

Registration of family members for

Personal details of policyholder and general information			
Name, first name:		Health insurance number:	
Phone nr. ¹ : <small>¹ Voluntary information</small>		E-mail ¹ :	
I was last insured	<input type="checkbox"/> as a policyholder in my own right ...	<input type="checkbox"/> under a family insurance policy ...	<input type="checkbox"/> not covered by statutory health insurance.
with <small>(name of health insurance fund)</small>			

Marital status of policyholder		Please complete every field, even if you have already done so in previous years.	
<input type="checkbox"/> Single	<input type="checkbox"/> Married since		
<input type="checkbox"/> Permanently separated	<input type="checkbox"/> Divorced since		
<input type="checkbox"/> Widowed	<input type="checkbox"/> Registered civil partnership since <small>Pursuant to the Civil Partnership Act – LpartG (in this case, the information is to be provided under the heading "Spouse")</small>		
My spouse/registered civil partner has their own insurance policy	<input type="checkbox"/> No	<input type="checkbox"/> Yes, with _____	(Name, registered offices of health insurance fund)
	<input type="checkbox"/> not covered by statutory health insurance. (In this case, please provide additional information on the back of this form)		
Reason for including my relative(s) in the family insurance scheme	<input type="checkbox"/> Start of my policy	<input type="checkbox"/> Birth of child	<input type="checkbox"/> Marriage
	<input type="checkbox"/> End of the family member's previous own insurance policy	<input type="checkbox"/> Other _____	<input type="checkbox"/> Arrival from abroad

General information on your family member(s) Important for you: The following information is generally only required for dependents who are to be included under hkk family insurance cover. Please note that it is against the law to have family insurance cover with more than one health insurance fund. For this reason, please make sure that there is no question of duplicate family insurance cover when submitting your details.

	Spouse/registered civil partner	Child	Child	Child
Name				
(If the last name is different to that of the policyholder, please include a copy of the marriage certificate, proof of the parent-child relationship or, if it is not possible to provide proof, then by means of other suitable documents (e.g. child benefit) once only).				
First name				
Gender	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> X	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> X	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> X	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> X
<small>(m = male, f = female, d = diverse, X = unspecified)</small>				
Child's relationship to the policyholder <small>(*The term "natural child" is also to be used for adopted children)</small>	<input type="checkbox"/> Natural child ² <input type="checkbox"/> Stepchild	<input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Natural child ² <input type="checkbox"/> Stepchild	<input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild
Child of both spouses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address if different				
Date of birth				

Details required for issuing a health insurance number for family members insured under a family policy			
Your own pension insurance number			
Health insurance number			
Name at birth			
Place of birth			
Country of birth			
Nationality			

Details of the most recent or the current insurance policy covering the family members			
Previous insurance cover ended on			
Previous insurance cover was with			



	Spouse/registered civil partner	Child	Child	Child
Type of previous insurance	<input type="checkbox"/> Policyholder <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory	<input type="checkbox"/> Policyholder <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory	<input type="checkbox"/> Policyholder <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory	<input type="checkbox"/> Policyholder <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory
Insofar as there was a recent family insurance policy, please provide the last name and first name of the person who was the policyholder for the family insurance cover.	Name			
	First name			
The previous insurance policy is still with				

Other details about family members Please complete the relevant fields and **enclose** supporting documents!

Monthly profit from ...				
... marginal part-time employment	€	€	€	€
... (on average) more than				
marginal part-time employment	€	€	€	€
Is/was self-employed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof: latest income tax assessment notice	Monthly earnings in €	Monthly earnings in €	Monthly earnings in €	Monthly earnings in €
	€	€	€	€
Are other benefits such as a state pension, pension benefits, a company pension, a foreign pension or other pensions being drawn?	Please attach documentation.			
	Monthly payment in €	Monthly payment in €	Monthly payment in €	Monthly payment in €
	€	€	€	€
Is there any other regular monthly income as defined under income tax law (e.g. income from renting and leasing, income from capital assets) or other income (e.g. severance pay for loss of employment)?	Please attach documentation.			
	Total amount in €	Total amount in €	Total amount in €	Total amount in €
	€	€	€	€
Are they currently undergoing training? Proof is required if the family member is 23 years of age or older.				
	<input type="checkbox"/> School <input type="checkbox"/> University	<input type="checkbox"/> School <input type="checkbox"/> University	<input type="checkbox"/> School <input type="checkbox"/> University	<input type="checkbox"/> School <input type="checkbox"/> University
	<input type="checkbox"/> Vocational training	<input type="checkbox"/> Vocational training	<input type="checkbox"/> Vocational training	<input type="checkbox"/> Vocational training
Expected until:				
Has the family member completed voluntary national service? (e.g. military service, development aid, ecological /social year, voluntary national service)	Please attach documentation.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

We also need separate details of your spouse/registered civil partner, even if family insurance cover is only required for your children. In this case, apart from general information, we also require details of the spouse's/civil partner's insurance cover and – if the spouse/civil partner does not have statutory health insurance and is related to the children – their income; in this case, it is essential to submit proof of income, leaving out any allowances that are paid with regard to your marital status, when providing details of income. Changes in income (e.g. new tax assessment notice in the case of self-employed persons or change in salary in the case of salaried employees) must be notified to hkk without delay.

Consent and data protection

Data protection notice (Article 13 of Regulation (EU) 2016/679): In order for us to assess family insurance, your cooperation is required in accordance with §§ 10(6) and 289 SGB V. The data must be collected to establish the insurance cover (§§ 10, 284 SGB V, § 7 KVLG 1989, § 25 SGB XI).

Voluntary information about contact details is used only to make enquiries about your insurance cover.

I confirm that the information I have provided is correct. I will inform you of any changes without delay. This applies in particular if the income of my family members listed above changes (e.g. new income tax assessment notice in the case of self-employment) or if they take out their own policy with a (different) health insurance fund. By signing this form, I declare that I have obtained the consent of my family members to provide the required information.

I consent to allow my data to be used by hkk to keep me informed by post, telephone or e-mail about current offers in the healthcare and insurance sectors. 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 sectors. You can find out more about the processing of your data at: hkk.de/datenschutz.

Date

Signature of policyholder If the family member lives separately, the signature of the family member is sufficient.

