

Membership application

Membership start date:

HEIMAT
KRANKENKASSE

1 Personal details

Gender ☐ Male ☐ Female ☐ Other ☐ Non-specific

Title	Date of birth	Birth name
Last name, first name	Place of birth	Country of birth
Street	House number	
Address line 2		
Postcode	Town/city	
Tax identification number		
Nationality		
IBAN [optional]		
E-Mail [optional]		
Daytime telephone number [optional]		

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

Partnership: Do you have? ☐ yes (please provide proof) ☐ no

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 Citizens' Income (formerly known as Unemployment Benefit II)
(Please include information about current benefits)

☐ I am a student

☐ I am on parental leave

☐ I am receiving a statutory pension

☐ I have one or more secondary sources of income:

Type of income (please enclose copies of supporting evidence)

3 Previous insurance details

Name of current health insurance provider	from		to	
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. in the event of a change of employer)
☐ **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)

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. 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.

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 its partners, and to carry out opinion surveys, including by email, telephone or text message). This consent will apply even if the requested membership does not come into effect. The consent is voluntary. I may withdraw consent from Heimat Krankenkasse at any time with future effect with no negative consequences (including by sending an email to datenschutz@heimat-krankenkasse.de).

☐ Yes, I agree

Date	Town/city
Signature	