

## 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<sup>1</sup> *Telefon-/Handy-Nr.<sup>1</sup>*

Email address<sup>1</sup> *E-Mail-Adresse<sup>1</sup>*

<sup>1</sup>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:  **Change of health insurance fund** (cancellation notice process)  
*Meine Mitgliedschaft soll beginnen am:* (DD/MM/YYYY) *wegen* *Krankenkassenwechsel (Kündigungsverfahren)*

**Change of employer** (immediate right of choice) (2)  
*Arbeitgeberwechsel (Sofortwahlrecht)*

I am an employee *Ich bin Arbeitnehmer:in*  I am a trainee (3) *Ich bin Auszubildende:r*

at Mercedes-Benz Group AG *bei der Mercedes-Benz Group AG*  at Daimler Truck Holding AG *bei der Daimler Truck Holding AG*

at a subsidiary *bei einer Tochtergesellschaft* 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:* \_\_\_\_\_

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

*Name der Ehepartner:in/des Ehepartners oder Elternteils, die/der bei der Daimler BKK bereits versichert ist*

Date of birth (DD/MM/YYYY)  
*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](http://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](http://www.daimler-bkk.com), webcode 139d.  
*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](http://www.daimler-bkk.com), Webcode 139d.*

## 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 (online or in paper 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.**