

ZRBG Pension Update:

Requests from Germany for Updated Income Data from Recipients of ZRBG Widow(er)'s Pensions

In June or July 2025, the German pension agency, the *Deutsche Rentenversicherung* (“DRV”), began sending letters to **ZRBG Widow(er)'s Pension** recipients in the United States, requesting updated information about their income – in particular, about their U.S. Social Security benefits. ZRBG Widow(er)'s Pensions are paid to the surviving spouse of a Holocaust survivor who performed non-forced work in a ghetto during World War II.

What information is the DRV requesting and why do they want it?

The DRV is requesting updated information about the pension recipient's U.S. Social Security benefits for the years 2024 and 2025.

The request relates to U.S. legislation that was signed into law by President Biden in January 2025, repealing the “Windfall Elimination Provision” (“WEP”), which reduced some people's Social Security benefits if they received another pension in addition to Social Security. Because of the repeal of the WEP, some Social Security beneficiaries have had their U.S. benefits adjusted and increased, retroactive to January 2024.

ZRBG pensions are recalculated each year on July 1st, and for widow(er)'s pensions, the recipient's other income is taken into account. Therefore, **the DRV is trying to determine whether each surviving spouse's 2024-2025 income has increased due to the WEP repeal.**

A sample of the DRV's letter is attached to this fact sheet.

- The DRV is only seeking data from ZRBG recipients who receive a widow(er)'s pension, because while income is relevant to the calculation of widow's pensions, it is not relevant to ZRBG pensions based on one's own ghetto work.

How can individuals tell if their Social Security income was affected by the WEP repeal?

Most ZRBG Pension recipients are not affected by the WEP or its repeal because, under the U.S.-Germany Social Security Agreement, the Windfall Elimination Provision does not apply to German pensions that are based on work performed before 1957.

Nonetheless, some people could be affected by the WEP repeal if, in addition to Social Security and ZRBG, they also receive a further pension, or if their German pension includes benefits for work that their spouse performed after 1956.

Anyone whose U.S. Social Security benefits are adjusted because of the WEP repeal will receive a mailed notice from Social Security explaining the benefit change, and a retroactive payment will be deposited in their bank account.

How should recipients respond to the DRV's request for income data?

It is important to respond to the DRV's letter, even if the widow(er)'s Social Security benefits did not increase because of the 2025 repeal of the WEP; otherwise, the German pension might be suspended or revoked.

- The DRV's letter is usually accompanied by a reply form titled, "**Determination of income in the event of pensions on account of death,**" to be filled out and signed by the pension recipient. (A sample of the reply form is attached to this fact sheet.)

Section A asks if the widow(er)'s U.S. Social Security was affected by the WEP, and if their benefits were recalculated as a result of the WEP repeal.

- If the recipient has not received a notice from Social Security indicating that their benefits for 2024 and 2025 were adjusted because of the WEP repeal, they can answer "No" in this section.
- If the recipient did receive a notice from Social Security indicating that their benefits for 2024 and 2025 were adjusted because of the WEP repeal, they should answer "Yes" and attach a copy of the notice.

Section B asks the widow(er) to attach documents showing the amount of their Social Security benefits from July 1, 2024 to July 1, 2025.

- The widow(er) should attach copies of their Social Security cost-of-living increase notices for 2024 and 2025.
 - If they do not have those documents, they can go to a Social Security field office and request a Benefit Verification Letter and a history of their benefits from July 2024 forward, or they can obtain the records online if they have or create an account at the SSA's website: <https://www.ssa.gov/manage-benefits>.
- The DRV's letter might also include **Form A015**, titled "Abroad – Invalidity pension or old-age pension from the statutory pension insurance," which is meant to be filled out and signed by an employee of the U.S. Social Security Administration.
 - **Form A015 is only required if the widow(er) cannot supply other proof of their 2024-2025 Social Security income.** If the Reply Form is submitted with appropriate documentation of their Social Security benefits, they do not have to return Form A015.

The reply form and any attachments should be mailed to the Deutsche Rentenversicherung, at the address printed on the first page of the DRV's letter.

