

**BOSCH****BKK**

Application for health insurance and long-term care insurance – voluntary membership

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 ²	IBAN ²	
Pension scheme number ³	Standardised health insurance number ⁴	

Insurance status

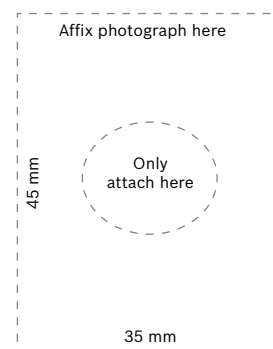
I was previously insured from	to	with (name of health insurance provider)
I previously had <input type="checkbox"/> compulsory insurance <input type="checkbox"/> voluntary insurance <input type="checkbox"/> family insurance <input type="checkbox"/> private insurance		
I am requesting membership on	Health insurance provider over the last 18 months	
Reason for voluntary insurance		
<input type="checkbox"/> End of family insurance	<input type="checkbox"/> Change of insurance provider	<input type="checkbox"/> Return from period abroad
<input type="checkbox"/> Compulsory insurance threshold exceeded	<input type="checkbox"/> Leaving compulsory insurance	<input type="checkbox"/> Applicant is severely disabled
Are you entitled to financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicants who are primarily self-employed can choose between	<input type="checkbox"/> Insurance with sickness benefits <input type="checkbox"/> Insurance without sickness benefits

Picture for electronic health card

Submission of the picture for the electronic health card:

Bosch BKK has a photograph I have uploaded it online Will be submitted in due course

Further options are available online at www.Bosch-BKK.de/eGK: You can upload digital images on the site or take them yourself using a webcam and send them to us directly. All insured persons must submit a photograph for the electronic health card. Children under the age of 15 do not need to submit a photograph. If you have previously submitted a photograph, this will still be stored. In this case, you do not need to submit another photograph.



Relatives to be included in insurance

I have relatives who I wish to be included in the free family insurance. Please send me an application for family insurance.

To be completed by applicants with a severe disability if the application is being made due to this disability

When did this disability first occur?	When was this disability officially recognised?	How much does this disability reduce your earning capacity? (in percent)
Date of assessment/ID	Location of social services office	

Severely disabled people can opt in to Bosch BKK if they, a parent or their spouse have been insured for at least three of the five years previous to them joining. Please provide us with your insurance dates for the last five years on a separate sheet so that we can check the requirements for joining.

¹ This voluntary information will help us with queries.

² Voluntary information

³ If this is not known, please state surname at birth and place of birth.

⁴ Please provide the standardised lifelong health insurance number from your previous health card.

Income details for calculating the contribution (in euros)

Income from self-employment <small>(in accordance with the general rules for determining income from German income tax law)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Annually	Insured party	Spouse
Weekly hours worked	<input type="checkbox"/> Below 20 hours	<input type="checkbox"/> 20 to 30 hours	<input type="checkbox"/> more than 30 hours	
Do you employ staff?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:	Staff in marginal employment	Staff subject to social security contributions
New business grant from government employment agency	<input type="checkbox"/> No	<input type="checkbox"/> Yes <small>(Please enclose official letter)</small>		
Wage from employment <small>(Gross pay/salary, payment in kind, commission, early retirement benefit, etc.)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
One-off payments from wage <small>(Holiday pay, Christmas bonus, etc.)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Annually	Insured party	Spouse
Severance payment upon leaving employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
Pension from German social security system	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
Pension from abroad	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
Pension-related benefits or pension-like income <small>(Pension from occupational scheme, public sector worker pensions, etc.)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
One-off payments from pension-related benefits <small>(Christmas bonus, etc.)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Annually	Insured party	Spouse
Income from rent and leases	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
Income from investments	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
Help with living expenses <small>(For example, maintenance without child maintenance or child benefit + without housing benefit)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse
Other income for living expenses <small>(Without child and housing benefit)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly	Insured party	Spouse

I support myself through

You must provide details of your spouse's income if your spouse is not a member of a statutory health insurance scheme.

What health insurance does your spouse have? Statutory Private | Your spouse's health insurance provider

Payment method for contributions to voluntary insurance

<input type="checkbox"/> The contributions are to be debited from the following account:	<input type="checkbox"/> The contributions will be transferred.
BIC	IBAN
Name of bank/credit institution	Name of account holder

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 above, 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. The termination confirmation from my provider is enclosed.

Place, date

Signature of member