

Personal details Persönliche Angaben

Health insurance number (found on your health card/
Gesundheitskarte) *Versichertennummer*
(Diese finden Sie auf Ihrer Gesundheitskarte)

Pension insurance number (1)
Rentenversicherungsnummer

Gender *Geschlecht*
 female male other undefined
weiblich/männlich/divers/unbestimmt

Last name *Nachname* First name *Vorname*

Date of birth (DD/MM/YYYY) *Geburtsdatum* Place of birth *Geburtsort* Nationality *Staatsangehörigkeit*

Street house number *Straße Hausnummer* Postcode town/city *PLZ Ort*

Telephone/mobile phone number* *Telefon-/Handy-Nr.** Email address* *E-Mail-Adresse** *This information is optional **Die Angaben sind freiwillig*

I would like to register with the customer centre at:
Ich möchte vom Kundencenter in ... betreut werden

Insurance details Angaben zum Versicherungsverhältnis

My membership with the Daimler BKK is to begin due to a: *Meine Mitgliedschaft in der Daimler BKK soll beginnen wegen:*

Change of health insurance fund on:
(cancellation notice process) DD/MM/YYYY *Tag Monat Jahr* Change of employer on:
(immediate right of choice) DD/MM/YYYY *Tag Monat Jahr* (2)
Krankenkassenwechsel zum: (Kündigungsverfahren) *Arbeitgeberwechsel zum: (Sofortwahlrecht)*

I am an employee *Ich bin Arbeitnehmer*in* I am a trainee (3) *Ich bin Auszubildende*r*
 at Daimler AG *bei der Daimler AG* at Mercedes-Benz AG *bei der Mercedes-Benz AG* at Daimler Truck AG *bei der Daimler Truck AG*
 at Daimler Mobility AG *bei der Daimler Mobility AG* Plant/branch/location: *Werk/Niederlassung/Ort:*
 at another company: *bei einem anderen Arbeitgeber:*

Name of employer *Name des Arbeitgebers* Street house no., postcode town/city *Str. Nr., PLZ Ort* Telephone number *Telefonnummer*

I am an intern/a diploma student (4) *Ich bin Praktikant*in/Diplomand*in* I am completing voluntary social service *Ich absolviere ein Freiwilliges Soziales Jahr (FSJ)*

I am self-employed as (5): *Ich bin selbstständig als:* (5)

I am on parental leave (6) *Ich bin in Elternzeit* I am in full-time education (7) *Ich bin Student*in/Schüler*in* I am unemployed (8) *Ich bin arbeitslos*

I am retired (9) *Ich bin Rentner*in* I am a civil servant (10) *Ich bin Beamter/Beamtin*

I am the spouse/child of BKK member: *Ich bin Ehepartner*in/Kind des BKK-Mitglieds:*

Name of the spouse or parent who is already insured with Daimler BKK Date of birth (DD/MM/YYYY)
*Name der Ehepartner*in/des Ehepartners oder Elternteils, die/der bei der Daimler BKK bereits versichert ist* *Geburtsdatum (Tag/Monat/Jahr)*

I was insured so far *Ich war bislang versichert* as compulsory member *als Pflichtmitglied* as voluntary member (11) *als freiwilliges Mitglied*

privately insured *privat versichert* included in family insurance at: *familienversichert bei der:*

Name of the health insurance fund *Name der Krankenkasse* Address of the health insurance fund *Anschrift der Krankenkasse*

This will be my first job in Germany *Ich nehme erstmals eine Beschäftigung in Deutschland auf*
 I have just started working and do not yet have a social security ID *Ich bin erstmals berufstätig und verfüge noch nicht über einen Sozialversicherungsausweis*
 I have children (including fostered or adopted children – attach any documentary evidence) (12) *Ich habe Kinder (auch Pflege- oder Adoptivkinder – ggf. Nachweis beifügen)*
 I have dependents (spouse/children) who need to be covered at no additional charge (we will send you another form to complete) (13) *Ich habe Angehörige (Ehepartner*in/ Kinder), die beitragsfrei mitversichert werden sollen (Sie erhalten von uns einen weiteren Fragebogen)*
 I would like to receive the monthly newsletter (please enter your email address above) *Ich möchte den monatlichen Newsletter erhalten (Bitte oben Ihre E-Mail-Adresse eintragen)*

