

## Application form for family insurance

Antrag für die Familienversicherung

### 1. Member's details *Angaben zum Mitglied*

Last name *Nachname* \_\_\_\_\_

First name *Vorname* \_\_\_\_\_

Daytime telephone number/Email (this information is optional)

*Telefon tagsüber/E-Mail (Die Angaben sind freiwillig)*

\_\_\_\_\_

Health insurance number (found on your health card/Gesundheitskarte)

*Versichertennummer*

### 3. Reason for inclusion in family insurance

*Anlass für die Aufnahme in die Familienversicherung*

Start of my membership *Beginn meiner Mitgliedschaft*     Birth of child *Geburt des Kindes*     Marriage *Heirat*

End of family member's individual membership *Beendigung der vorherigen eigenen Mitgliedschaft des/der Angehörigen*

Other: \_\_\_\_\_  
*Sonstiges*

#### Why do we need this information for family insurance?

For dependents to qualify for insurance cover at no additional cost, certain legal requirements must be fulfilled. This is why we need information about your spouse/life partner even if you only want to insure your children on your policy – this ensures, among other things, that insurance is not held with more than one health insurance fund at the same time. If your spouse/life partner is related to the child/children, but not a member of any statutory health insurance fund, we require proof of income. In line with legal requirements you will receive a questionnaire from us each subsequent year, which must be completed to continue family insurance.

### 2. Details about the additional person/people to be insured on the member policy *Angaben zur Person, die mitversichert werden soll*

My spouse/life partner<sup>1</sup> needs to be covered at no additional charge from: \_\_\_\_\_  
*Mein/-e Ehe-/Lebenspartner\*in<sup>1</sup> soll beitragsfrei mitversichert werden ab:* Day Month Year (Tag/Monat/Jahr)

My child/children need/s to be covered at no additional charge from: \_\_\_\_\_  
*Mein/-e Kind/-er soll/-en beitragsfrei mitversichert werden ab:* Day Month Year (Tag/Monat/Jahr)

<sup>1</sup>As per the German Life Partnership Act (LPartG)

*<sup>1</sup>Eingetragene Lebenspartnerschaft nach dem Lebenspartnerschaftsgesetz (LPartG)*

### 4. Marital status of member *Familienstand*

Single *Ledig*     Married *Verheiratet*     Separated *Getrennt lebend*

Divorced since \_\_\_\_\_  Widowed *Verwitwet*  
*Geschieden seit*

Registered life partnership\* *Eingetragene Lebenspartnerschaft\**

#### Warum sind Ihre Angaben zur Familienversicherung wichtig?

Für eine beitragsfreie Mitversicherung von Angehörigen gelten bestimmte gesetzliche Auflagen. Deshalb benötigen wir die Angaben zu Ihrem/Ihrer Ehe-/Lebenspartner\*in auch dann, wenn Sie nur Ihre Kinder bei uns versichern wollen – u. a. damit ausgeschlossen ist, dass eine gleichzeitige Versicherung bei verschiedenen Krankenkassen besteht. Ist Ihr/-e Ehe-/Lebenspartner\*in mit den Kindern verwandt, aber nicht Mitglied einer gesetzlichen Krankenkasse, benötigen wir Einkommensnachweise. Im Rahmen der gesetzlichen Auflagen erhalten Sie künftig einmal jährlich von uns einen Fragebogen für die Weiterführung der Familienversicherung.

### 5. Spouse/life partner

*Ehe-/Lebenspartner\*in*

Even if your spouse/life partner does not need to be covered with us, we still require the following information  
*Auch wenn Ihr/-e Ehe-/Lebenspartner\*in nicht bei uns mitversichert werden soll, benötigen wir folgende Angaben*

### 6. Child/children

*Kind/-er*

I would like \_\_\_\_\_ child/children to be covered on my insurance

*Ich möchte \_\_\_\_\_ Kind/-er mitversichern*

### General family member details

*Allgemeine Angaben zum Familienmitglied*

### Spouse/life partner

### Child 1

*Kind 1*

### Child 2

*Kind 2*

### Child 3

*Kind 3*

Last name *Nachname* \_\_\_\_\_

If last name differs from that of the member, please enclose birth certificate or marriage/genealogical certificate (Abstammungsurkunde) as appropriate

*Bei vom Mitglied abweichendem Nachnamen bitte Geburts- bzw. Heirats-/Abstammungsurkunde beifügen*

First name *Vorname* \_\_\_\_\_

Gender (female/male/other/undefined)

*Geschlecht (weibl./männl./divers/unbestimmt)*

(f)     (m)     (o)     (u)

(f)     (m)     (o)     (u)

(f)     (m)     (o)     (u)

