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| zw25 | | | | | |  | | | | | | | | |  |
| Änderungen melden - Ausland | | | | | | | | |
| Wenn Sie eine WAO-, WIA-, Wajong- oder WAZ-Leistung im Ausland erhalten | | | | | | | | |
|  | ge Sie vom UWV eine Leistung erhalten, haben Sie Pflichten.  Sie müssen uns beispielsweise über alle Änderungen Ihrer Arbeit, Ihres Einkommens und Ihrer Lebensumstände informieren. Tun Sie das nicht? Dann erhalten Sie vorübergehend weniger oder keine Leistung und eine Geldbuße.  Wenn Sie zu viel Leistung erhalten haben, müssen Sie diesen Betrag zurückzahlen.  Eine Übersicht der Pflichten, die zu Ihrer Leistung und Situation gehören, finden Sie unter uwv.nl/mijnplichten.  Gibt es eine Änderung Ihrer Situation, die Folgen für Ihre Leistung haben könnte? Geben Sie diese dann unter der Rubrik Sonstige Änderungen/Erläuterung an.  **Wann teilen Sie eine Änderung mit?**  Teilen Sie dem UWV Änderungen innerhalb einer Woche, nachdem Ihnen diese bekannt waren oder hätten bekannt sein können, mit.  Gehen Sie länger als 4 Wochen in ein anderes Land? Teilen Sie uns dies dann spätestens 2 Wochen vor Ihrer Abreise mit.  **Versenden**  Senden Sie das Formular an:  UWV / Afdeling Bijzondere Zaken Buitenland  Postbus 59227  1040 KE AMSTERDAM  Niederlande | | | | | | | |  | Senden Sie medizinische Informationen mit? Und möchten Sie, dass nur der UWV-Arzt diese sieht? Fügen Sie diese Informationen dann in einem gesonderten Umschlag mit dem Vermerk „Arztgeheimnis“ bei.  **Wenn Sie das Formular versendet haben** Nach Eingang des Formulars teilen wir Ihnen innerhalb von 8 Wochen mit, ob sich Ihre Leistung ändert und was sich ändert.  Möglicherweise bitten wir Sie erst noch um ergänzende Informationen.  **Mehr Informationen** Mehr Informationen finden Sie unter uwv.nl/internationaal. Sie können auch vom Ausland aus telefonisch Kontakt mit uns aufnehmen unter +31 88 898 20 01 (die jeweiligen Gebühren hängen von Ihrem Telefonanbieter ab)**.** Der UWV-Mitarbeiter wird Niederländisch mit Ihnen sprechen. Halten Sie bei Anruf Ihre Niederländische Bürgerservicenummer (burgerservice-nummer) bereit. Wir können Ihnen dann schneller behilflich sein. | | | | |  |
|  |  |  | |  | | | Was unterschreibe ich | | | | | | | |  |
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|  | Erklärung | | |  | | | Ich mache auf diesem Formular korrekte und vollständige Angaben über mich und meine Situation. | | | | | | | |  |
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|  |  | 1 | |  | | | Personendaten | | | | | | | |  |
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|  |  | | |  | | | *Geben Sie bitte auch Ihren Geburtsnamen an, wenn Sie den Nachnamen Ihres Partners angenommen haben.* | | | | | | | |  |
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|  | Initalen des/der Vornamen(s) und Nachname | | |  | | |  | | | | | | | |  |
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|  | Wohnland | | |  | | |  | | | | | | | |  |
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|  |  | | |  | | | *Geben Sie hier Ihre niederländische “Burgerservicenummer” (BSN) an.* | | | | | | | |  |
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|  | Niederländische Bürgerservicenummer | | |  | | |  | | | | |  | | |  |
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|  | Geburtsdatum | | |  | | |  | | | | | |  | |  |
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|  | Beginndatum der Änderung | | | |  | | |  | | |  | | |  | |
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|  |  | | 3 | |  | | | Art der Leistung | | | | | |  | |
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|  | Bitte geben Sie an, welche Leistung Sie beziehen? | | | |  | | | WIA  WAO  Wajong  WAZ | | | | | |  | |
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|  | | | |  | | | | | | | | |  | | *Kreuzen Sie an, was sich geändert hat und tragen Sie die Angaben ein.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | Ich bin in einem Arbeitsverhältnis tätig. | | | | | | | | |  | | Arbeitsstunden pro Woche | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
