

Welcome to hkk!

Yes, I will take out insurance as a self-employed person with hkk as from

1. Personal details

Sur-name	Place of birth
Maiden name if applicable	Country of birth
First name	Date of birth
Street, no.	Gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse <input checked="" type="checkbox"/> indeterminate (X)
Postcode, town	Nationality
Telephone ¹⁾	Marital status
Email ¹⁾	Pension insurance no.
	Taxpayer identification no.
	Children ²⁾ <input type="checkbox"/> No <input type="checkbox"/> Yes Please attach documentation.

2. Details of self-employment

Start of self-employment

I would like insurance on a voluntary basis **with** entitlement to sick pay from day 43 of incapacity to work. **without** entitlement to sick pay.

Annual earnings (according to the general rules governing calculation of profits in income tax laws) EUR Please enclose a copy of the latest income tax assessment notification!

If this is the first time you have been self-employed: estimated annual earnings EUR Please attach your business registration and, if applicable, the payments notification of the employment agency!

Other annual income (e.g. rental and capital income) EUR

3. Details relating to insurance coverage

My partner³⁾ 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](https://www.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.

Internal hkk number
(Will be completed by hkk)

Advisor (to be completed by hkk)

