

Employee membership application form



I would like to change
to TK as of

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| | | | | | | | | | |
| Day | | Month | | Year | | | | | |

Personal information

☐ Ms ☐ Mr

Surname

First name

Street, Street no.

Address line 2

Post code, city

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Date of birth: DDMMYYYY

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Insurance no.

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German pension insurance number

If no insurance number or German pension insurance number has been assigned, we will require the following information:

Name at birth

Place of birth

Nationality

Your previous health insurance cover details

☐ I was last insured or lived abroad.

Name of country

I was last

☐ compulsorily insured ☐ voluntarily insured
☐ privately insured ☐ insured as dependant

from

to

Name of health insurance, town/city

Important: Please send us a confirmation of cancellation in case you most recently had voluntary or compulsory insurance cover.

☐ I am exempt from health and long-term care insurance cover.
Important: Please send us a copy of your exemption letter.

Details on employment

I have been employed from/since

My gross monthly pay is

☐ Up to 450 Euro monthly (mini-job). ☐ more than 5,062.50 Euro monthly

Important: Please include any bonus payments pro rata.

☐ This is my first employment in Germany as an employee.

Details on employer

Name of employer

Street, Street no.

Post code, town/city

Employment

☐ I am a shareholder in this company.

Share of nominal capital _____ per cent

☐ I am self-employed.

Details on pension payments

☐ I draw a pension or have applied for a pension.

☐ I receive pension payments, e.g. company pension, pensions.

Details on dependants

☐ I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.

Details on long-term care insurance

☐ I am mother/father to at least one child.
Important: Please send us proof (e.g. copy of the birth certificate).

For queries

Telephone, optional information

E-Mail, optional information

X

Date, signature (legal representative, if applicable)

We require personal data (social data) in order to carry out our tasks correctly. The legal basis for this is Section 284 German Social Security Code, Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI]. The information about TK's data processing pursuant to Article 13 DSGVO [EU General Data Protection Regulation] is available on www.tk.de/dataprotection.

Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.

Daten des Beraters

Gesellschaft, Name

PLZ, Standort

Telefon

TK-Partnernummer



Consent to Transfer of Data



I have freely decided to give my consent to the transfer of data mentioned above. I am aware that I can withdraw my consent by notifying the Techniker Krankenkasse at any time.

I _____, born on _____
(first name, surname)

herewith agree to allow the Techniker Krankenkasse to transfer the following social data / documents

- ☐ for invoicing purposes
- ☐ to ensure a smooth change in insurance provider

to _____
(please enter exact name of recipient)

- ☐ Insurance number / social insurance number
- ☐ Date insurance and membership commenced
- ☐ Proof of membership
- ☐ Missing documents that must be provided before insurance cover can be granted (including family insurance)

Place, date

Signature