So that your membership with the Daimler BKK can begin, we will get in contact with your previous health insurance fund via the electronic notification procedure.
Damit die Mitgliedschaft bei der Daimler BKK beginnen kann, treten wir mit Ihrer bisherigen Krankenkasse über das elektronische Meldeverfahren in Verbindung.

Date (DD/MM/YYYY) *Datum* Signature *Unterschrift*

www.daimler-bkk.com

Data protection notice: We need your personal data (social data) to do our job properly for you. According to § 284 of the Social Security Code (SGB) V in conjunction with § 60 SGB I we are entitled to collect the data and you are obliged to cooperate. The entry of telephone number and e-mail address is voluntary. Your information will be treated confidentially and subject to data protection. 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, webcode 139.
Datenschutzhinweis: Ihre persönlichen Daten (Sozialdaten) benötigen wir, um unsere Aufgaben für Sie ordnungsgemäß erledigen zu können. Nach § 284 Sozialgesetzbuch (SGB) V in Verbindung mit § 60 SGB I sind wir berechtigt, die Daten zu erheben, und Sie zur Mitwirkung verpflichtet. Die Nennung von Telefonnummer und E-Mail-Adresse ist freiwillig. Ihre Angaben werden vertraulich behandelt und unterliegen dem Datenschutz. Weitere Informationen über die Verarbeitung Ihrer personen-bezogenen Daten durch uns und Ihre Rechte nach der EU-Datenschutz-Grundverordnung finden Sie auf unserer Homepage www.daimler-bkk.com, Webcode 139.



Important information about your application

Please read the accompanying notes before filling out the application in order to prevent errors and delay to your membership certificate.

(1) Pension insurance number (*Rentenversicherungsnummer*)

Your pension insurance number can be found on your social security ID card. If you do not have this card available, please confirm your birth name, place of birth and nationality.

(2) Change of employer

If you change employer, you can directly become a Daimler BKK member without first having to give notice to your previous health insurance fund. We will take over the electronic notification procedure for you.

(3) Employer information

We require full details of your employer so that we can send them the membership certificate. This ensures that your health insurance cover switches over on time.

(4) I am an intern/a diploma student

Please enclose your intern/diploma student contract.

(5) I am self-employed

Please enclose your most recent available tax assessment notice and your business registration notice (if available).

(6) I am on parental leave

Please enclose confirmation of your parental allowance.

(7) I am in full-time education

Please enclose your university or school enrollment certificate.

(8) I am unemployed

Please enclose confirmation from the Federal Employment Agency/ Jobcenter (e.g. certificate of benefits granted/Bewilligungsbescheid).

(9) I am retired

Please enclose your pension approval certificate and, if applicable, your company pension certificate.

(10) I am a civil servant

Please enclose your most recent payslip and proof of your entitlement to aid (if available).

(11) During the last 18 months I was a voluntary member (without employment)

Please enclose proof of your income and, if your spouse/life partner is not covered by statutory health insurance, please also enclose proof of his/her income.

(12) Evidence of children

To ensure your long-term care insurance premium is correct, we require proof of your parental status (e.g. birth certificate).

(13) Family insurance

If your dependents (e.g. spouse/life partner and children) are currently insured on your policy, we will check your eligibility for family insurance with Daimler BKK. To enable us to do this, please complete the enclosed family insurance application form.

Once we have received all the necessary documents, we will send you your personal health card (Gesundheitskarte) and your membership certificate without delay. If we do not have a photograph of you on file, you will receive a separate letter requesting this.

