family application

Merck BKK
Unser Anspruch bist Du.

information on the member

Name	First name	
Health insurance number	Date of birth	Mobile number* or E-mail*

Marital status
☐ single ☐ married ☐ separated ☐ divorced since _____ ☐ widowed ☐ registered civil partnership**

reason for inclusion in the family insurance plan as of __/__/____

☐ Start of my membership
☐ University studies (Please enclose certificate of study)
☐ Move from abroad (please enclose residence permit)
☐ Birth of the child (please enclose birth certificate)
☐ Marriage (please enclose marriage certificate)
☐ Termination of the previous (own) membership of the relatative(s)
☐ 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 ☐ yes ☐ no (further details are not required)

My spouse is a member of a statutory health insurance fund
☐ yes (Please enter the name and address of the health insurance fund) _____
☐ no (Please provide the following information on income)

My spouse has income	Annual income exceeds 64.350€ (gross)?	Does your spouse's income exceed your income?
☐ no ☐ yes (Please answer further questions)	☐ yes ☐ no (Please attach proof of income)	☐ yes ☐ no (Please enclose proof of income)

information on family members

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

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

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information on family members

	Child 3	Child 4	Child 5
Name			
First name			
Gender	☐ male ☐ diverse ☐ female ☐ undefined	☐ male ☐ diverse ☐ female ☐ undefined	☐ male ☐ diverse ☐ female ☐ undefined
Date of birth			
Place of birth			
Maiden name			
Different address, if applicable			
Nationality			
Pension insurance number***			
Previous health insurance			
Type of insurance	☐ yes as employee ☐ Other	☐ yes as employee ☐ Other	☐ yes as employee ☐ Other
Own income	☐ no income ☐ "Mini-job" ☐ Other (type/amount) ****	☐ no income ☐ "Mini-job" ☐ Other (type/amount) ****	☐ no income ☐ "Mini-job" ☐ Other (type/amount) ****
Relation to the member	☐ biological child ☐ step-/ grandchild ☐ foster child	☐ biological child ☐ step-/ grandchild ☐ foster child	☐ biological child ☐ step-/ grandchild ☐ foster child
School attendance /university studies from/to***** Military, civilian or federal voluntary service from/to	from _____ to _____ from _____ to _____	from _____ to _____ from _____ to _____	from _____ to _____ 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
	✗

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.

* 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.