

☒ **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☐ 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 603 euros☐ up to 6.450 euros☐ more than 6.450 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<sup>pluss</sup>\*☐ I hereby apply for participation in the Bonus Vorsorge<sup>pluss</sup> 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](http://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