Do you require assistance with completing the forms or do you have other questions? Then please call us at:
+49 711 17 46 555

Information on Data Processing by Daimler BKK under Art. 13 and Art. 14 of the GDPR

Daimler BKK and BKK-Pflegekasse Daimler collect, process, store and use social insurance information to fulfill their statutory mandates. Pursuant to Art. 13 and Art. 14 of the EU's General Data Protection Regulation (GDPR), these organizations are required to provide certain information when collecting personal data. In compliance with those obligations, this page gives an overview of the purposes and legal basis for processing.

Name of Data Controller and Contact Information

Daimler BKK
28178 Bremen

Represented by its Board of Management member
Benjamin Plocher
Tel.: 07 11 17-5 95 82
Fax: 04 21 3 30 72-1 88
benjamin.plocher@daimler-bkk.com

Contact Information for Data Protection Officer

Hartmut Steffens
Tel: 04 21 4 19-46 16
Fax: 04 21 3 30 72-2 77
datenschutz@daimler-bkk.com

Purposes and Legal Basis of Processing

Daimler BKK collects, processes, stores and uses social insurance information to fulfill their statutory mandates. The lists below provide you with an overview of the purposes for which the medical insurance company (Daimler BKK) and the nursing insurance company (BKK-Pflegekasse) process your information and the legal basis of such processing.

I. Daimler BKK

1. Establishment of insurance coverage
2. Issuance of health insurance cards and electronic health care cards
3. Dealing with matters involving insurance premiums
4. Evaluating and granting benefits
5. Supporting insured persons in cases of malpractice
6. Reimbursement of expenses
7. Determining copayment status and out-of-pocket limits
8. Refunding of premiums
9. Consultation with the medical service
10. Billing of service providers
11. Cost effectiveness and quality audits of service providers
12. Settlement of invoices from other service providers
13. Filing claims for reimbursement and compensation from third parties

14. Preparing, concluding agreements on and implementing agreements on morbidity-based compensation structures
15. Preparing, concluding agreements on and quality assurance of model projects and integrated care
16. Implementation of the structural risk compensation plan and risk pool
17. Preparing and conducting structured treatment programs (disease management programs, or DMP)
18. Conclusion and execution of nursing care pay rate, compensation, as well as service and quality agreements
19. Advice on preventive measures and rehabilitation
20. Coordination of nursing aids
21. Statistical purposes
22. Acquisition of members
23. Implementation of the *Aufwendungsausgleichsgesetz* (AAG – German Act on Compensation of Employer Expenses for Employee Sickness Benefits)

II. BKK-Pflegekasse Daimler

1. Support for individuals in need of care who require assistance because of the severity of their disability
2. Financing of services and other expenses by collecting premiums from employers and members
3. Determining insurance coverage and membership
4. Determining obligation to pay premiums and what amounts
5. Evaluating entitlement to benefits and providing benefits to insured persons as well as processing of claims for reimbursement and compensation
6. Consultation with the medical service
7. Settlement of invoices from service providers and corresponding reimbursement
8. Monitoring of cost-effectiveness, plus settlement and reimbursement of nursing care provided
9. Conclusion and execution of nursing care pay rate, compensation, as well as service and quality agreements

10. Advice on entitlement to care as well as services and aids
11. Coordination of nursing aids, advice on care and performance of duties at nursing care advisory centers
12. Statistical purposes
13. Support with filing claims for compensation

In addition, Daimler BKK may collect, use, process and store your information on the basis of an express declaration of consent given in accordance with Art. 6, para. 1a of the General Data Protection Regulation (GDPR) in conjunction with Section 67b, para. 2 of the Book 10 of the Code of Social Law (SGB X).