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|  | | Währung | | | | | | |  | |  | | | | Bruttolohn | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | pro | | | | Woche | | | | | | | | 4 Wochen | | | | Monat | | | |  |
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|  | | Tätigkeit | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Name Arbeitgeber | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Adresse | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Postleitzahl und Ort | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | ⏵ *Senden Sie eine Kopie des Arbeitsvertrags und der Lohnabrechnung mit. Haben Sie noch keine Lohnabrechnung? Schicken Sie uns diese dann sobald wie möglich zu.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | Ich arbeite mehr bzw. weniger Stunden. | | | | | | | | |  | | Zahl der geleisteten Arbeitsstunden pro Woche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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|  | | | |  | | | | | | | | |  | | ⏵ *Übersenden Sie uns eine Kopie Ihrer Lohnabrechnung, sobald Sie diese haben.*  Ich arbeite mehr.  Ich arbeite weniger.⏵*Senden Sie dem UWV ein Schreiben, in dem Sie erläutern, weshalb Sie weniger arbeiten. Die Adresse finden Sie oben im Formular.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Einkommen pro Jahr ⏵*Geben Sie Ihr geschätztes Einkommen an.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Währung | | | | |  | | | | | | | | | |  | | | Betrag | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | Ich erhalte seit Kurzem neben meiner niederländischen Leistung noch eine andere Leistung. | | | | | | | | |  | | Name der anderen Leistung | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Name des Leistungsträgers | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Beginndatum der Leistung | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | ⏵*Senden Sie uns eine Kopie der Leistungsübersicht zu.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | |  | | | | | | | | |  | | Änderung meiner persönlichen Daten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | Meine Adresse hat sich geändert. | | | | | | | | |  | | Neue Adresse | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Telefonnummer | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | Ich halte mich länger als 4 Wochen an einem anderen Ort auf, z.B. in einer Pflegeeinrichtung. | | | | | | | | |  | | Zeitraum vom | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | bis | | | | | | | | | | |  | | | | | | | | | | | | |  |
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|  | | | | Ich ziehe in ein anderes Land um. | | | | | | | | |  | | Neue Adresse | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | Meine Kontonummer hat sich geändert. | | | | | | | | |  | | Ausstellungsdatum | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | |  | | BIC *Identifizierungscode der Bank* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | Ich befinde mich in Haft. | | | | |  | | | Name der Einrichtung | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | Haftadresse | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | Land | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | ***Beachte****: Beantworten Sie diese Fragen nur, wenn Sie einen Zuschlag auf Ihre Leistung erhalten.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | |  | | | | |  | | | Änderungen meiner Lebensform oder des Einkommens meines Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | Das Einkommen meines Partners hat sich geändert. | | | | |  | | | Name des Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | Bürgerservicenummer des Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | |  | | | | |  | | | Währung | | | | | | | |  | | | | |  | | Bruttolohn | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | pro | | | | | | | Woche | | | | | | 4 Wochen | | | | | Monat | | | | |  | | |
