

## Application

I would like to become a member of BKK Wirtschaft & Finanzen on

### My personal details and address

Surname	Name		
Address	Post code / place		
Date of birth	Place of birth		
German Social Security Number			
German Tax identification number			
I agree to the use of my tax number for the purpose of compliance with statutory duties			<input type="checkbox"/> yes <input type="checkbox"/> no
Marital status	Nationality		
Prior to changing provider I was (details for the previous 18 months)	<input type="checkbox"/> compulsory member	<input type="checkbox"/> covered under family insurance	
	<input type="checkbox"/> voluntary member	<input type="checkbox"/> no statutory health insurance	
insured with	since		
Prior to changing provider I was	<input type="checkbox"/> employee	<input type="checkbox"/> trainee	<input type="checkbox"/> unemployed
	<input type="checkbox"/> self-employed	<input type="checkbox"/> student	<input type="checkbox"/> OAP
I receive a pension	<input type="checkbox"/> no	<input type="checkbox"/> yes, please enclose pension award certificate	
I receive pension benefits	<input type="checkbox"/> no	<input type="checkbox"/> yes, please enclose pension award certificate	
Insured persons who are parents pay no additional contribution to care insurance (please enclose evidence)	Status as parent?		
	<input type="checkbox"/> yes	<input type="checkbox"/> no	
I would like to include relatives in the family insurance	<input type="checkbox"/> yes	<input type="checkbox"/> no	
I agreed to a voluntary rate with my previous german provider	<input type="checkbox"/> yes	<input type="checkbox"/> no	

### My employer after change of provider

Name	since		
address	telephone number		
post code / place	contact person		
I agree that BKK Wirtschaft & Finanzen may also contact me by telephone.			<input type="checkbox"/> yes <input type="checkbox"/> no
My telephone number is:		I may withdraw my consent at any time without any requirement to give reasons.	
Place / date	Signature		

Prepared for a windowed envelope or simply fax to: +49 (0)5661 7374-129

**BKK Wirtschaft & Finanzen**  
Postfach 1264  
34202 Melsungen

The above details are necessary in order to enable the provider to comply with its duties under law; they are collected in accordance with the provisions of the German Social Security Code and will be saved on data carriers. Your details will be treated in confidence and are protected under data protection law. Note: as a matter of principle once health insurance with BKK has started care insurance with BKK will also be provided.