

# Welcome to hkk!

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

## 1. Personal details

Sur-name	Place of birth
Maiden name if applicable	Country of birth
First name	Date of birth
Street, no.	Gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse <input type="checkbox"/> indeterminate (X)
Postcode, town	Nationality
Telephone <sup>1)</sup>	Marital status
Email <sup>1)</sup>	Pension insurance no.

## 2. Details relating to insurance coverage

Name of employer			
Street, no.			
Postcode, town			
Telephone <sup>1)</sup>			
Commencement of employment			
I am a(n)	<input type="checkbox"/> employee	<input type="checkbox"/> trainee	
Gross monthly earnings	EUR	Hours worked per week	Hours
Are you related to your employer?	<input type="checkbox"/> No	If yes, what is the relationship?	
Do you hold a share in the company?	<input type="checkbox"/> No	Yes, I enclose the agreements	
I am self-employed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Civil servant/retiree	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pension received/applied for	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Income similar to pension <sup>2)</sup>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Student	<input type="checkbox"/> No <input type="checkbox"/> Yes
Exempt from compulsory health, nursing care or pension insurance <sup>2)</sup>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Prior to the start of my policy with hkk, I was insured as a	<input type="checkbox"/> Member	<input type="checkbox"/> Dependent family member	
from	until		
Name of health insurance fund			

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

Place, date

You can find more information about how your data is processed at [hkk.de/datenschutz](https://www.hkk.de/datenschutz)

<sup>1)</sup> Providing details of telephone numbers and email addresses is voluntary.  
<sup>2)</sup> If so, please enclose notices and/or verification.

Signature

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.

Internal hkk number  
(Will be completed by hkk)

Advisor (to be completed by hkk)