(f)     (m)     (o)     (u)

Date of birth *Geburtsdatum*

*(Tag/Monat/Jahr)*

\_\_\_\_\_ Day Month Year

\_\_\_\_\_ Day Month Year

\_\_\_\_\_ Day Month Year

\_\_\_\_\_ Day Month Year

Address if different from that of member

Street house number/postcode town/city

*Ggf. abweichende Adresse*

*Straße Hausnummer, PLZ Ort*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Last name *Nachname*

First name *Vorname*

Health insurance number *Versichertennummer*

**General family member details**  
*Allgemeine Angaben zum Familienmitglied*

**Spouse/life partner**  
*Ehe-/Lebenspartner\*in*

**Child 1**  
*Kind 1*

**Child 2**  
*Kind 2*

**Child 3**  
*Kind 3*

How is the child related to the member?  
*Verwandschaftsverhältnis zum Mitglied*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Biological child <sup>2</sup><br><i>Leibliches Kind*</i> | <input type="checkbox"/> Biological child <sup>2</sup> | <input type="checkbox"/> Biological child <sup>2</sup> |
| <input type="checkbox"/> Stepchild<br><i>Stiefkind</i>                            | <input type="checkbox"/> Stepchild                     | <input type="checkbox"/> Stepchild                     |
| <input type="checkbox"/> Grandchild<br><i>Enkelkind</i>                           | <input type="checkbox"/> Grandchild                    | <input type="checkbox"/> Grandchild                    |
| <input type="checkbox"/> Foster child<br><i>Pflegekind</i>                        | <input type="checkbox"/> Foster child                  | <input type="checkbox"/> Foster child                  |
| <input type="checkbox"/> Yes <i>ja</i>  | <input type="checkbox"/> Yes                           | <input type="checkbox"/> Yes                           |
| <input type="checkbox"/> No <i>nein</i>   | <input type="checkbox"/> No                            | <input type="checkbox"/> No                            |

<sup>2</sup>Biological child\* should also be used if the child is adopted <sup>2</sup>*Bei adoptiertem Kind auch hier ankreuzen*

Is the spouse/life partner the natural parent of the child?  
*Ist der/die Ehe-/Lebenspartner\*in der leibliche Elternteil des Kindes?*

**Details of the last insurance or any existing insurance held by the family members**  
*Angaben zur bisherigen Krankenversicherung der Familienmitglieder*

**Spouse/life partner**

**Child 1**

**Child 2**

**Child 3**

Current health insurance  
*Art der bisherigen Krankenversicherung*

- Membership  
*Mitgliedschaft*
- Family insurance  
*Familienversicherung*
- Non-statutory  
*Nicht gesetzlich*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Membership       | <input type="checkbox"/> Membership       | <input type="checkbox"/> Membership       |
| <input type="checkbox"/> Family insurance | <input type="checkbox"/> Family insurance | <input type="checkbox"/> Family insurance |
| <input type="checkbox"/> Non-statutory    | <input type="checkbox"/> Non-statutory    | <input type="checkbox"/> Non-statutory    |

Period of insurance cover from *von* (Tag/Monat/Jahr)        
*Versicherungszeitraum* Day Month Year

to *bis* (Tag/Monat/Jahr)        
Day Month Year

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year
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Held with (name and address of the health insurance fund) *Name und Adresse der Krankenkasse*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health insurance number (found on your health card/Gesundheitskarte)  
*Versichertennummer*

**Pension insurance number**  
*Rentenversicherungs-Nr.*

If pension insurance number not yet available, please state:  
*Falls noch keine Rentenversicherungsnummer vorliegt, bitte angeben:*

Birth name *Geburtsname*

\_\_\_\_\_

\_\_\_\_\_

Place of birth *Geburtsort*

\_\_\_\_\_

\_\_\_\_\_

Country of birth *Geburtsland*

\_\_\_\_\_

\_\_\_\_\_

Nationality *Staatsangehörigkeit*

\_\_\_\_\_

\_\_\_\_\_

Last name <i>Nachname</i>	First name <i>Vorname</i>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Health insurance number <i>Versichertennummer</i>																				

<b>Income</b> <i>Einkünfte</i>	<b>Spouse/life partner</b>	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
The family member has an own income <i>Das Familienmitglied hat ein eigenes Einkommen</i>	<input type="checkbox"/> Yes <i>Ja</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

If yes, please answer the following details. Details required for children aged 14 or over  
*Wenn ja, bitte folgende Punkte beantworten. Angaben für Kinder ab 14 Jahren erforderlich*

