

BKK DR. OETKER MEMBERSHIP APPLICATION

I would like to become a member of the BKK Dr. Oetker as of:

For explanation of the numbers in brackets please refer to the notes: "Help With Filling Out the Form"

1. Personal details

<input type="text"/>		<input type="text"/>	<input type="checkbox"/> female	<input type="checkbox"/> male
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>		<input type="text"/>	<input type="text"/>	

2. Marital status

Single Married Widowed Divorced since

My spouse/spousal equivalent under the German Lifetime Partnership Act is covered under the following health insurance provider

3. Occupation

Employee Apprentice/Trainee Student (2) Parental leave

Self-employed/freelance (5) Pensioner (6) Drawing unemployment benefit (ALG/ALG II (7))

Only for self-employed and freelancer: I apply for sick pay stipulated by law (from seventh week) optional tariff no sick pay

4. Additional income/revenues

Besides the revenues listed under point 3 (occupation), I receive in addition: wage-replacement benefits (10) pension benefits (6)

5. Employer

<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	

6. Previous health insurance – please indicate your insurance provider(s) of the last 18 months.

Previously I was covered by:

Compulsory insurance	Voluntary insurance	Family insurance	Private health insurance (8)	No insurance	from	to	Your last health insurance provider (9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

7. Payment of contributions

The contributions are to be paid by: Employer Benefit-provider (11) I will myself regularly personally transfer the contributions from my bank account

Please debit the contributions from my bank account until further notice

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>

Should family members be included free of charge in the health insurance scheme? yes no **If „Yes“, please fill in the enclosed Family insurance form.**

<input type="text"/>	<input type="text"/>
<input type="text"/>	

Note on Data Protection:

§ 67 a Paragraph 3 of the Social Security Statute Book, Book Ten (SGB X): In order that we may complete our duties in a manner accordant with the law, your cooperation is required under §289 of Book Five of the Social Security Statute Book (SGB V). Data must be gathered so as to properly establish the terms of the insurance contract (§10, 284, SGB V, §7 KVLG 1989). The personal data you provide are protected by the laws on data protection.

■ HELP WITH FILLING OUT THE FORM

Help with filling out the form „Membership Application“

For a swift processing of your application it is essential that you provide the documentary evidence relevant in your case!

1. Your National insurance number (Rentenversicherungsnummer) can be found on your National Insurance Card/wage or salary slip. If no National insurance number (Rentenversicherungsnummer) is available, it is absolutely necessary that you indicate here your place and country of birth as well as your name at birth.
2. Please enclose a copy of your valid student ID card (Immatrikulationsbescheinigung).
3. Please provide information regarding your income as well as that of your spouse. For your children (only if children are dependent on you and your spouse) please provide a certificate of insurance (unless they are insured under the compulsory family insurance).
4. Please provide evidence of your status as a pupil still attending school.
5. Please provide a copy of your last tax assessment notice and evidence of the registration of a business.
6. Please provide a copy of your pension approval certificate under the German pension scheme.
7. Please provide a copy of the last official notice you received from the branch of the German Federal Employment Agency/German job centre responsible for your case. Please always state your customer number.
8. Please provide a certificate for previous insurance periods in any private health insurance scheme.
9. Please provide a copy of the confirmation of cancellation of your insurance contract with your previous health insurance provider. **Please note: You can only become a member if you provide a copy of said certificate of cancellation.** (This shall not apply if, in the previous **18 months**, you were covered by a family health insurance or were not insured by any state health insurance provider.)
10. Please provide a copy of your official notification (company pension, pension, direct insurance or the like).
11. As “benefit providers” shall count, for example: Pensions Regulatory Authorities, the German Federal Employment Agency and the German job centres.

