



Membership application

1 Personal details

Gender* Male Female Other Non-specific

Title	Date of birth*
Last name, first name*	Birth name
Street* House number*	Place of birth Country of birth
Address line 2	Nationality
Postcode* Town/city*	Email address
Tax identification number*	Daytime telephone number

Marital status*:

Single Married Separated Divorced Widowed In a registered partnership pursuant to the Act on Registered Life Partnerships – LPartG

I would like to add family members to my insurance free of charge: Yes No

2 Activity details

I am an employee/trainee

Company name*			
Street*	Number*	Postcode*	Town/city*

What is your gross monthly salary?

euros/month

I am receiving unemployment benefit 1
(Please include information about current benefits)

I am receiving unemployment benefit 2
(Please include information about current benefits)

I am a student

I am on parental leave

I have one or more secondary sources of income: Yes (please enclose copies of supporting evidence) No

3 Insurance details

Name of current health insurance provider*	
Health insurance number*	or Social insurance/pension insurance number

I do not know either number (Under 'Personal details' enter: birth name, place of birth, country of birth, nationality)

What insurance do you currently have?* I have public insurance (Please select: Compulsory Voluntary)

I have family insurance I have private insurance I have insurance in another country

Reason for change of health insurance:* Start of compulsory insurance obligations (e.g. when changing employers)

Start of insurance entitlement (e.g. when commencing/changing voluntary insurance)

Termination (after the 12-month commitment period)

Special termination (before the end of the 12-month commitment period, e.g. if the supplemental contribution is increased)

Membership start date*:

How did you find out about us? Advert Employer Word of mouth Other:

Data protection information

We require certain personal details from you in order to proceed with your membership. These mandatory fields are marked [*]. We also ask you to provide your telephone number or email address, as this facilitates our work. This information is provided on a voluntary basis. You can refuse consent to provide such information or withdraw your consent with future effect at any time, with no adverse consequences for you. This does not alter the lawfulness of processing previously carried out with your consent. You can exercise your right to withdraw consent at any time by contacting Heimat Krankenkasse [including via email to datenschutz@heimat-krankenkasse.de]. You can find general information about how we process your data on our website at www.heimat-krankenkasse.de/datenschutz (in German only) or ask us directly. If you have any questions, please address these to Heimat Krankenkasse or our data protection officer at datenschutz@heimat-krankenkasse.de.

Consent to use of data

I agree that Heimat Krankenkasse may store and use the contact information that I have provided in order to inform and advise me about benefits and news from Heimat Krankenkasse and private supplementary insurance products provided by partners of Heimat Krankenkasse, and to carry out opinion surveys, including by email, telephone or text message. This consent is voluntary, and I can withdraw it at any time with future effect. This consent will apply even if the requested membership does not come into effect. The data subject rights set out in our Privacy Policy published on our website at www.heimat-krankenkasse.de/datenschutz (in German only) apply.

Yes, I agree