APPLICATION TO JOIN FREE-OF-CHARGE FAMILY INSURANCE

PERSONAL DETAILS

Last name, first name:

Health insurance number:

To date, I was insured: ☐ **as a member in my own right** ☐ **under a family insurance policy**

with: (Health insurance fund)

☐ **Not covered by statutory health insurance**

Family status: ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Widowed**

☐ **Registered civil partnership in accordance with the German Law on Civil Partnership (LPartG)** (in this case, please enter the information in the „Spouse" column)

Reason for inclusion in the family insurance scheme: ☐ **Start of my membership** ☐ **Birth of a child** ☐ **Marriage**

☐ **Ending of the family member's previous own membership**

Miscellaneous:

Start of family insurance:

Telephone (daytime): (voluntary information)

INFORMATION ON FAMILY MEMBERS

The following information is only required for those family members who are going to be covered by our family insurance. As a variation to this, we also require specific information about your spouse/life partner, even if we are only being asked to provide family insurance for your children. In this case, apart from the general data, information on the insurance of the spouse/life partner and – where the spouse/life partner does not have statutory insurance and is related to the children – information on their income are required; for this, income statements must be provided to prove receipts, but allowances that are paid according to family status can be ignored when proving information on income.
Please note that obtaining concurrent family insurance from different health insurance providers is prohibited by law. When you provide us with information, therefore please make sure that you do not have two family insurance policies.

	Spouse	Child	Child	Child
Surname*				
First name				
Gender	☐ Male ☐ Diverse ☐ Female ☐ Indefinite	☐ Male ☐ Diverse ☐ Female ☐ Indefinite	☐ Male ☐ Diverse ☐ Female ☐ Indefinite	☐ Male ☐ Diverse ☐ Female ☐ Indefinite
Date of birth				
If applicable, different address from the member				
Relationship of the member to the child		☐ Biological child** ☐ Step-child ☐ Grandchild ☐ Foster child	☐ Biological child** ☐ Step-child ☐ Grandchild ☐ Foster child	☐ Biological child** ☐ Step-child ☐ Grandchild ☐ Foster child
Is the spouse related to the child? (Only if there is no family relationship)		☐ no	☐ no	☐ no

* Please attach a marriage certificate or proof of parentage, if your spouse/life partner or your children have a different name (if you have not already provided these documents).
** Also use the term „biological child" for adoption.

BKK MAHLE, Pragstraße 26-46, 70376 Stuttgart
Telephone: 07 11 / 501-1 22 24 • Telefax: 07 11 / 501-1 20 26 • info@bkk-mahle.de

INFORMATION ON THE LAST INSURANCE OF FAMILY MEMBERS OR INSURANCE TO DATE OR STILL EXISTING INSURANCE

	Spouse	Child	Child	Child
The insurance to date ended on:				
The insurance to date was with: (Name of the health insurance fund)				
Type of insurance to date:	☐ Membership ☐ Family insurance ☐ Not covered by statutory insurance	☐ Membership ☐ Family insurance ☐ Not covered by statutory insurance	☐ Membership ☐ Family insurance ☐ Not covered by statutory insurance	☐ Membership ☐ Family insurance ☐ Not covered by statutory insurance
Where the most recent insurance has been a family insurance, the first and last name of the person on whom membership of the family insurance is based:				
The insurance to date still exists with: (Name of the health insurance fund/health insurance)				

OTHER INFORMATION ON FAMILY MEMBERS

	Spouse	Child	Child	Child
Self-employment exists:	☐ yes	☐ yes	☐ yes	☐ yes
Profit from self-employed activity (monthly) Please attach copy of current income tax assessment notice.	€	€	€	€
Gross remuneration from marginal employment („mini jobs") (Monthly)	€	€	€	€
Severance pay after job loss: (Please attach evidence for the amount of severance pay)	€	€	€	€
Statutory pension, benefits payments, company pension, foreign pension, other pensions (amount paid monthly)	€	€	€	€
Other regular monthly Income as defined by German income tax legislation (e.g. gross remuneration from more than marginal employment, income from renting and leasing, income from capital assets)	€ Type of income	€ Type of income	€ Type of income	€ Type of income
Attending school/university studies (For children aged 23 and over, please provide evidence of school or university attendance)		From / to	From / to	From / to
Military or civilian service (Please attach a certificate of service)		From / to	From / to	From / to

INFORMATION ON THE ALLOCATION OF A HEALTH INSURANCE NUMBER FOR FAMILY MEMBERS COVERED BY FAMILY INSURANCE

	Spouse	Child	Child	Child
Own pension insurance no.: (Pension insurance no.)				
The following information is only required if a pension insurance number has not yet been allocated.				
Name at birth				
Place of birth				
Country of birth				
Nationality				

I confirm that the information is correct. I will advise you immediately of changes. This applies in particular if the income of my above mentioned family members changes (e.g. new income tax assessment notice from self-employed work) or if this person becomes a member of (another) health insurance fund. Data protection information (Section 67a para. 3 Book X of the German Code of Social Law (SGB): For us to be able to evaluate the family insurance, we require your involvement as defined in Sections 10 para. 6, 289 Book V of the German Code of Social Law (SGB V). The data is collected for the purpose of assessing your insurance cover (Sections 10, 284 SGB V, Section 7 Health insurance for farmers (KVLG) 1989, Section 25 SGB XI).
Contact details provided voluntarily are exclusively used to process queries relating to your insurance cover.

Place, date

Member's signature

By signing the above, I declare that I have obtained my family members' consent before disclosing the required data.

Signatures of family members, if applicable

If family members live separately, the signature of the family member is sufficient.