We are permitted, in deviation from the purposes and legal basis stated above, to use your information for other purposes (change of purpose) without informing you in advance, provided the following conditions are met:

1. The action is being taken in accordance with Section 82, para. 2, of SGB X
2. A different legal provision allows a change of purpose without requiring us to inform you
3. You have given your express consent
4. The information has been pseudonymized

Provision of Social Insurance Information

In order for Daimler BKK to fulfill its statutory duties to the fullest extent, please note that you have a duty to cooperate pursuant to Sections 60 et seq. of the Book 1 of the Social Security Code (SGB I). The law states that you are required to provide Daimler BKK with certain information about yourself that is required for the performance of statutory duties on your behalf. A failure to cooperate on your part may result in delays or denial of the benefits requested by you.

Voluntary information such as your telephone number and e-mail address are expressly exempt from the information you are required to provide. If you do not provide us with that information, you will not be in violation of your duty to cooperate, and you will suffer no disadvantages.

Your social insurance information that Daimler BKK is required to collect, process, store and use falls under the data protection provisions of SGB X, the *Bundesdatenschutzgesetz* (BDSG – German Federal Data Protection Act) and, as of May 25, 2018, the EU's General Data Protection Provision (GDPR). Daimler BKK ensures that it complies with the rules governing the secrecy of social insurance information in accordance with Section 35 of SGB I.

Automated Individual Decision-Making

Daimler BKK does not make decisions based on automated processing, including profiling, as defined by Art. 22 of the GDPR.

Categories of recipients

Daimler BKK regularly transmits social insurance information based on the legal requirements of the SGB or other legal regulations to the following recipients:

- Carriers of pension and accident insurance
- Germany's Federal Employment Agency
- Financial institutions as part of payment transactions
- Employers and payment authorities
- Pension administration offices
- Service providers
- Military district administrative offices
- Tax authorities
- Transmission in individual cases in accordance with Sections 67d et seq. of SGB X
- External contract data processors in accordance with Section 80 of SGB X

If we transmit your information to one of these categories of recipients, we will inform you of the recipient, unless one of the exceptions stipulated under Section 82, paras. 1 and 2 of SGB X or the conditions laid out in Art. 13, para. 4, of the GDPR apply.

Retention Period

Various retention periods apply to the purposes of processing social insurance information. Those periods are governed by Section 110a of SGB IV, Section 304 of SGB V, Section 107 of SGB XI and in the General Administrative Regulation on Accounting in the Social Insurance Industry (SRVwV). Once the purpose of processing no longer applies, the relevant social insurance information data will be deleted.

Rights of Data Subjects Regarding Data Processing

By contacting the individuals named above, you can assert the following rights if the legal requirements are met:

- Right to access and information about the processed data (Art. 15 of the GDPR in conjunction with Section 83 of SGB X)
- Right to rectification of incorrect data (Art. 16 of the GDPR in conjunction with Section 84 of SGB X)
- Right to erasure (Art. 17 of the GDPR in conjunction with Section 84 of SGB X)
- Right to restriction of processing (Art. 18 of the GDPR in conjunction with Section 84 of SGB X)
- Right to data portability (Art. 20 of the GDPR)
- Right to object (Art. 21 of the GDPR in conjunction with Section 84 of SGB X)
- In the case of data processing based on consent, you have the right to withdraw your consent permanently at any time

Right to Lodge a Complaint with Supervisory Authorities

As a data subject, you have the right to contact the competent supervisory authorities with jurisdiction over Daimler BKK:

1. Federal Commissioner for Data Protection and Freedom of Information
Graurheindorfer Straße 153
53117 Bonn
poststelle@bfdi.bund.de or
poststelle@bfdi.de-mail.de

2. German Federal Insurance Office
Friedrich-Ebert-Allee 38
53113 Bonn
poststelle@bvamt.bund.de or
poststelle@bvamt.de-mail.de

You can find additional information about data protection and your rights under the EU General Data Protection Regulation on our website at www.daimler-bkk.com, Webcode 139.

