



## Membership application

Yes, I would like to become a member of BKK ZF & Partner as of \_\_\_\_\_ .  female  male  diverse

### Personal details

First name	Surname	
Date of birth	Place of birth	Name at birth
Nationality	E-mail address	Telephone number
Street, house number	Postal code	City
Bank account: IBAN	BIC	Bank
Statutory pension insurance number	<input type="checkbox"/> Please apply for a statutory pension insurance number on my behalf (specify place of birth/name at birth)	

### Family insurance

I have children  yes  no

My spouse / partner is insured with \_\_\_\_\_

Yes, I would like to insure my family for no additional contribution

### Insurance basis

<p><b>I want to be insured as:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> an employee</li> <li><input type="checkbox"/> a recipient of benefits from the Federal Employment Agency* <small>* Please enclose current notice of granting</small></li> <li><input type="checkbox"/> a pensioner I been receiving a pension since _____ <small>Please enclose current pension certificate (including pension payment).</small></li> <li><input type="checkbox"/> I am on parental leave until _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> an employee with voluntary insurance</li> <li><input type="checkbox"/> a trainee</li> <li><input type="checkbox"/> an intern</li> <li><input type="checkbox"/> a student</li> <li><input type="checkbox"/> a person insured on a voluntary basis</li> <li><input type="checkbox"/> a self-employed person</li> <li><input type="checkbox"/> I am entitled to support</li> </ul>	<p><b>For the last 12 months I have been insured with:</b></p> <p>_____</p> <p>Name of health insurance fund</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> on a compulsory basis</li> <li><input type="checkbox"/> as a family member</li> <li><input type="checkbox"/> insured abroad</li> <li><input type="checkbox"/> My status has changed (see overleaf for more information)</li> <li><input type="checkbox"/> insured on a voluntary basis</li> <li><input type="checkbox"/> private insurance</li> </ul>
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### Employer's address:

Company	employed since	
Street, house number	Postal code	City
Telephone number	E-mail address	

I am interested in supplemental insurance.  I am interested in the optional Bonus tariff.

Date, signature

This data is compiled in accordance with the regulations of the German Social Security Act and is only used to fulfil statutory obligations at our health insurance fund. Your data will be treated confidentially and is subject to data protection law. You are not required to provide a telephone number or e-mail address.

# Switching health insurers made simple

You can switch to a new health insurer immediately when there is a change in your membership (change of status). This can be when you

- change employers,
- begin a job after completing your studies or
- begin receiving unemployment benefits after leaving a job.

The only condition is that you join us as your new health insurer within 14 days of your obligation for health insurance taking effect. The minimum membership period of 12 months does not apply to changes of status.



**BKK ZF & Partner**

Partner für Ihre Gesundheit