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|  | | | Art des Einkommens | | | | | | | | | | | | | | | | | | | | | | | | Fest | | | | | | | | | | | Wechselnd⏵*Beispielsweise Überstunden, Aufrufbasis.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | ⏵*Senden Sie uns eine Kopie der letzten Lohnabrechnung Ihres Partners zu.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | Änderungen des Einkommens  meines Partners oder meiner Lebenssituation | | | | |  | | | **Verheiratet oder mit verheiratet gleichgestellt**   Sie sind mit verheiratet gleichgestellt, wenn Sie mit jemandem (nicht Ihrem Vater, Ihrer Mutter oder Ihrem Kind) in einem Haus wohnen und eine oder mehrere der folgenden Situationen für Sie und die Person gilt:   - Sie teilen mit nicht mehr als einem Mitbewohner die Wohnungskosten, wie Gas, Wasser und Strom, und auch die Kosten für den Haushalt. Zum Beispiel für Einkäufe und Benzin (Sie haben einen gemeinsamen Haushalt).  - Sie haben einen Lebensgemeinschaftsvertrag oder eine eingetragene Lebenspartnerschaft.  - Sie wohnen laut dem Finanzamt oder einer anderen Behörde zusammen.  - Sie bekamen zu einem früheren Zeitpunkt einen Zuschlag, wobei Sie und Ihr Mitbewohner mit verheirateten Personen gleichgestellt waren.  - Sie waren zuvor miteinander verheiratet.  - Sie und Ihr Mitbewohner haben das Kind/die Kinder des anderen anerkannt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | |  | | | | |  | | |  | | | | | | Name des Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | |  | | | | |  | | |  | | | | | | Geburtsdatum des Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | |  | | | | |  | | |  | | | | | | Ndl. Sozialversicherungsnr. des Partners (Bürgerservicenummer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | |  | | | | |  | | | **Alleinstehend – Wohnungsteiler**  Ihre Lebenssituation ist alleinstehend - zusammenwohnend, wenn folgendes gilt:   - Sie sind 21 Jahre oder älter  - Sie teilen die Wohnung mit mindestens 1 anderen Mitbewohner.  Bewohner, die wir **nicht** als Mitbewohner einstufen:   - Bewohner unter 27 Jahren.  - Studenten, die ein Vollzeitstudium absolvieren, durch das sie Anspruch auf Studienfinanzierung oder einen Studiengebührenzuschuss haben.   - Studenten, die einen berufsbegleitenden Lernweg (beroepsbegeleidende leerweg, bbl) absolvieren.  - Bewohner mit einem eigenen Mietvertrag bei gleichen Vermieter. ⏵ *Schicken Sie Ihren Mietvertrag und den Mietvertrag der Bewohner ab 27 Jahren mit.   -* Ihren Vermieter oder Mieter. ⏵ *Schicken Sie Ihren Mietvertrag mit.*  ⏵ **Achtung:** *Ist Ihr Vermieter oder Mieter ein enger Verwandter? Beispielsweise Ihr Großvater, Vater, Ihre Schwester, Schwägerin, Ihr Kind oder Enkelkind? Dann zählt  diese Person als Mitbewohner mit. Sie müssen keinen Vertrag mitschicken.*  **-** Einen Partner oder Mitbewohner, mit dem Sie verheiratet sind oder in einer damit gleichgestellten Lebensgemeinschaft leben.  ⏵ *Es handelt sich hierbei um maximal 1 Mitbewohner, bei dem es sich nicht um Ihren Vater, Ihre Mutter oder Ihr Kind handelt. Ihre Lebenssituation ist dann: verheiratet  oder gleichgestellt mit verheiratet.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | **Alleinstehend**  Ihre Lebenssituation ist alleinstehend, wenn für Sie 1 der folgenden Situationen gilt:  - Sie sind 18 Jahre oder älter, wohnen alleine in Ihrer Wohnung und sind nicht verheiratet  bzw. leben nicht in einer damit gleichgestellten Lebensgemeinschaft.  - Sie sind 18, 19 oder 20 Jahre alt und teilen die Wohnung mit 1 Person oder mehreren Personen. Sie teilen die Kosten für die Wohnung, aber nicht für den Haushalt. Sie   führen also keinen gemeinsamen Haushalt.  - Sie sind 21 Jahre oder älter, nicht verheiratet oder in einer damit gleichgestellten   Lebensgemeinschaft lebend und teilen die Wohnung mit Bewohnern, die wir alle nicht als   Mitbewohner mitzählen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | 5 | |  | | Sonstige Änderungen/Erläuterung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | |  | | | 6 | |  | | Unterschrift | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | Datum und Unterschrift | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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