



Better performance. More service.

Better performance. More service. Be a member.

# Membership application Part 1

## Personal details

as:  Employee

Purchaser of voluntary insurance

Pensioner

Unemployment benefit recipient

Trainee

Student, intern

Surname

First name

Date of birth

Street, House number

Postcode, Town

Landline, mobile \*

Email \*

Start date for membership

Maiden name

Place of birth

Gender

Nationality

Health/Pension insurance number

Martital status

### I would like a family insurance policy

I have dependants who are not themselves members of a statutory health fund and whom I would like to have covered by an IKK gesund plus family insurance policy.

I would like a family insurance policy. (Please also complete the family insurance application form.)

I have no dependants.

I do not require a family insurance policy

### I would like to join the bonus programme

Please send me a bonus card for the ikk aktiv plus bonus programme. (You must also complete the bonus programme application form.)

#### Data protection information:

Your personal data (social security data) must be collected if you are contracting health or nursing care insurance, as set out in Arts. 206 and 284 Social Security Code (SGB) V, and Arts. 50 and 94 SGB XI. Detailed information on the General Data Protection Regulation (GDPR) is available online at [www.ikk-gesundplus.de/dsgvo](http://www.ikk-gesundplus.de/dsgvo).  
\*This information is optional.

### My photograph

We would like to send you your electronic health card as soon as possible. So we would be grateful if you could enclose a suitable photograph with your membership application. **N.B.:** FA recent colour photograph is required by law for all insured persons aged 15 or over.

#### My photo

is in the holder provided.

will be forwarded soon.

has already been sent.

will be sent online.

I affirm that this is a genuine photograph of myself. I consent to the processing of my data pursuant to the data protection declaration\*\* shown on the right.



**Online photo service for new members:**  
[www.ikk-gesundplus.de/lichtbild\\_neumitglieder](http://www.ikk-gesundplus.de/lichtbild_neumitglieder)  
or scan the QR Code



**\*\* Data protection declaration regarding the storage and processing of your photograph**  
Before your electronic health card can be manufactured, the card maker must first store your photo as a digital image. He is under an obligation to protect your digitalised image. The photo itself will be destroyed in accordance with data protection legislation once the health card has been manufactured. Storage is required for technical reasons. It will, for instance, enable you to order a replacement card without great inconvenience if you lose the original. If you would like your data to be deleted before the storage period expires, simply contact us and let us know.  
☎ **0800 8579840** (24/7 free of charge)

# Membership application Part 2

## Insurance information

### I have been employed

since

Name, Address, Tel. No. of Employer/relevant Benefit Agency

I draw Unemployment Benefit I.  
(Please enclose a copy of your latest assessment.)

I draw Unemployment Benefit II.  
(Please enclose a copy of your latest assessment.)

### Previous health insurance

I have had statutory health insurance in the last 18 months.  
(Please enclose confirmation of cancellation.)

I was previously privately insured.

I previously had other health insurance.  
(Please enclose copy of proof of insurance.)

I previously lived abroad.

I had family insurance in a statutory health fund before applying for membership.

Name of health fund/health insurance provider

from - to (month/year)

Surname, First name of main person insured

Date of birth of main person insured

Family insurance from - to (month/year)

Name of health fund

### I draw a pension

I draw a German or foreign pension and/or an occupational pension and/or receive similar income such as pension-related benefits. (Please enclose a copy of your assessment and/or of the most recent payment adjustment.)

Type of pension

Payment agency

### Please send me the customer magazine, 'IKK-Gesundheitstelegramm'

by email to the following email address:

by post.

### Data storage and use by service providers

I am happy for IKK gesund plus and service providers working on its behalf to inform me by telephone or email about the latest offers in the field of healthcare and insurance. I hereby consent to the storage and use for this purpose of my personal data and, if applicable, of that of my minor family members. I may withdraw this consent at any time.

by phone

by email

Date, Signature