Surname, name of the member
Insurance number of the member

Application for family insurance

Family status of member:

☐ married or life partnership since |_|_|_|_|_|_|_|_|

☐ widowed since |_|_|_|_|_|_|_|_| ☐ separated since |_|_|_|_|_|_|_|_|

☐ divorced since |_|_|_|_|_|_|_|_| ☐ unmarried

Reason for the family insurance

☐ End of the relative's membership
☐ Begin of the member's insurance
☐ Marriage
☐ Other reasons: ______________________
☐ Immigration from abroad on |_|_|_|_|_|_|_|_|
☐ Interruption of the relative's membership
☐ Birth

We always need the information about your spouse's health insurance. In order to check the family insurance, we also need this information if only your children are to be insured. If there is no statutory health insurance, the income of your spouse must be stated and documented by proof of income. If your spouse is a member of the statutory health insurance, we don't need any information about the income.

Please fill in the boxes that apply to you:

	Spouse/ Life partner	**child**	**child**	**child**
A family insurance is to be carried out	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Start of family insurance	|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|
Surname*				
Name				
* In case of different surnames we need a copy of the birth or marriage certificate.				
Date of birth	|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|
Address if different				
gender (m = male, f = female, d = divers, u = unknown)	☐ m ☐ w ☐ d ☐ u	☐ m ☐ w ☐ d ☐ u	☐ m ☐ w ☐ d ☐ u	☐ m ☐ w ☐ d ☐ u
Relationship between member and child	------	☐ biological child ☐ Stepchild ☐ Foster child ☐ Grandchild	☐ biological child ☐ Stepchild ☐ Foster child ☐ Grandchild	☐ biological child ☐ Stepchild ☐ Foster child ☐ Grandchild
Is your spouse related to your child?	------	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Own insurance to date or still-existing insurance Please fill in the period and the name of the insurance provider Type of insurance	☐ Yes from |_|_|_|_|_|_|_|_| to |_|_|_|_|_|_|_|_| at ____________ ☐ Membership ☐ Family insurance ☐ Not statutory	☐ Yes from |_|_|_|_|_|_|_|_| to |_|_|_|_|_|_|_|_| at ____________ ☐ Membership ☐ Family insurance ☐ Not statutory	☐ Yes from |_|_|_|_|_|_|_|_| to |_|_|_|_|_|_|_|_| at ____________ ☐ Membership ☐ Family insurance ☐ Not statutory	☐ Yes from |_|_|_|_|_|_|_|_| to |_|_|_|_|_|_|_|_| at ____________ ☐ Membership ☐ Family insurance ☐ Not statutory

HEK

Surname, name of the member
Insurance number of the member

	Spouse/ Life partner	child	child	child
Surname				
Name				
School education/studies (please enclose a certificate of enrolment or school attendence for children from the age of 23)	--- entfällt ---	vom |_|_|_|_|_|_|_|_| bis |_|_|_|_|_|_|_|_|	vom |_|_|_|_|_|_|_|_| bis |_|_|_|_|_|_|_|_|	vom |_|_|_|_|_|_|_|_| bis |_|_|_|_|_|_|_|_|
Military or civilian service (please enclose a confirmation of period of service)	--- entfällt ---	vom |_|_|_|_|_|_|_|_| bis |_|_|_|_|_|_|_|_|	vom |_|_|_|_|_|_|_|_| bis |_|_|_|_|_|_|_|_|	vom |_|_|_|_|_|_|_|_| bis |_|_|_|_|_|_|_|_|
Self-employed (please enclose a copy of the current notice of income tax-assessment)	☐ Yes Profit per month |_|_|_|_|_|,|_|_| €	☐ Yes Profit per month |_|_|_|_|_|,|_|_| €	☐ Yes Profit per month |_|_|_|_|_|,|_|_| €	☐ Yes Profit per month |_|_|_|_|_|,|_|_| €
Marginal employment (please use extra paper for more than one marginal employment)	☐ Yes Gross pay per month |_|_|_|_|_|,|_|_| €	☐ Yes Gross pay per month |_|_|_|_|_|,|_|_| €	☐ Yes Gross pay per month |_|_|_|_|_|,|_|_| €	☐ Yes Gross pay per month: |_|_|_|_|_|,|_|_| €
Statutory pensions, occupacional pension, superannuations, other pensions or benefits (please enclose a proof for every type of income)	☐ Yes Monthly payment amount |_|_|_|_|_|,|_|_| €	☐ Yes Monthly payment amount |_|_|_|_|_|,|_|_| €	☐ Yes Monthly payment amount |_|_|_|_|_|,|_|_| €	☐ Yes Monthly payment amount |_|_|_|_|_|,|_|_| €
Regular monthly earnings as defined in the income tax law (for example: severance pay, gross pay from more than a marginal employment, income from capital assets, income from rent and leasing) (please enclose a proof for every type of income)	☐ Yes Type of income: ____________ Income per month |_|_|_|_|_|,|_|_| €	☐ Yes Type of income: ____________ Income per month |_|_|_|_|_|,|_|_| €	☐ Yes Type of income: ____________ Income per month |_|_|_|_|_|,|_|_| €	☐ Yes Type of income: ____________ Income per month |_|_|_|_|_|,|_|_| €
social insurance number	|_|_|_|_|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|_|	|_|_|_|_|_|_|_|_|_|_|_|_|
The following informations are necessary if you don’t have a german social insurance number				
Birth name				
Place of birth				
Nationality				
Multiple birth	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

I confirm, that the given informations are correct. I will inform you immediately about every changes that apply the family insurance, especially about the income of my dependents. For any questions don’t hesitate to contact me at:

____

\|_\|_\|_\|_\|_\|_\|_\|_\|
Date

____
Member signature

By the signature I declare the the family members have Given me the approval to submit the necessary data

____
If required, signature of the family member

If the family members live separately, the famliy members signature will suffice

Data protection note (Regulation (EU) 2016/679): To enable us to assess the dependents co-insurance, we need your assistance (§§ 10 Abs. 6, 289 SGB V). The data must be collected for determining the insurance relationship (§§ 10, 284 SGB V, § 7 KVLG 1989, § 25 SGB XI). Contact data (phone number) is voluntary.