

I would like to become a member from _____ of BKK WIRTSCHAFT & FINANZEN (BKK W&F).
(Please enter the date)

Personal details

Title	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Diverse
Surname	Name at birth			
Given name(s)	Date of birth			
House number/street	Place and country of birth			
Additional address details	Nationality			
Town/postcode	Marital status			
Health insurance number	Landline number (daytime)*			
Pension insurance number	Mobile phone number*			
Tax ID	E-mail Address*			

Details of those close to you and previous insurance policies

Until I change insurance provider, I

am insured with: (Please enter the name of provider)

Insurance start date Insurance end date

- as a compulsory member
 under a family insurance policy
 not covered by statutory insurance
 as a voluntary member
 under an international insurance policy
 have a private health insurance**

**If you have private health insurance, are you privately insured as a(n):

- employee
 self-employed worker
 state official
 other

After I change insurance provider, I will be

- an employee
 a self-employed worker
 a trainee/apprentice
 a student
 on voluntary youth service/environmental service (FSJ/FSÖ)
 a state official
 a student trainee
 an artist (covered by the Artists' Social Fund/KSK)
 claiming benefits from the employment agency

I claim the following benefits (please attach evidence)

- Arbeitslosengeld I
 Arbeitslosengeld II
 Pension State service
 Pension

Details of your employer following change of fund

I am in my first job in Germany

Company name Start date of employment

House number/street Telephone number

Town/postcode Fax number

Staff number Point of contact

Are you related to the employer?

Yes No

(Please enter/describe the state of the relationship)

Other Details

Do you want to insure other members of your family? Yes No

Do you have relatives who are interested in becoming members of BKK W&F? Yes No

I was recruited by:

Privacy notice: Data will be collected and processed in order for us to fulfil our duties pursuant to Section 284 of Book V of the German Social Code, (SGB V) in conjunction with Section 175 of Book V of the German Social Code, and for the purpose of processing your membership application. In accordance with Section 60 of Book I and Section 206 of Book V of the German Social Code, you have a duty to cooperate. We cannot process your membership application without the necessary data. For general information on data processing and your rights, go to www.bkk-wf.de/datenschutz.

Fields marked with a * are voluntary. Filling in these fields will make it easier for us to contact you.

Declaration of consent to further use of your data: I hereby give my consent for BKK WIRTSCHAFT & FINANZEN to store and use the data I have provided in order to keep me informed of the benefits associated with BKK WIRTSCHAFT & FINANZEN membership and of relevant news, as well as about additional private insurance policies provided by partners of BKK WIRTSCHAFT & FINANZEN. I am happy to be contacted by means including e-mail, telephone or text message. This consent is voluntary and I understand I can revoke it at any time, with future effect.

Signature

Place/date

✕ Insured party's signature

Please return this from to:

BKK WIRTSCHAFT & FINANZEN
Zentrale
Bahnhofstraße 19
34212 Melsungen

We are here to help you:

Tel. : +49 (0) 561 51009-650
Fax. : +49 (0) 561 51009-660

E-Mail: mitglied-werden@bkk-wf.de