

# 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

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Date of birth: DDMMYYYY

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Insurance no.

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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

X

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 krankenkassennetz.de GmbH

PLZ, Standort 06108 Halle (Saale)

Telefon (0345) 682 660 0

TK-Partnernummer 290726150



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