

**BOSCH****BKK**

Application for coverage-retention policy for health insurance and long-term care insurance

Personal details

Surname		First name	
Surname at birth		Gender	
Date of birth		Place of birth	
Street address		Postal code	City
Marital status	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality	
Telephone number/ mobile ¹		E-mail ¹	
Name of bank/BIC ¹		IBAN ¹	
Pension scheme number ²		Standardised health insurance number ³	

Insurance Status

I was previously insured from _____ to _____ with (name of health insurance provider) _____

I previously had compulsory insurance voluntary insurance family insurance private insurance

I am requesting retention of coverage starting from _____ Health insurance provider over the last 18 months _____

Reason for retention of Time abroad for personal reasons Time abroad for work
Retention of coverage due to private travel is only possible for periods of three months or longer.

The time abroad is planned for the period _____ from _____ to _____

Address of employer abroad, if applicable _____

How can we contact you during your time abroad?
 At my German address as stated above At a different address in Germany, as stated below Via my e-mail address as stated above

Street address _____ Postal code _____ City _____

Signature

Direct debit mandate/SEPA Core direct debit mandate

By signing this mandate form, you authorise Bosch BKK to send instructions to your bank to debit your account, as stated on the reverse, and your bank to debit your account in accordance with the instructions from Bosch BKK. This direct debit will expire if the payment is returned by the bank. You hereby acknowledge that you will be liable for the costs and fees incurred by Bosch BKK in the event of a returned payment. You are entitled to request a refund of the debited amount within eight weeks, starting from the date on which your account was debited. The conditions agreed with your bank apply.

Place, date _____ Signature of account holder _____

Declaration of intent for the application

I declare that I have answered all questions (on the front and reverse sides) in full and to the best of my knowledge. I will inform Bosch BKK of any changes immediately. I am aware that during the retention of coverage, I and my additionally insured relatives have no entitlement to benefits from Bosch BKK.

Place, date _____ Signature of member _____

Details for your spouse

Surname, first name		Gender	
Surname at birth		Date of birth	Place of birth
Does your spouse have their own health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of health insurance provider	
Total monthly income ⁴	<input type="checkbox"/> Up to €485	<input type="checkbox"/> Marginal	<input type="checkbox"/> Amount in euros <small>(Please enclose evidence)</small>
Is your spouse accompanying you	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to take out voluntary insurance for the entitlement to benefits in Germany?	
Do you wish to take out a family insurance policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details for your children

Surname, first name		Gender	
Surname at birth		Date of birth	Place of birth
Total monthly income ⁴	<input type="checkbox"/> Up to €485	<input type="checkbox"/> Marginal	<input type="checkbox"/> Amount in euros <small>(Please enclose evidence)</small>
Is your child accompanying you abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to take out voluntary insurance for the entitlement to benefits in Germany?	
Do you wish to take out a family insurance policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Surname, first name		Gender	
Surname at birth		Date of birth	Place of birth
Total monthly income ⁴	<input type="checkbox"/> Up to €485	<input type="checkbox"/> Marginal	<input type="checkbox"/> Amount in euros <small>(Please enclose evidence)</small>
Is your child accompanying you abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to take out voluntary insurance for the entitlement to benefits in Germany?	
Do you wish to take out a family insurance policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Surname, first name		Gender	
Surname at birth		Date of birth	Place of birth
Total monthly income ⁴	<input type="checkbox"/> Up to €485	<input type="checkbox"/> Marginal	<input type="checkbox"/> Amount in euros <small>(Please enclose evidence)</small>
Is your child accompanying you abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to take out voluntary insurance for the entitlement to benefits in Germany?	
Do you wish to take out a family insurance policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Payment method for contributions to voluntary insurance

<input type="checkbox"/> The monthly contributions are to be debited from the following account. <small>(The account holder must sign the front)</small>	<input type="checkbox"/> The contributions will be transferred.
BIC	IBAN
Name of the bank/credit institution	Name of the account

Your details are treated as confidential and are governed by data protection. The details are required for legitimate fulfilment of the duties of the health insurance provider; they are collected based on the regulations of the German Social Security Code (SGB) and stored on a storage medium (Articles 10, 284, 289 SGB V, Articles 50, 94 SGB XI). Further information about how we process your personal data and your rights in accordance with the EU General Data Protection Regulation is available on our website at www.Bosch-BKK.de/Datenschutz.

¹ This information is voluntary.

² If this is not known, please state surname at birth and place of birth.

³ Please provide the standardised lifelong health insurance number from your previous health card.

⁴ Wage, income from self-employment, pensions and related benefits, income from investments, income from rent and leases