

YES, I herewith apply for membership with HEK as of and secure a first-class range of services.

Personal information

male female other

Salutation and name

First name

Street name and house number

Address suffix

Postal code

Place of residence

Phone number*

Email address*

Pension insurance number

Health insurance number

Date of birth

Birth name

Place of birth

Country of birth

Nationality

Do you have children?

yes no

Family insurance

I have dependants (spouse, life partner, children) who are to be insured free of charge.

Membership (m/f/d) as

employee

trainee

voluntary work (FWD / FSJ / FÖJ)

intern

pupil

student (please attach your enrolment certificate)

dual student

self-employed / freelancer

voluntary insured

freelance artist / publicist

Recipient of (please attach notice of performance)

unemployment benefits I

citizen's income

pension, survivor's pension and/or pensions and related benefits

Other jobs

I have additional occupations

I am additionally employed as a civil servant

I am also self-employed

To be completed by the distributor only

Stamp or name, postal code, place of residence GP number

Previous health insurance

My previous health insurer

Name of the health insurer

Place of residence

compulsorily insured

voluntarily insured

covered as a family member

I was last

privately insured

insured abroad

not insured

Employment details (please complete if you are an employee, in training, doing dual study, voluntary service or an internship).

Name of employer

Street name and house number

Postal code

Place of residence

Employer's phone number (mandatory field)

Employer's fax number

employed as

Start of employment

My monthly remuneration is

up to 556 euros

up to 6.150 euros

more than 6.150 euros

Do you receive one-off payments (e.g. a Christmas bonus or holiday pay)? In that case, please add one-twelfth of the one-off payments to your monthly gross income.

I hereby apply for participation in the Bonus Vorsorge^{pluss}*

I hereby apply for participation in the Bonus Vorsorge^{pluss} for my co-insured dependants*

I am interested in participating in the optional tariff HEKeasycash*


We need your personal data in order to be able to properly carry out our tasks on your behalf. This is based on §284 of the German Sozialgesetzbuch V (SGB V) in connection with §206 SGB V or §28 or SGB IV and §94 SGB XI in connection with §50 SGB XI. Without this information, we are unable to establish your membership. Information on the processing of your data and regarding your rights can be obtained by phone or online: www.hek.de/datenschutz

I am interested in receiving regular information from HEK by email and have therefore entered my email address when I filled in my personal details*.

* These details are voluntary and can be revoked at any time. They will not affect the processing of the membership application.

By providing us with your phone number and/or email address, you allow us to contact you quickly and unbureaucratically with any questions regarding your membership application.

 Date and signature _____

 **Hotline**
0800 0 213 213 (free of charge)

 **Email**
kontakt@hek.de

 **Website**
hek.de