

BECOMING A MEMBER

I intend to become a BKK MTU member with effect from



Data protection remark (sec. 67a para. 3 of the German Social Code, vol. X): For us to be able to perform our tasks in a legal manner, your cooperation on the basis of sec. 289 of the German Social Code, vol. V (SGB V), is required. Your data is used to determine the insurance relationship (sec. 10 and sec. 284 of the German Social Code, vol. V) and it goes without saying that your data will be protected, treated in a confidential manner and securely stored on data storage devices. * The details of your phone number and e-mail address are voluntary and will not be saved. They are used exclusively to contact you in case of any queries regarding your membership application. Generally, BKK health insurance membership includes BKK nursing care insurance membership starting at the same time.

WELCOME TO THE MTU COMPANY HEALTH INSURANCE FUND (BKK)

1. Personal information

Family name, given name

Street, number

Postcode, city/town

Phone or e-mail*

Date of birth

Gender

Citizenship

Civil status

Pension insurance number

Other (place/country of birth; name at birth)

Please apply for a social security card on my behalf

I currently receive pension/benefit payments (please enclose the assessment notice)

2. Family insurance

I would like to co-insure relatives (spouse, children) on a free-of-charge basis. Please provide me with the family questionnaire (application for family insurance) for this purpose.

My spouse has compulsory health insurance

voluntary health insurance family health insurance

private health insurance foreign health insurance

with (name of the health insurance company)

3. I would like to purchase health insurance in my position as a(n)

employee

apprentice

student

freelancer

pensioner

4. My employer (and/or university, training company)

Name of the employer/university

Street, number

Postcode, city/town

employed starting from

monthly gross salary

First-time employment in Germany

Change of health insurance due to change of employer.

5. Information on previous insurance contracts

I was last from

to

at the following health insurance

health insurance number (KVNR)

personal insurance

family insurance as a relative of:

Family name, given name

Date of birth

Insurance number

Since _____, I have had no statutory health insurance:

private health insurance foreign health insurance

Place, date

Signature