

### Information on the Member

|  |               |                           |
|--|---------------|---------------------------|
| Name   |               | First name                |
| Health insurance number  | Date of birth | Mobile number* or E-mail* |
| Marital status   |               |                           |
| <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced since _____ <input type="checkbox"/> widowed <input type="checkbox"/> registered civil partnership** |               |                           |

### Reason for inclusion in the family insurance plan as of \_\_\_/\_\_\_/\_\_\_\_\_

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Start of my membership                                   | <input type="checkbox"/> Birth of the child (please enclose birth certificate)           | <input type="checkbox"/> Marriage (please enclose marriage certificate) |
| <input type="checkbox"/> University studies (Please enclose certificate of study) | <input type="checkbox"/> Termination of the previous (own) membership of the relative(s) |   |
| <input type="checkbox"/> Move from abroad (please enclose residence permit)       |  |   |
| <input type="checkbox"/> Other: _____   |  |   |

### Information on the spouse

(The information is also required if only children are to be insured with us.)

|  |  |   |
|--|--|---|
| My spouse is related to the children <input type="checkbox"/> yes <input type="checkbox"/> no (further details are not required) |  |   |
| My spouse is a member of a statutory health insurance fund   |  |   |
| <input type="checkbox"/> yes (Please enter the name and address of the health insurance fund) _____                              |  |   |
| <input type="checkbox"/> no (Please provide the following information on income)   |  |   |
| My spouse has income   | Annual income exceeds 66.600€ (gross)?   | Does your spouse's income exceed your income?   |
| <input type="checkbox"/> no <input type="checkbox"/> yes (Please answer further questions)                                       | <input type="checkbox"/> yes <input type="checkbox"/> no (Please attach proof of income) | <input type="checkbox"/> yes <input type="checkbox"/> no (Please enclose proof of income) |

### Information on family members

|   | Spouse/life partner  | Child 1  | Child 2  |
|---|--|--|--|
| Name  |  |  |  |
| First name  |  |  |  |
| Gender  | <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undefined | <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undefined | <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undefined |
| Date of birth   |  |  |  |
| Place of birth  |  |  |  |
| Maiden name   |  |  |  |
| Different address, if applicable  |  |  |  |
| Nationality   |  |  |  |
| Pension insurance number***   |  |  |  |
| Previous health insurance   |  |  |  |
| Type of insurance   | <input type="checkbox"/> Member<br><input type="checkbox"/> Family member<br><input type="checkbox"/> Not insured by law             | <input type="checkbox"/> yes as employee<br><input type="checkbox"/> Other   | <input type="checkbox"/> yes as employee<br><input type="checkbox"/> Other   |
| Own income  | <input type="checkbox"/> no income<br><input type="checkbox"/> "Mini-job"<br><input type="checkbox"/> Other (type/amount) ****       | <input type="checkbox"/> no income<br><input type="checkbox"/> "Mini-job"<br><input type="checkbox"/> Other (type/amount) ****       | <input type="checkbox"/> no income<br><input type="checkbox"/> "Mini-job"<br><input type="checkbox"/> Other (type/amount) ****       |
| Relation to the member  | <del>_____</del>   | <input type="checkbox"/> biological child<br><input type="checkbox"/> step-/ grandchild<br><input type="checkbox"/> foster child     | <input type="checkbox"/> biological child<br><input type="checkbox"/> step-/ grandchild<br><input type="checkbox"/> foster child     |
| School attendance /university studies from/to*****<br>Military, civilian or federal voluntary service from/to | <del>_____</del>   | from _____ to _____<br>from _____ to _____   | from _____ to _____<br>from _____ to _____   |

**please turn and sign.** (You will find the data privacy notice, the \* and more space for Children the back.)

## Information on family members

|   | Child 3  | Child 4  | Child 5  |
|---|--|--|--|
| Name  |  |  |  |
| First name  |  |  |  |
| Gender  | <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undefined | <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undefined | <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undefined |
| Date of birth   |  |  |  |
| Place of birth  |  |  |  |
| Maiden name   |  |  |  |
| Different address, if applicable  |  |  |  |
| Nationality   |  |  |  |
| Pension insurance number***   |  |  |  |
| Previous health insurance   |  |  |  |
| Type of insurance   | <input type="checkbox"/> Member<br><input type="checkbox"/> Family member<br><input type="checkbox"/> Not insured by law             | <input type="checkbox"/> yes as employee<br><input type="checkbox"/> Other   | <input type="checkbox"/> yes as employee<br><input type="checkbox"/> Other   |
| Own income  | <input type="checkbox"/> no income<br><input type="checkbox"/> "Mini-job"<br><input type="checkbox"/> Other (type/amount) ****       | <input type="checkbox"/> no income<br><input type="checkbox"/> "Mini-job"<br><input type="checkbox"/> Other (type/amount) ****       | <input type="checkbox"/> no income<br><input type="checkbox"/> "Mini-job"<br><input type="checkbox"/> Other (type/amount) ****       |
| Relation to the member  | <input type="checkbox"/> biological child<br><input type="checkbox"/> step-/ grandchild<br><input type="checkbox"/> foster child     | <input type="checkbox"/> biological child<br><input type="checkbox"/> step-/ grandchild<br><input type="checkbox"/> foster child     | <input type="checkbox"/> biological child<br><input type="checkbox"/> step-/ grandchild<br><input type="checkbox"/> foster child     |
| School attendance /university studies from/to*****<br>Military, civilian or federal voluntary service from/to | from _____ to _____<br>from _____ to _____   | from _____ to _____<br>from _____ to _____   | from _____ to _____<br>from _____ to _____   |

confirm the accuracy of the information provided. I will inform you immediately about any changes. This applies in particular if the income of my aforementioned family members changes (e.g. new income tax assessment in the case of self-employment) or the insured person has become a member of a (different) health insurance fund.

## signature

|             |                           |
|-------------|---------------------------|
| Date, Place | Signature<br><br><b>X</b> |
|-------------|---------------------------|

By signing this form, I declare that I have obtained the consent of the members of my family to provide the required data. In the case of family members living separately, the signature of the family member is sufficient.

**Data privacy notice:** In order for us to be able to assess family insurance, your cooperation is required in accordance with §§ 10 Para. 6, Section 289 of Book V of the German Social Code (SGB V). The data is collected for the purpose of determining the insurance relationship (Sections 10 and 284, SGB V, § 7 KVLG 1989, § 25 SGB XI). The contact details (e-mail and telephone number) are voluntary and will only be used for queries regarding your insurance relationship and benefit enquiries. Further information about the processing of your personal data by us and your rights according to the EU-Data Protection Regulation can be found on our homepage [www.merck-bkk.de/datenschutz](http://www.merck-bkk.de/datenschutz).

\* The information is voluntary.

\*\* Under the Civil Partnership Act.

\*\*\* If this is not known, please state place of birth and maiden name.

\*\*\*\* Please enclose proof or copy of the last tax assessment.

\*\*\*\*\* Please enclose a school/university study certificate in the case of children aged 23 and over, and a service certificate in the case of military or civilian service.