

# APPLICATION TO JOIN

## PERSONAL DETAILS

(is deemed to be a declaration for health insurance and as a membership certificate of BKK MAHLE in accordance with Section 175 of Book V of the German Code of Social Law (SGB).)

I am applying to join BKK MAHLE on

Last name, first name

Gender

Male  Diverse  Female  Indefinite

Street

Zip code / Town

Telephone\*

Email\*

Date of birth

Place of birth

Name at birth

Family status\*

Nationality

Pension/social insurance no.

Health insurance fund to date

from

to

Family insurance  Compulsorily insured  Voluntarily insured  Privately insured

Health insurance number  
As per current insurance card

Yes, I draw a pension under the German Pension Insurance Scheme (if yes, attach notice)

I have already made a pension application on:

Are you in receipt of benefit payments? (if yes, attach notice)

## INFORMATION ON EMPLOYMENT

I am/will be since/from as

Employee  Trainee  Student  
 Pensioner  Intern  Unemployed person

Name and address of the employer

  

BKK Mahle is an exclusive and closed insurance pool for employees of the Mahle Group and their families. As I do not work for the Mahle Group, my membership is based on the following member:

Name of my family member

Do you also undertake freelance work?  yes  no

## NON-CONTRIBUTORY FAMILY INSURANCE

There are family members  yes  no

I am applying for family insurance  yes (See attached application)  no

**Note:** We need a photograph to produce your electronic health card. Please enclose this with the application or upload it to [www.bkk-mahle.de/service](http://www.bkk-mahle.de/service) once you have received your insurance number



Date

Signature

\* Information is provided on a voluntary basis

**Data protection information:** Contact data (email and telephone number) is provided voluntarily and is used exclusively for queries within the scope of statutory provisions. Such data can be erased at any time. Data is collected and processed on the basis of statutory provisions and is required for the performance of BKK MAHLE's tasks. You can find further information about how your personal data is processed by BKK MAHLE and your rights in accordance with the EU General Data Protection Regulation on our website (<https://www.bkk-mahle.de/datenschutz>) or you can obtain a paper copy: just phone us and we will be pleased to send you the information.

# APPLICATION

HEALTH INSURANCE FOR PRIVATE TRIPS ABROAD



## PERSONAL DETAILS

Last name, first name

Address

Health insurance number

**Yes,** I would like to apply to join the optional tariff.

**Yes,** the optional tariff is also to be applied for my co-insured family members.

## Term • Date • Signature

I am aware that this choice is for an indefinite period but for a minimum of three years and, after that, termination (with the exception of a special termination right) is only possible at the end of a calendar year. The optional tariff will start on the first of the month in which BKK MAHLE receives the application. The insurance conditions of Barmenia Krankenversicherung a.G. shall apply.

Date

Signature

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