

**General information provided by the member**

First name and surname	Health insurance number
<p><b>I have previously</b></p> <p><input type="radio"/> been insured as a member in my own right with the</p> <p><input type="radio"/> been insured under a family insurance</p>	
<p><b>Marital status</b></p> <p><input type="radio"/> single      <input type="radio"/> *married      <input type="radio"/> widowed      <input type="radio"/> divorced since _____</p> <p><input type="radio"/> *separated      <input type="radio"/> *Registered civil partnership according to the German Civil Partnership Act</p> <p><small>* Please ensure that in these cases you provide all the information about your spouse/ civil partner, even if the family member is not insured under a family policy with us</small></p>	
<p><b>Reason for including my family member(s) in the family insurance</b></p> <p><input type="radio"/> start of my membership      <input type="radio"/> birth of the child      <input type="radio"/> marriage on: _____</p> <p><input type="radio"/> ending of the family member's previous own membership      <input type="radio"/> other: _____</p>	
Mv daytime telephone number for contacting me with any queries is	My email address is:
<small>(optional)</small>	<small>(optional)</small>

**Information about family members**

The following details are in principle only required for those family members who are to be insured with us under a family insurance. We do however require separate information about your spouse / civil partner even if only family insurance for your children is to be taken out with us. As well as the general information we also need in this case to have the information for the insurance of your spouse / civil partner and – if the spouse / civil partner is related to the child and does NOT have statutory insurance – about his/her income; the income must be verified by means of proofs of income, and any supplements which are paid in relation to marital/family circumstances must be left out of the information relating to income. Please note that it is legally prohibited to take out or have family insurance with different health insurance providers simultaneously. Therefore please ensure when providing your information that there is no possibility of dual family insurance.

**General information about the family members**

	*Spouse / civil partner	Child	Child	Child
Start date of family insurance	_____	_____	_____	_____
Name*	_____	_____	_____	_____
<small>*Please enclose a marriage certificate and/or a proof of descent if your spouse / civil partner or children has/have another name and if you have not already submitted these documents.</small>	<input type="radio"/> Documents already provided! (please mark with a cross if applicable)			
First name	_____	_____	_____	_____
Geschlecht *(d=diverse)	<input type="radio"/> f <input type="radio"/> m <input type="radio"/> d*	<input type="radio"/> f <input type="radio"/> m <input type="radio"/> d*	<input type="radio"/> f <input type="radio"/> m <input type="radio"/> d*	<input type="radio"/> f <input type="radio"/> m <input type="radio"/> d*
Date of birth	_____	_____	_____	_____
Member's address if different	_____	_____	_____	_____
Relationship to member <small>(*The term „natural child“ should also be used in the case of adoption)</small>		<input type="radio"/> natural child* <input type="radio"/> grandchild, <input type="radio"/> stepchild <input type="radio"/> foster child	<input type="radio"/> natural child* <input type="radio"/> grandchild, <input type="radio"/> stepchild <input type="radio"/> foster child	<input type="radio"/> natural child* <input type="radio"/> grandchild, <input type="radio"/> stepchild <input type="radio"/> foster child
Is your spouse related to the child?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**Information relating to the most recently held insurance for the family members**

**The previous insurance**

ended on:	_____	_____	_____	_____
was with: (name of the health insurance provider)	_____	_____	_____	_____
<b>Type of previous insurance:</b>	<input type="radio"/> membership <input type="radio"/> family insurance <input type="radio"/> no statutory insurance	<input type="radio"/> membership <input type="radio"/> family insurance <input type="radio"/> no statutory insurance	<input type="radio"/> membership <input type="radio"/> family insurance <input type="radio"/> no statutory insurance	<input type="radio"/> membership <input type="radio"/> family insurance <input type="radio"/> no statutory insurance
If family insurance has recently been in place; name and first name of the person from whose membership the family insurance was derived	_____	_____	_____	_____
	<small>(first name, surname)</small>	<small>(first name, surname)</small>	<small>(first name, surname)</small>	<small>(first name, surname)</small>

First name and surname \_\_\_\_\_

Health insurance no. \_\_\_\_\_

**Information relating to the most recently held insurance for the family members**

	Spouse / civil partner	Child	Child	Child
The previous insurance is still in force with: (name of the health insurance scheme /insurer)	_____	_____	_____	_____

**Other information about family members**

Self-employed	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<b>Income achieved:</b>				
Profit from self-employment (monthly) <b>Please enclose a copy of the current income tax assessment notice</b>	€ _____	€ _____	€ _____	€ _____
Gross earnings from short-time employment / mini-job (monthly)	€ _____	€ _____	€ _____	€ _____
Statutory pension, pension benefits, occupational pension, foreign pension, other pensions (amount of monthly payment)	€ _____	€ _____	€ _____	€ _____
Other regular income within the meaning of German income tax law? <small>(e.g. gross earnings from employment which is more than short-time, rental and leasing income, investment income)</small>	<input type="radio"/> Severance payments <input type="radio"/> Rental /interest income <input type="radio"/> Pension/ <input type="radio"/> accident <input type="radio"/> Work earnings <input type="radio"/> .....	<input type="radio"/> Severance payments <input type="radio"/> Rental /interest income <input type="radio"/> Pension/ <input type="radio"/> accident <input type="radio"/> Work earnings <input type="radio"/> .....	<input type="radio"/> Severance payments <input type="radio"/> Rental /interest income <input type="radio"/> Pension/ <input type="radio"/> accident <input type="radio"/> Work earnings <input type="radio"/> .....	<input type="radio"/> Severance payments <input type="radio"/> Rental /interest income <input type="radio"/> Pension/ <input type="radio"/> accident <input type="radio"/> Work earnings <input type="radio"/> .....
If applicable, since when? Amount per month <input type="radio"/> / year <input type="radio"/>	€ _____	€ _____	€ _____	€ _____
Are you in receipt of Arbeitslosengeld [employment benefit] II?	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes

**Please enclose corresponding proof.**

Attendance at school / studying <b>please enclose a school attendance/ leaving certificate or matriculation certificate for children aged 23 or over</b>	from _____ to (anticipated) _____	_____	_____	_____
Is or has the child been unemployed through lack of gainful employment without receiving unemployment benefit I or II?	from _____ to _____	_____	_____	_____
Has it completed national military or civilian service? <b>please enclose proof of period of service</b>	from _____ to _____	_____	_____	_____

**Information for assigning a health insurance number for family members insured under a family insurance**

Own pension insurance number <small>The following details are required only if a pension insurance number has not yet been assigned. Also applies to children!</small>	_____	_____	_____	_____
Name at birth	_____	_____	_____	_____
Place of birth	_____	_____	_____	_____
Country of birth	_____	_____	_____	_____
Nationality	_____	_____	_____	_____

I confirm that the information provided is correct. I will inform you of any changes without delay and of my own accord. **This applies in particular if the income of my family members shown above changes (e.g. new income tax assessment notice in the case of self-employment) or if these family members become members of (another) health insurance scheme.**

**Date/ member's signature**

By my signature I declare that I have received the consent of the family members to provide the required information.

**Signature of the family members if required**

In the case of family members who live in a separate household the signature of the family member is sufficient.