

Antrag senden an HEK-Antragservice:

Fax: 0800 5891919

E-Mail: antragservice@hek.de

**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.

**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

**Recipient of (please attach notice of performance)**

unemployment benefits I  citizen's income  
 pension, survivor's pension and/or pensions and related benefits

- 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 \_\_\_\_\_

**Issuing of a SEPA direct debit mandate for university students and voluntarily insured persons (optional information)**

DE23ZZZ00000053778

will be notified separately

Creditor identification number

Mandate reference number

First and last name (account holder)

Credit institution (Name and BIC)

IBAN

Before the first collection of a SEPA direct debit, HEK will notify me about the collection in this type of proceeding and provide me with the mandate reference number.

Date and signature of the account holder \_\_\_\_\_

**Please collect the contributions in time for the statutory due date (the 15th of the following month).**

I hereby authorise HEK to deduct the amounts due and the premium due for a selective tariff with entitlement to sick pay from my account by direct debit. At the same time, I instruct my credit institution to honour the direct debits drawn on my account by HEK.

**Note:** I can request a refund of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my credit institution apply.

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

 **Email**  
kontakt@hek.de

 **Website**  
hek.de