Versicherungsnummer:
Kennzeichen:



Deutsche
Rentenversicherung
Bund

Deutsche Rentenversicherung Bund · 10704 Berlin · DEUTSCHLAND
0A 302F F110 1D 2000 B429
DV 06 25 0,88 Deutsche Post 
BRIEF INT KT - PRIORITY P.P. 
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Sprechzeiten:
Montag bis Donnerstag
08:00 bis 19:00 Uhr
Freitag
08:00 bis 15:30 Uhr

Datum: 18. Juni 2025

Einkommensanrechnung

Dear Ms. / Dear Mr.,

Sehr geehrte

Income which you receive apart from your pension on account of death (survivor's pension) has to be charged against this pension, if it exceeds a certain exempt amount.

Einkommen, das Sie neben Ihrer Rente wegen Todes erzielen, ist auf diese Rente anzurechnen, soweit es einen bestimmten Freibetrag überschreitet.

For this we require information on your US-American retirement pension or disability pension for the periods as of July 1, 2024 and as of July 1, 2025.

Wir benötigen Angaben zu Ihrer **amerikanischen Altersrente bzw. Invalidenrente** für die Zeitpunkte **01.07.2024** und **01.07.2025**.

We ask you to send us the following documents:

Wir bitten Sie um Einsendung folgender Unterlagen:

- **attached certificate A0514, duly completed and signed by a Social Security local field office (<https://www.ssa.gov/locator/>), or**
beigefügte Bescheinigung A0514, ausgefüllt und unterschrieben vom amerikanischen Träger **oder**
- **official proof of the pension amounts as of July 1, 2024 and July 1, 2025 (e.g. copies of your Cost-of-Living Adjustment notices (COLA) for 2024 and 2025.)**

offizielle Nachweise über die Rentenhöhe ab dem 01.07.2024 und 01.07.2025 (beispielsweise Anpassungsmitteilung (COLA)) und

Versicherungsnummer:
Kennzeichen:

In any case you are asked to complete the attached reply form giving the appropriate information .

Bitte füllen Sie in jedem Fall das beigefügte Antwortformular aus und machen Sie dort entsprechende Angaben.

Please return all documents by Aug. 31, 2025.

Wir bitten Sie um Rücksendung sämtlicher Unterlagen bis zum 31.08.2025.

Please note that you are obliged to comply with the benefit requirements (Section 60 German Social Code Book One - SGB I). Please consider that we are allowed to deny or withdraw your benefits completely or in part if you do not cooperate (Section 66 SGB I).

Wir weisen Sie darauf hin, dass Sie zur Mitwirkung verpflichtet sind (§ 60 Erstes Buch Sozialgesetzbuch - SGB I). Bitte bedenken Sie, dass wir Ihnen die Leistung ganz oder teilweise versagen oder entziehen dürfen, wenn Sie nicht mitwirken (§ 66 SGB I).

Yours sincerely,

Mit freundlichen Grüßen
Ihre Deutsche Rentenversicherung Bund

Enclosure

Anlage



Please fill in / Bitte ausfüllen

Determination of income in the event of pensions on account of death
Einkommensermittlung bei Rente wegen Todes

A. My information on Windfall Elimination Provision (WEP) / Meine Angaben zur Windfall Elimination Provision (WEP)		
1. My old-age pension or disability pension was affected by the application of the Windfall Elimination Provision regulation. Meine Altersrente bzw. Invalidenrente war von der Anwendung der Windfall Elimination Provision Regelung betroffen.	<input type="checkbox"/> yes / ja	<input type="checkbox"/> no / nein
2. Therefore, my Social Security benefit has already been recalculated. Daher wurde meine Social Security Leistung bereits neu berechnet.	<input type="checkbox"/> yes / ja	<input type="checkbox"/> no / nein
3. Copies of my Social Security WEP recalculation notices 2024 are enclosed. Kopien meiner Social Security WEP-Neuberechnungs-notices sind beigelegt.	<input type="checkbox"/> yes / ja	<input type="checkbox"/> no / nein

B. My attached documents / Meine beigelegten Unterlagen		
4. Form A0514 was completed and signed by by the American Social Security institution and is attached. Das Formular A0514 wurde von der American Social Security institution office ausgefüllt, unterschrieben und ist beigelegt.	<input type="checkbox"/> yes / ja	<input type="checkbox"/> no / nein
5. Copies of my Social Security Cost-of-Living Adjustment notices 2024/2025 are enclosed. Kopien meiner Social Security Cost-of-Living Adjustment notices 2024/2025 sind beigelegt.	<input type="checkbox"/> yes / ja	<input type="checkbox"/> no / nein

Place, date / Ort, Datum

Signature / Unterschrift