

Application for student membership

I would like to become a member of TK as of _____

Personal information Mr Ms

Last name _____

First name _____

Date of birth _____

Street, No. _____

Postcode and town/city _____

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 Pension Insurance 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 dependants' 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 a 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

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 currently receive or have applied for a state pension.
 I currently get a 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], children) covered by non-contributory dependants' insurance.

The application for non-contributory dependants' insurance

- is enclosed will be handed in later
 Please send me an application form.
 I am married and my spouse/life partner is not a 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 a 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. a copy of the birth certificate.

Recruit new members and win

I was recruited by

Last name _____

Address _____

Queries and signature

The following details help us in case of queries:

Phone number** _____

E-mail** _____

Date _____ Signature 

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].

* We might need a confirmation of cancellation. This depends on your previous health insurance cover. Please get in touch with your contact person.

** Optional information.

Please forward the signed application to:

Martin Salomon
Fax 0800 - 28 58 58 95 09 84
or e-mail to:
martin.salomon@tk.de



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