Better performance. More service. Family policy.

Required information for adding dependants to a family policy

ikk gesund plus

Surname, First name

Date of birth

Gender

Street, House number

Marital status

Nationality

Postcode, Town

Health insurance number (Surname at birth/place of birth if pension insurance number is not known)

General information about the member

I was previously

☐ insured as an individual member with:
☐ insured as part of a family policy with:
☐ not covered by statutory insurance

Name of insurer

My marital status

☐ single ☐ married ☐ separated ☐ divorced ☐ widowed ☐ Registered civil partnership as defined by the Law on Civil Partnerships (LpartG (In this case, enter the partner's details under 'Spouse'.)

Grounds for application

☐ New membership ☐ Birth of child ☐ Marriage ☐ Cancellation of dependant's previous personal membership

☐ Other:

Start date for family insurance

Tel.

Email address

Daytime contact details (optional)

Information on family insurance

The following information is required only for dependants who are to be added to our family policy. However, we require some information about your spouse/partner even if the family policy is only intended to cover your children. In this case, we require not only general information about the spouse/partner, but also details of their insurance, and – if the spouse/partner has no statutory insurance and is related to the children – of their income; documentary evidence of this must be provided; any assistance received on the basis of marital or parental status does not have to be included here.

Please note that it is illegal to take out more than one family insurance policy with different insurers at the same time. Consequently, you should ensure that there is no possibility of your being doubly insured.

General information on dependants

	Spouse	**Child**	**Child**	**Child**
Surname*				
*** If your spouse/partner and/or your children have a different surname and you have not already submitted these documents, please enclose a marriage certificate and/or a certificate of parentage.**				
First name				
Gender (m = male, f = female)	☐ (m) ☐ (f)	☐ (m) ☐ (f)	☐ (m) ☐ (f)	☐ (m) ☐ (f)
Date of birth				
Address, if different from that of the member				
Relationship of member to child (* the term 'biological child' should also be used for an adopted child)	_____	☐ biological child* ☐ stepchild ☐ grandchild ☐ foster child	☐ biological child* ☐ stepchild ☐ grandchild ☐ foster child	☐ biological child* ☐ stepchild ☐ grandchild ☐ foster child
Is your spouse related to the child? (Please mark with a cross only if there is no family relationship)	_____	☐ No	☐ No	☐ No

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Information about previous or existing coverage of dependants

Health insurance number

Date of birth

	Spouse	Child	Child	Child
The previous insurance policy - ended on: - was held with: (name of insurer)				
Type of insurance coverage	☐ Membership ☐ Family ☐ insurance Non statutory	☐ Membership ☐ Family ☐ insurance Non statutory	☐ Membership ☐ Family ☐ insurance Non statutory	☐ Membership ☐ Family ☐ insurance Non statutory
If the most recent policy was a family insurance plan, please state the surname and first name of the individual whose membership formed the basis for the family policy	(First name) (Surname)	(First name) (Surname)	(First name) (Surname)	(First name) (Surname)
My previous health insurance policy is still being held with: (name of insurer)				

Other information about dependants

	Spouse	Child	Child	Child
Self-employed	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Monthly earnings from self-employment. Please enclose a copy of the latest income tax assessment.	EUR	EUR	EUR	EUR
Gross monthly earnings from marginal employment	EUR	EUR	EUR	EUR
Does he/she draw Unemployment Benefit II?	☐ Yes	☐ Yes	☐ Yes	☐ Yes
State pension, pension-related benefits, occupational pension, foreign pension, other pension (monthly payment amount)	EUR	EUR	EUR	EUR
Other regular monthly income as defined by the Income Tax Act (e.g. gross earnings from other than marginal employment, income from rents and leases, income from capital assets)	EUR	EUR	EUR	EUR
School attendance/study (Please enclose a certificate of schooling or study for children aged 23 or over)		from to	from to	from to
Military or civilian service (please enclose a certificate of service)		from to	from to	from to

Information required to issue health insurance numbers to dependants insured under the family policy

	Spouse	Child	Child	Child
Own Pension Insurance Number (RV-Nr.)				
The following information is only required if no pension insurance number was issued.				
Surname at birth				
Place of birth				
Country of birth				
Nationality				

I hereby confirm that the above information is correct. I shall inform you immediately of any changes, especially if there is a change in the income of the above dependants (e.g. a new income tax assessment in the case of self-employment) or if they join an (other) insurance plan.

Print

Place, Date

Member's signature

By signing, I declare that I have obtained my dependants' consent to share the necessary information.

Signature of dependant, if applicable

In the case of dependants not living with the member, the signature of the dependant shall suffice.

Privacy Notice (Art. 67a Para. 3 Social Security Code (SGB) X): in order to meet our statutory obligations, your cooperation as defined in Arts. 10 Para. 6, 289 SGB V is mandatory. The data must be collected in order to establish eligibility (Arts. 10, 284 SGB V, Art. 7 Farmer's Health Insurance Act (KVLG) 1989, Art. 25 SGB XI). Optional information such as your contact details shall be used for no other purpose than to make enquiries in connection with your insurance coverage.