

Application for Student Membership

Fax: 0800 - 285 85 89-692 37
(free call in Germany)

I would like to become member of TK as of _____

Personal Information

Mr Ms

Last name _____

First name _____

Date of birth _____

Street, No. _____

Postcode and town/city _____ / _____

Phone number* _____

E-mail* _____

Health Insurance Number _____
You will find this on your health insurance card.

German Pension Insurance No. _____
Please give the following details if you do not have a number yet:

Last name at birth _____

Place and country of birth _____

Nationality _____

Details of previous insurance

I was last insured with _____

Health insurance fund _____

Location _____

from _____ to _____

compulsory insurance voluntary insurance

private insurance co-insurance

The cancellation confirmation

is enclosed will be handed in later

Details for insurance cover with TK

University/college _____

Speciality _____

Current academic semester _____

as of _____ expected graduation date _____

Please enclose your current certificate of enrolment.

I have been granted exemption from compulsory health insurance.
Please send us copy of your confirmation of exemption.

I have already studied _____ semesters/terms in another country.

A copy of my academic record

is enclosed will be handed in later

Data of the financial consultant

Gesellschaft, Name _____

Straße, Nr. _____

PLZ, Standort _____ / _____

Telefon _____

TK-Partnernummer **T** _____
(wird von der TK bei Eingang Ihres ersten Antrags vergeben)

Income details

I am receiving or have applied for benefits from the Agentur für Arbeit [Federal Employment Agency].

I am employed or self-employed during my studies.

Working hours per week _____

Study hours per week _____

Gross monthly income from employment EUR _____

Monthly profit from self-employment EUR _____

Retirement Benefits

I receive or have applied for state pension.

I get pension and related benefits (e. g. company pension, pension).

Benefits in kind from abroad

I am entitled to benefits in kind pursuant to foreign law.

Family details

I would like to have my dependants (spouse/life partner pursuant to the Lebenspartnerschaftsgesetz [German Civil Partnership Act]) covered by non-contributory dependants co-insurance.

Application for non-contributory dependants co-insurance

is enclosed will be handed in later

Please send me an application form.

I am married and my spouse/life partner is not member of a social health insurance fund.

Details for TK long-term care insurance

I am exempt from social long-term care insurance.
Please send us copy of your confirmation of exemption.

I am mother/father of one child/several children.
We need this information to correctly calculate your contributions to long-term care insurance. Please submit the relevant proof, e. g. copy of birth certificate.

I consent to my financial advisor passing on my application for membership to TK and to TK notifying my financial advisor about any resultant membership for the purpose of calculating their expenses. This agreement can be withdrawn at any time.

Date _____ Signature **X** _____

We need your personal data („social data“) to correctly perform our tasks for you. This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security Code].

* optional information.

