

# Student membership application form



I would like to change to TK as of

Day Month Year

## Personal information

Ms  Mr

Surname

First name

Street, Street no.

Address line 2

Post code, city

Post code, city

Date of birth: DDDMMYYYY

Insurance no.

Insurance no.

German pension insurance number

German pension insurance number

If no insurance number or German pension insurance number has been assigned, we will require the following information:

Name at birth

Place of birth

Nationality

## Your health insurance cover details

I was last insured or lived abroad.

Name of country

I was last

compulsorily insured  voluntarily insured

privately insured  insured as dependant

from

to

Name of health insurance, town/city

Important: Please send us a confirmation of cancellation in case you most recently had voluntary or compulsory insurance cover.

I have been exempted from compulsory insurance cover. Important: Please send us a copy of your exemption letter.

I am entitled to benefits in accordance with foreign law.

## Details on income

I am employed or self-employed during my studies.

Weekly study time \_\_\_\_\_ hours

Weekly working hours \_\_\_\_\_ hours

Monthly gross pay (employment) \_\_\_\_\_ EUR

Monthly profit (self-employment) \_\_\_\_\_ EUR

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

I have employed at least one person for more than three months and in more than marginal employment.

I simultaneously employ several people in marginal employment whose gross pay together exceeds the minor employment threshold (currently 450 Euro)

## Details on your studies

Important: Please send us your current registration letter, stating the academic semester.

I have studied from/since \_\_\_\_\_

I am currently in the following academic semester \_\_\_\_\_

Subject \_\_\_\_\_

University / Fachhochschule

I am studying for a Master's degree.

I have already studied abroad.

Number of academic semesters \_\_\_\_\_

## Details on pension payments

I draw a pension or have applied for a pension.

I receive pension payments, e.g. company pension, pensions.

## Details on dependants

I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.

I am married or live in a civil partnership pursuant to the LPartG [German Civil Partnership Act] and my spouse/civil partner is not insured with a statutory health insurance fund.

## Details on long-term care insurance

I am mother/father to at least one child.

Important: Please send us proof (e.g. copy of the birth certificate).

## For queries

Telephone, optional information

E-Mail, optional information



Date, signature (legal representative, if applicable)

We require personal data (social data) in order to carry out our tasks correctly. The legal basis for this is Section 284 SGB V [German Social Security Code, Book V] and Section 94 SGB XI. The information about TK's data processing pursuant to Article 13 DSGVO [EU General Data Protection Regulation] is available on [www.tk.de/dataprotection](http://www.tk.de/dataprotection).

Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.

## Daten des Beraters

Gesellschaft, Name \_\_\_\_\_

PLZ, Standort \_\_\_\_\_

Telefon \_\_\_\_\_

TK-Partnernummer \_\_\_\_\_

