



## Information about your membership application

### **Tax ID (*Steuer-ID*)**

German law states that the full sum of the premiums you pay toward health insurance and nursing care insurance are tax-deductible. On completion of one year of premium payments, we notify the tax authority of the health/nursing care insurance premiums paid by you and the reimbursements paid to you. To do this, we require your tax ID number. We will send you a notification detailing the declared premiums. We will not declare the premiums to the tax authority without your consent to transfer data. The tax deductibility of the premiums paid into health/nursing care insurance may be lower or even void if you do not grant such consent or if, after confirming your consent, you exercise your right to fully or partially withdraw your consent.

### **Pension insurance number (*Rentenversicherungsnummer*)**

Your pension insurance number can be found on your social security ID card. If you do not have this card available, please confirm your birth name, place of birth and nationality.

### **Employer's address**

We require full details of your employer so that we can send them the membership certificate. This ensures that your health insurance cover switches over on time.

### **For students**

Please enclose your certificate of matriculation

### **For self-employed persons**

Please enclose your most recent available tax assessment notice and your business registration notice (if available).

### **During parental leave**

Please enclose confirmation of your parental allowance.

### **For recipients of benefits from the Federal Employment Agency**

Please enclose confirmation from the Federal Employment Agency/Jobcenter (e.g. *Bewilligungsbescheid* certificate of benefits granted).

### **For pensioners**

Please enclose your pension approval certificate and, if applicable, your company pension certificate.

**person insured on a voluntary basis (without employment)**

Please enclose proof of your income and, if your spouse/life partner is not covered by statutory health insurance, please also enclose proof of his/her income.

**Confirmation of cancellation** (*Kündigungsbestätigung*)

Please send us the confirmation of cancellation from your previous health insurance fund together with your membership application, if possible. Otherwise, please send it on afterward, as soon as you receive it.

**Evidence of children** (*Nachweis der Elterneigenschaft*)

To ensure your nursing care insurance premium is correct, we require proof of your parental status (e.g. birth certificate).

**Family insurance** (*Familienversicherung*)

If you would like to insure your family for no additional contribution please tick this on the application. You will receive further documents from us.