

Welcome to hkk!

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

1 Personal details

| | |
|---------------------------|---|
| Name | Place of birth |
| Maiden name if applicable | Date of birth |
| First name | Gender <input type="checkbox"/> male <input type="checkbox"/> female |
| Street, no. | Nationality |
| Postcode, town | Marital status |
| Telephone ¹⁾ | Pension insurance no. |
| Email ¹⁾ | Taxpayer identification no. |
| | Children ²⁾ <input type="checkbox"/> No <input type="checkbox"/> Yes Please attach documentation. |

2 Details relating to insurance coverage

| | | | |
|--|--|--|-----|
| Start of studies | Current subject-specific semester | Please attach proof of enrolment. | |
| Enrolment number | <input type="checkbox"/> First degree course <input type="checkbox"/> Second degree course <input type="checkbox"/> Graduate studies <input type="checkbox"/> Doctoral studies | | |
| Name of university | | | |
| I am working in addition to my studies | | | |
| Hours worked per week | Hours | Gross monthly earnings | EUR |
| <input type="checkbox"/> self-employed from | | | |
| <input type="checkbox"/> employed as from | | | |
| Name/address of employer | | | |
| Prior to the start of my policy with hkk, I was last insured as <input type="checkbox"/> a policyholder <input type="checkbox"/> a dependent family member | | | |
| from <input type="text"/> until <input type="text"/> | | | |
| Name and address of health insurance provider | | | |
| Exempt from compulsory health or nursing care insurance ²⁾ | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Payment of pension/income similar to pension ²⁾ | | Pension applied for <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Do you have any insurance claims under supranational or intergovernmental law? | | <input type="checkbox"/> No <input type="checkbox"/> 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.

Internal hkk number
 (Will be completed by hkk)

1 7 2 0 3 0 1 -
Advisor (to be completed by hkk)