



Techniker Krankenkasse

Last Name _____

First Name _____

Street, No. _____

Postcode, City _____

Health Insurance No. _____

Non-contributory Dependants Co-insurance

Start date of non-contributory dependants co-insurance cover for my spouse/life partner*

_____|_____|_____|_____|_____|_____|
Day Month Year

Start date of non-contributory dependants co-insurance for my child/children

_____|_____|_____|_____|_____|_____|
Day Month Year

Please indicate a date. If you do not specify a date or indicate "as of now" this information is not legally valid.

Reason for applying for non-contributory dependants co-insurance

- Commencement of my own membership
- Marriage Birth of my child
- Termination of previous membership of my dependant
- Other _____

Marital status

- Married Separated Widowed
- Single Divorced
- Registered Partnership*

Previous health insurance

- Membership
- Non-contributory dependants co-insurance
- Not covered by statutory health insurance

Health insurance _____

Spouse or Life Partner*

We need the following details, even if you do not wish to have your spouse/life partner* co-insured with us.

Last Name _____

Please enclose marriage certificate if different from member's last name.

First Name _____

TK Insurance Number, if applicable _____

Date of birth _____
Day Month Year

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 _____

Different address, if applicable

Street, No. _____

Postcode and city _____

Previous health insurance of spouse/life partner*

- Membership
- Non-contributory dependants co-insurance
- Not covered by statutory health insurance

from _____ - _____
Day Month Year Day Month Year

Health insurance _____

Non-contributory dependants co-insurance of membership of:

Last Name, First Name _____

My spouse/life partner* has a personal income yes no

If so, please answer the following questions for your spouse/life partner*

Date paid employment (including mini-job) started _____
Day Month Year

Average monthly gross income from marginal employment EUR _____

Date self-employment started _____
Day Month Year

Average monthly profit EUR _____

Average working hours per week _____

W307001E

* pursuant to the Lebenspartnerschaftsgesetz [German Life Partnership Law] (LPartG)

Self-employed childminder yes no Other average monthly income EUR _____
 Date Unemployment Benefit II started
Day Month Year Type of income (e. g. income from lease, interest) _____
 Pensions and related benefits/
 company pensions, foreign, national
 or other pensions monthly
 amount payable EUR _____
Please send us a complete copy of your last income tax assessment.

	1st child	2nd child
Last Name	_____	_____
First Name	_____	_____
<small>Please enclose birth certificate in case of different last names.</small>		
Gender	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth or TK Insurance No.	_____	_____
Different address, if applicable:		
Street, No.	_____	_____
Postcode and city	_____	_____
Relationship	<input type="checkbox"/> Birth child <input type="checkbox"/> Foster child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild	<input type="checkbox"/> Birth child <input type="checkbox"/> Foster child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild
My spouse/life partner is child's birth parent	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Pension Insurance Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	_____	_____
Previous insurance	<input type="checkbox"/> Membership <input type="checkbox"/> Non-contributory dependants co-insurance <input type="checkbox"/> Not covered by statutory health insurance	<input type="checkbox"/> Membership <input type="checkbox"/> Non-contributory dependants co-insurance <input type="checkbox"/> Not covered by statutory health insurance
Period of cover	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>Day Month Year Day Month Year Day Month Year Day Month Year</small>		
Name of health insurance	_____	_____
Postcode and city	_____	_____
Average monthly gross income	EUR _____	EUR _____
Average monthly gross income from mini-job	EUR _____	EUR _____
Monthly profit from self-employed work	EUR _____	EUR _____
Self-employment as childminder	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Pension and related benefits/
company pensions, foreign, national,
or other pensions;
monthly amount payable EUR _____

Other average monthly income EUR _____

Entitlement to Unemployment
Benefit II

yes

no

yes

no

School attendance

Please enclose certificate of school
attendance for children 23 and over.

_____-_____-_____
Day Month Year - Day Month Year

_____-_____-_____
Day Month Year - Day Month Year

Type of school (optional information) _____

Higher education

Please enclose current enrolment receipt
for children 23 and over.

_____-_____-_____
Day Month Year - Day Month Year

_____-_____-_____
Day Month Year - Day Month Year

Type of university/college
(optional information) _____

Basic military service or
alternative community service

Please enclose a certificate of service.

_____-_____-_____
Day Month Year - Day Month Year

_____-_____-_____
Day Month Year - Day Month Year

Contact details

Phone _____

E-mail _____

Date

_____-_____-_____
Day Month Year

Signature _____

I hereby declare that my dependants have given
their consent to the processing of the required data.

Signature of Dependant if applicable _____

In case you are separated, you have to sign only.

We need your personal data ("social data") to correctly perform our tasks for you. Based on the Sozialgesetzbuch (SGB V) [Social Security Code book V], we have legal responsibility to comprehensively protect your personal data.