Average monthly gross income <sup>3</sup> <i>Durchschnittliches monatliches Bruttoarbeitsentgelt</i>	€ _____	€ _____	€ _____	€ _____
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Average monthly gross income from marginal employment/mini-jobs <i>Durchschnittliches monatliches Bruttoarbeitsentgelt aus Minijob</i>	€ _____	€ _____	€ _____	€ _____
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Average monthly profit from self-employed work <sup>3</sup> <i>Durchschnittlicher monatlicher Gewinn aus selbstständiger Tätigkeit</i>	€ _____	€ _____	€ _____	€ _____
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Monthly income from statutory pension and related benefits, company pension, pension from another country, other pensions <sup>3</sup> <i>Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländ. Rente, sonstige Renten (monatlich)</i>	€ _____	€ _____	€ _____	€ _____
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Other regular monthly income <i>Sonstige regelmäßige Monatseinkommen</i>	€ _____	€ _____	€ _____	€ _____
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Type of income <sup>3</sup> For example, income from property, leasing, investment income, or severance pay <i>Z. B. Einkünfte aus Vermietung, Verpachtung, Kapitalvermögen oder Abfindung</i>	_____	_____	_____
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<sup>3</sup>Please attach copy of latest income tax assessment (in full) *Bitte vollständige Kopie Ihres aktuellen Einkommensteuerbescheids beifügen*

Recipient of unemployment benefit II <i>Bezug von Arbeitslosengeld II</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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Self-employed <i>Selbstständige Tätigkeit liegt vor</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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<b>School or higher education</b>	<input type="checkbox"/> School	<input type="checkbox"/> Studies	<input type="checkbox"/> School	<input type="checkbox"/> Studies	<input type="checkbox"/> School	<input type="checkbox"/> Studies
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For children aged 23 or over, please enclose certificate of schooling or studies <i>Schul- oder Studienzeit</i> <i>Bitte bei Kindern ab 23 Jahren Schul- oder Studienbescheinigung beifügen</i>	<b>from von</b> (Tag/Monat/Jahr)	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Day Month Year																					<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Day Month Year																					<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Day Month Year																				

Military, civilian or voluntary service	<b>from von</b> (Tag/Monat/Jahr)	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Day Month Year																					<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Day Month Year																					<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Day Month Year																				
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I confirm that the details provided are accurate. I will inform you immediately of any changes. This applies in particular if there is any change in the income of my family member/s shown above (e.g. new income tax assessment for a self-employed person) or if any of the family members themselves join a (different) health insurance fund.

*Ich bestätige die Richtigkeit der Angaben. Über Änderungen werde ich Sie umgehend informieren. Das gilt insbesondere, wenn sich das Einkommen meines/meiner o. a. Angehörigen verändert (z. B. neuer Einkommensteuerbescheid bei selbstständiger Tätigkeit) oder diese selbst Mitglied einer (anderen) Krankenkasse bzw. einer anderen Krankenversicherung werden.*

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By signing this document, I confirm that I have obtained the consent of the family member/s to supply the necessary information. *Mit der Unterschrift erkläre ich, die Zustimmung des/der Familienangehörigen zur Angabe der erforderlichen Daten erhalten zu haben.*

Where family members are living separately, the signature of the family member/s is sufficient. *Bei getrennt lebenden Familienangehörigen reicht die Unterschrift des/der Familienangehörigen aus.*

**Data protection notice:** In order for us to be able to assess the family insurance, your participation according to §§ 10 Abs. 6, 289 SGB V is required. The data are to be collected for determining the insurance relationship (§§ 10, 284 SGB V, § 7 KVLG 1989, § 25 SGB XI). The details of contact details (e-mail and telephone number) are voluntary and will only be used for queries regarding your insurance relationship. Further information about the processing of your personal data by us and your rights under the EU General Data Protection Regulation can be found on our homepage [www.daimler-bkk.com](http://www.daimler-bkk.com), webcode 139.

*Datenschutzhinweis: Damit wir die Familienversicherung beurteilen können, ist Ihr Mitwirken nach §§ 10 Abs. 6, 289 SGB V erforderlich. Die Daten sind für die Feststellung des Versicherungsverhältnisses (§§ 10, 284 SGB V, § 7 KVLG 1989, § 25 SGB XI) zu erheben. Die Angaben zu Kontaktdaten (E-Mail und Telefonnummer) sind freiwillig und werden ausschließlich für Rückfragen zu Ihrem Versicherungsverhältnis verwendet. Weitere Informationen über die Verarbeitung Ihrer personenbezogenen Daten durch uns und Ihre Rechte nach der EU-Datenschutz-Grundverordnung finden Sie auf unserer Homepage [www.daimler-bkk.com](http://www.daimler-bkk.com), Webcode 139.*