

YES, I WOULD LIKE TO BECOME A MEMBER OF THE NOVITAS BKK AS OF _____
(Ja, ich möchte Mitglied der Novitas BKK werden ab dem)

PERSONAL DETAILS

(Angaben zur Person)

last name, first name *(Name, Vorname)*

name of birth *(Geburtsname)*

street address *(Straße, Hausnummer)*

post code/city *(PLZ/Ort)*

e-mail *(E-Mail-Adresse)*

telephone number *(Telefonnummer)*

male *(männlich)* female *(weiblich)*

date of birth *(Geburtsstag)*

place of birth *(Geburtsort)*

country of birth *(Geburtsland)*

nationwide insurance number (see eGK) *(Bundeseinheitliche Versichertennummer (siehe eGK))*

marital status *(Familienstand)*

nationality *(Nationalität)*

Disclosure of telephone number and e-mail address: *(Angabe der Telefonnummer und der E-Mail-Adresse.)*

By checking this box, I give my permission for Novitas BKK to contact me using my telephone number, mobile number or e-mail address regarding my claims to legal benefits of health insurance, additional statutory services, my own service activities as well as legal changes to the statutory health insurance, or for matters regarding my insurance protection using my telephone number, mobile number or E-Mail address. This declaration of consent for Novitas BKK may be withdrawn at any time via letter, fax, e-mail or telephone. Information is not passed on to third parties. Disclosure of details is voluntary. Not answering does not involve any negative consequences.

OCCUPATION

(Beruf / Tätigkeit)

Employee *(Arbeitnehmer)* Apprentice / Trainee *(Auszubildender)* Student (if yes, enclose enrolment receipt with details of the semester) *(Student (Wenn ja, Studienbescheinigung mit Angabe der Fachsemester beifügen))* Otherwise insured as: *(sonstig versichert als.)*

I work after study: *(Ich arbeite neben dem Studium:)* Up to €450 per month *(bis 450 Euro monatlich)* More than €450 per month *(über 450 Euro monatlich)*

Number of weekly working hours: *(Anzahl der Wochenarbeitsstunden:)* Up to 20 hours *(bis 20 Stunden)* More than 20 hours *(über 20 Stunden)*

I have children: *(Ich habe Kinder:)* yes *(ja)* no *(nein)*

I AM EMPLOYED AT

(Ich bin beschäftigt bei)

company name *(Name des Arbeitgebers oder des Ausbildungsbetriebs)*

street address *(Straße, Hausnummer)*

post code/city *(PLZ/Ort)*

PREVIOUS HEALTH INSURANCE – PLEASE INDICATE YOUR INSURANCE PROVIDER(S) OF THE LAST 18 MONTHS.

(Letzte Krankenkasse/Krankenversicherung in den letzten 18 Monaten)

Previously I was covered by: *(Zuletzt war ich:)*

Employee *(selbst versichert)* Family insurance *(familienversichert)* Private health insurance *(privat versichert)* No insurance *(nicht versichert)* Insured abroad *(im Ausland versichert)*

from *(von)* to *(bis)* your last health insurance provider + enclose confirmation of cancellation of your last insurance policy *(Name der letzten Krankenkasse/Krankenversicherung + Kündigungsbestätigung der letzten Krankenkasse beifügen)*

Yes, I have family members who shall be insured for free. Please send me the required questionnaire.

(Ja, ich habe Familienangehörige, die kostenfrei mitversichert werden sollen. Bitte senden Sie mir den erforderlichen Fragebogen zu.)

SIGNATURE

(Unterschrift)

location, date and signature *(Ort, Datum und Unterschrift)*

Data privacy notice (§ 67a Abs. 3 SGB X): Your details are required for the lawful performance of the duties of this health insurer. The data are collected and stored on disks due to requirements of the Social Security Code. Your information will be treated as confidential and covered by data protection (§ 284 Abs. 1 Nr. 1 SGB V). With the beginning of your membership in the Novitas BKK you are automatically maintaining the protection of care insurance. If it does not come to a membership that data gathered by us will be deleted immediately. BEE 09|2016

CONTACT

(Kontakt)

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E-Mail: info@novitas-bkk.de – Internet: www.novitas-bkk.de

* free in Germany

Vermittlernummer MA (Filled in by the employees of Novitas BKK)