.

I am aware that I may be liable for damages.

Place, date

Signature



Surname, first name of the person making the declaration	File number:
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**Supplementary sheet 2 – page 1 for**

- All children
- following children no. \_\_\_\_\_ (please take the no. from the declaration, page 2, number 3)

**1. Information about the other person the child's father/mother** (surname, first name, date of birth, address)

  

**2. Is there professional activity with an employer / service provider?**

I do not know.                       No, not since

Yes, since \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ (exact name and address of the employer/service provider)

Full-time

part-time employee with a share of \_\_\_\_\_ percent of the average regular weekly working time of a full-time employee.

as:     Worker                                       Salaried employee/Civil servant with  
           candidate remuneration                       Civil servant, judge  
    Soldier with service pay

Personnel number: \_\_\_\_\_

**3. If the specified activity is a public sector job within the meaning of § 23a TV-H/ TV-Forst Hessen/ TV-TU Darmstadt/ TV-G-U (see protocol declaration on page 7)**

No I do not know                       Yes

**4. Is the child allowance according to § 23a TV-H/ TV-Forst Hessen/TV-TU Darmstadt/ TV-G-U child share paid in the family/ local/ social allowance or comparable benefits?**

No I do not know.                       Yes, for the child/children to no. \_\_\_\_\_

**5. Are pension benefits granted according to the principles of civil service law or according to a pension scheme based on employment in the public sector?**  
 (This does not include a pension provided by the Versorgungsanstalt des Bundes und der Länder or a supplementary pension fund of the municipalities and associations of municipalities).

No I do not know.

Yes, from (exact name and address of the place of supply): \_\_\_\_\_  
 \_\_\_\_\_

**6. If the entitlement to child allowance, child share in the local/social supplement or comparable benefits has been settled, e.g. through a one-off payment?**

No     Yes    Compensation for the child/children                       No. 1     No. 2     No. 3     No. 4

**7. Is the child's father/mother married to someone else?**

Yes with: \_\_\_\_\_  
 (Surname, first name, date of birth – and further details at number 8-13)

No I do not know and cannot provide any further information (no information provided for items 8-13).

Place, date \_\_\_\_\_

Signature \_\_\_\_\_

Surname, first name of the person making the declaration		File number:	
<b>Supplementary sheet 2 – page 2</b>			
<b>8.</b>		<b>Information about the spouse of the other person of the child's father/mother</b> (surname, first name, date of birth, address).	
<b>9.</b>		<b>Is there professional activity with an employer / service provider?</b>	
<input type="checkbox"/> I do not know.		<input type="checkbox"/> No, not since <input type="checkbox"/>	
<input type="checkbox"/> Yes, since _____ at _____ _____ (exact name and address of the employer/service provider)			
<input type="checkbox"/> Full-time			
<input type="checkbox"/> part-time employee with a share of _____ percent of the average regular weekly working time of a full-time employee.			
as: <input type="checkbox"/> Worker		<input type="checkbox"/> Salaried employee/Civil servant with	
<input type="checkbox"/> candidate remuneration		<input type="checkbox"/> Civil servant, judge Soldier with service pay	
Personnel number: _____			
<b>10.</b>		<b>If the specified activity is a public sector job within the meaning of § 23a TV-H/ TV-Forst Hessen/ TV-TU Darmstadt/ TV-G-U (see protocol declaration on page 7)</b>	
<input type="checkbox"/> No <input type="checkbox"/> do not know		<input type="checkbox"/> Yes	
<b>11.</b>		<b>Is the child allowance according to § 23a TV-H/ TV-Forst Hessen/TV-TU Darmstadt/ TV-G-U child share paid in the family/ local/ social allowance or comparable benefits?</b>	
<input type="checkbox"/> No <input type="checkbox"/> do not know.		<input type="checkbox"/> Yes, for the child/children to no. _____	
<b>12.</b>		<b>Are pension benefits granted according to the principles of civil service law or according to a pension scheme based on employment in the public sector?</b>	
(This does not include a pension provided by the Versorgungsanstalt des Bundes und der Länder or a supplementary pension fund of the municipalities and associations of municipalities).			
<input type="checkbox"/> No <input type="checkbox"/> do not know.			
<input type="checkbox"/> Yes, from (exact name and address of the place of supply): _____ _____			
<b>13.</b>		<b>If the entitlement to child allowance, child share in the local/social supplement or comparable benefits has been settled, e.g. through a one-off payment?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes		Compensation for the child/children <input type="checkbox"/> No. 1 <input type="checkbox"/> No. 2 <input type="checkbox"/> No. 3 <input type="checkbox"/> No. 4	

