

☒ **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^{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 _____

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.

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.

 Date and signature of the account holder _____

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

 **Email**
kontakt@hek.de

 **Website**
hek.de

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?	<input type="checkbox"/> no	<input type="checkbox"/> 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?	<input type="checkbox"/> no	<input type="checkbox"/> yes, from _____ until _____
Do you have any additional jobs to this one?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Is this internship stipulated in the exam?	<input type="checkbox"/> no	<input type="checkbox"/> yes
2. Are you self-employed?	<input type="checkbox"/> no	<input type="checkbox"/> 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?	<input type="checkbox"/> no	<input type="checkbox"/> yes

II. Special requirements

1. What subject(s) do you study?			
2. Do you study at a university of applied sciences or university?	<input type="checkbox"/> university of applied sciences	<input type="checkbox"/> university	
3. Name and address of the training centre			
Enrolment number			
4. When did you start your studies?	<input type="checkbox"/> Summer semester	<input type="checkbox"/> winter semester	20 _____
5. Is it a doctoral programme?	<input type="checkbox"/> no	<input type="checkbox"/> yes	
6. Is it a dual study programme?	<input type="checkbox"/> no	<input type="checkbox"/> yes	
7. Have you been exempted from statutory student health insurance in the past?	<input type="checkbox"/> no	<input type="checkbox"/> yes	

You can choose between the following two payment methods specified by law:

☐ 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.

 Date and signature _____