

	male	🗌 female	other	To be completed by the distributor only	To be completed by the distributor only		
Salutation and name							
First name				_			
Street name and house nu	mber	Address suffix		_			
				Previous health insurance			
Postal code	Place of residence			My previous health insurer			
Phone number *	En	nail address *		Name of the health insurer			
Pension insurance number	r	Health insurance num	nber	Place of residence			
Date of birth	Birth name			— compulsorily insured 🗌 voluntarily insured	covered as a		
	Ditti iune			— I was last	family member		
Place of birth		Country of birth		privately insured	not insured		
Nationality				_			
Do you have children?       Family insurance         yes       no       I have dependants (spouse, life partner, children)			Recipient of (please attach notice of performance)				
	who are to be	e insured free of charge.		pension, survivor's pension and/or pensions and related	pension, survivor's pension and/or pensions and related benefits		
I hereby apply for p I am interested in p We need your personal data in with §50 SGB XI. Without this in	participating in the order to be able to properl nformation, we are unable	Bonus Vorsorge <sup>plus</sup> for m optional tariff HEKeasyca y carry out our tasks on your behalf. to establish your membership. Info	<b>ash</b> * .This is based on §284 of the rrmation on the processing of	ants* German Sozialgesetzbuch V (SGB V) in connection with §206 SGB V or §28 or § your data and regarding your rights can be obtained by phone or online: www nail address when I filled in my personal details*.			
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## KVdS questionnaire for university students (Statutory student health insurance)

Name	Date of birth
	_
First name	

In order to verify the duration of your eligibility for compulsory student health and nursing care insurance (KVdS), please answer the following questions and attach your current enrolment certificate to this membership application. Your insurance obligation begins when you enrol and ends with the semester in which you reach the age of 30. This deadline can only be exceeded in certain exceptional cases.

## I. General requirements

1. Are you employed besides your studies?	no	🗌 yes, at	
		weekly work time	hours
		monthly gross earnings	euro
Since when have you worked there?	since		
Has this job been temporary from the start?	no	yes, from until	
Do you have any additional jobs to this one?	no	yes	
Is this internship stipulated in the exam?	no no	yes	
2. Are you self-employed?	no	yes, I work as	
How much time does this require per week?	hours		
What is your monthly income (income as defined by tax law is decisive) from this activity?	euro (gross)		
Do you have employees?	no	yes	
II. Special requirements			
1. What subject(s) do you study?			
2. Do you study at a university of applied sciences or university?	university of applied sciences	university	
3. Name and address of the training centre			
Enrolment number			
4. When did you start your studies?	Summer semester	i winter semester	20
5. Is it a doctoral programme?	no no	yes	
6. Is it a dual study programme?	no no	yes	
7. Have you been exempted from statutory student health insurance in the past?	no no	yes yes	
You can choose between the following two payment methods specified by law:			
$\hfill \square$ As I do not participate in direct debit, I pay the semester fees in advance.	Please collect the monthly contribution until revoked. My direct debit authorisation is attached.		
X Date and signature			
Hotline 0800 0 213 213 (free of charge)	⊉hek.de	Website hek.de	