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

## Attachment

### Applicable provisions on the child allowance for employees

#### TVH– 23a Child allowance

- (1) <sup>1</sup>Employees who are entitled to child allowance under the Income Tax Act (EStG) or the Federal Child Allowance Act (BKGG) or who would be entitled to child allowance without taking into account sections 64, 65 EStG or sections 3, 4 BKGG shall receive a child allowance of 100 euros for each eligible child. <sup>2</sup>The child allowance shall be increased by 53.05 euros for the third and each further child. <sup>3</sup> The child shall be entitled to the allowance amount resulting from the order of children relevant for the application of the EStG or the BKGG.

#### **Protocol Declaration on Section 23a Paragraph 1 Sentence 2**

The parties to the collective agreement agree that this benefit replaces the child supplement pursuant to § 4 GEVerbTöD.

- (2) <sup>1</sup>If, in addition to the employee, another person is employed in the public service or is entitled to a pension on the basis of an activity in the public service in accordance with the principles of civil service law or in accordance with a pension scheme,

- a) the child allowance or
- b) the family allowance of level 2 or one of the following levels

the child allowance shall be granted to the employee if and to the extent that he/she is granted child allowance under the EStG or under the BKGG or would be granted child allowance with priority without taking into account Section 65 EStG or Section 4 BKGG; the employee shall notify the employer in writing without delay of any change in child allowance entitlement. <sup>2</sup>Child allowance shall be deemed equivalent to child-related remuneration components under the collective agreements for public service employees, in particular the TVÜ-H, TVÜ-Bund, TVÜ-VKA or TVÜ-L, any other corresponding benefit or maternity allowance, insofar as child-related remuneration components of the public service are taken into account in its calculation. Section 24 (2) shall not apply to the child allowance if one of the beneficiaries within the meaning of sentence 1

- a) employed full time or
- b) is entitled to a pension in accordance with the principles of civil service law or
- c) the combined part-time quotas of the eligible employees are at least equal to the scope of employment of a full-time employee.

- (3) The child allowance shall not be granted for children for whom the employee is entitled to continued payment of child-related remuneration components in accordance with Section 11 (1) TVÜ-H.
- (4) Furthermore, the child allowance shall not be granted for children for whom the employee or another person within the meaning of Paragraph 2 Sentence 1 has received compensation for a grandfathering allowance in accordance with Section 11 Paragraph 2 Sentence 3 TVÜ-H or in accordance with a corresponding provision in the transitional collective agreements of the public sector.
- (5) <sup>1</sup>The child allowance shall only be granted for calendar months for which the employees are entitled to table remuneration, continued remuneration or sick pay allowance. <sup>2</sup>For periods for which sick pay supplement is due, the child allowance is part of the sick pay supplement. **The child allowance** is not remuneration subject to additional pension payments.

#### **Protocol declaration on § 23a**

<sup>1</sup>Public service within the meaning of Section 23a is activity in the service of the Federal Government, a Land, a municipality or other corporations, institutions and foundations under public law or associations thereof; activity with religious societies under public law or their associations is excluded, unless the requirements of sentence 3 are met in the case of organizationally independent institutions, in particular schools, universities, hospitals, kindergartens, old people's homes. <sup>2</sup>The activity in the service of an intergovernmental or supranational institution in which the Federal Government or one of the corporations referred to in sentence 1 or one of the associations referred to therein has a share through the payment of contributions or subsidies or in some other way shall be deemed equivalent to public service. Furthermore, employment in the service of another employer who applies the collective agreements or collective bargaining agreements with substantially the same content applicable to the public service or the provisions made therein or in salary laws on family, local or social allowances or comparable provisions shall be deemed equivalent to public service if the Federal Government or one of the corporations or associations referred to in sentence 1 is involved through the payment of contributions or subsidies or in some other way. <sup>4</sup>The decision as to whether the requirements are met shall be made by the Ministry responsible for collective bargaining law or by the body designated by it.