Welcome to hkk!

Yes, I will take out employee insurance cover with hkk as from

1 Personal details

Name

Maiden name if applicable

First name

Street, no.

Postcode, town

Telephone [1] –

Email [1]

Place of birth

Date of birth

Gender ☐ male ☐ female

Nationality

Marital status

Pension insurance no.

Taxpayer identification no.

2 Details relating to insurance coverage

Name of employer

Street, no.

Postcode, town

Telephone [1] –

Employed since | fixed term until | as

Gross monthly earnings EUR | Hours worked per week Hours

Are you related to your employer ☐ No ☐ If yes, what is the relationship?

Do you hold a share in the company ☐ No ☐ Yes, I enclose the agreements

Prior to the start of my policy with hkk, I was last insured as ☐ a policyholder ☐ a dependent family member

from until

Name and address of health insurance provider

I am self-employed	☐ No	☐ Yes	Civil servant/retiree	☐ No	☐ Yes
Payment of pension/income similar to pension [2]	☐ No	☐ Yes	More than one job	☐ No	☐ Yes
Pension applied for	☐ No	☐ Yes	Student	☐ No	☐ Yes
Exempt from compulsory insurance for medical care, nursing care or pension [2]				☐ No	☐ Yes

3 Consent and data protection

I confirm that the information I have provided is correct. I will inform hkk of any changes without delay.

☐ I consent to allow my data to be used by hkk to keep me informed by post, telephone or email about current offers in the area of health and insurance. The data will only be processed for this purpose and deleted in accordance with statutory provisions. The data will not be passed on to third parties. The consent is voluntary and can be revoked at any time with effect for the future by giving hkk verbal or written notice. Without this consent, hkk will be unable to inform me about further offers in the healthcare and insurance sector.

☐ I consent to allow hkk to call up my tax identification number within the scope of the notification obligations and to allow hkk to transmit the amount of the contributions, additional contributions and premiums paid in the respective contribution year to the tax authorities (section 10 (2a) sentence 4 ESTG (Income Tax Act)). hkk will inform me in writing of the amount of the contributions forwarded. The consent can be revoked in writing at any time. Revocation must be made prior to the start of the contribution year for which the consent is no longer valid.

☐ I would like to be sent the hkk newsletter with interesting information covering all aspects of health and my hkk.

Place, date

Signature

You can find more information about how your data is processed at **hkk.de/datenschutz**

[1] Providing details of telephone numbers and email addresses is voluntary.
[2] If so, please enclose notices and/or verification.

N.B.: Your data will be processed in accordance with Art. 6 GDPR and section 284 SGB V (Social Security Code V) for health insurance purposes and section 94 SGB XI (Social Security Code XI) for nursing care insurance purposes.

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Internal hkk number
(Will be completed by hkk)

1 7 2 0 3 3 6 – –

Advisor (to be completed by hkk)