Welcome to hkk!

Yes, I will join hkk on a voluntary basis as of

1. Personal details

Sur-name

Maiden name
if applicable

First name

Street, no.

Postcode, town

Telephone [1] –

Email [1]

Place of birth

Country of birth

Date of birth

Gender ☐ male ☐ female ☐ diverse ☐ indeterminate (X)

Nationality

Marital status

Pension insurance no.

Taxpayer identification no.

Children [2] ☐ No ☐ Yes **Please attach documentation.**

2. Details about voluntary health insurance cover

I am
unemployed, pension claimant, retiree, child, school pupil, student, civil servant, etc.

Type of income
rental and capital income, pensions, work-related benefits and pensions, civil servants' allowances, pensions, welfare benefits, etc.

Amount of monthly income EUR
Please enclose a copy of the latest income tax assessment notice!

Do you file an income tax return? ☐ No ☐ Yes

3. Details relating to insurance coverage

My partner [3] has statutory health insurance cover ☐ Yes ☐ No **Please provide us with the following information and relevant proof of income:**

My partner's own gross income [3] amounting per month to EUR and one-off payments EUR

Number of own children and children who are financially dependent on you

Pension received/applied for ☐ No ☐ Yes

Civil servant/retiree ☐ No ☐ Yes

Income similar to pension [2] ☐ No ☐ Yes

Prior to the start of my policy with hkk, I was insured as a ☐ Member ☐ Dependent family member

from until

Name of health insurance fund

4. Consent and data protection

I confirm that the information I have provided is correct. I will inform hkk of any changes without delay.

☐ I consent to allow my data to be used by hkk to keep me informed by post, telephone or email about current offers in the area of health and insurance. The data will only be processed for this purpose and deleted in accordance with statutory provisions. The data will not be passed on to third parties. Consent is voluntary and can be revoked at any time with effect for the future by giving hkk verbal or written notice. Without this consent, hkk will be unable to inform me about further offers in the healthcare and insurance sector.

☐ I would like to be sent the hkk newsletter with interesting information covering all aspects of health and my hkk.

Place, date

Signature

You can find more information about how your data is processed at **hkk.de/datenschutz**

[1] Providing details of telephone numbers and email addresses is voluntary.
[2] If so, please enclose notices and/or verification.
[3] Spouse or registered civil partner

Your data will be processed in accordance with Art. 6 GDPR and section 284 SGB V (Social Security Code V) for health insurance purposes and section 94 SGB XI (Social Security Code XI) for nursing care insurance purposes.

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Internal hkk number
(Will be completed by hkk)

1 7 2 0 3 3 6 – –

Advisor (to be completed by hkk)

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