

Declaration in respect of



- voluntary health insurance and social long-term care insurance
 social long-term care insurance
 reinstatement of coverage

Surname, first name	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname at birth	Place of birth	
<input type="text"/>	<input type="text"/>	
Street, House number	Marital status	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode, Town	Health insurance number/Pension insurance number	
<input type="text"/>	<input type="text"/>	
Landline, mobile phone *	Email *	
<input type="text"/>	<input type="text"/>	

Data protection information: Your personal data (social security data) must be collected if you are contracting health or long-term care insurance, as set out in Arts. 206 and 284 Social Security Code (SGB) V, and Arts. 50 and 94 SGB XI. * This information is optional.

Information on current employment

N.B.: In the case of self-employment or commercial activity, a copy must be submitted of the business registration as well as documentary evidence of a start-up subsidy, if applicable.

From / to	Description (profession and sector, if applicable)
<input type="text"/>	<input type="text"/>

Reasons for insurance and prior insurance period

- My previous IKK gesund plus insurance policy has expired. I have no other kind of health insurance.
 Family insurance policy has expired/I am not covered.
 Change of health fund
 First take-up of employment
 Returning from abroad.

Prior period of health and long-term care insurance (complete only if one of the above four cases applies):

from	to	Insurer	Oblig. memb.	Pension applicant	Volunt. memb.	Family ins.	Priv. insur.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I am exempt from compulsory social long-term care insurance. I enclose my certificate of exemption.
 I hereby apply for exemption from compulsory social long-term care insurance.

Income

	Self-employment or trade	Letting and leasing	Capital investments	Paid employment	Pensions and similar income	Other income
Own income in Euro/annum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's income in Euro/annum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- My spouse has statutory health insurance. Consequently, no information is required about my spouse's income.

Information on parental status (additional contribution to long-term care insurance)

- I have no children. I have children, and enclose the corresponding evidence (such as a birth certificate).

Information on insurance of dependants under a family policy

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

- Yes. (Please complete the separate form.) No. I have no dependants.

Declaration on statutory claim to sickness benefit for the full-time self-employed

- I do not wish my insurance to cover me for sickness benefit.
 I would like my insurance to entitle me to statutory sickness benefit (from the 43rd day of incapacity for work). The general contribution rate shall apply. By making this optional declaration, I am entering into a three-year commitment.
 Please advise me of the optional sickness benefit tariffs (only available in conjunction with statutory sickness benefit).

Consent to the reporting of health and long-term care insurance contributions

- I hereby consent to IKK gesund plus notifying the tax authorities of the contributions I have made for tax purposes, so that they may be deducted as special expenses.

Tax ID

- The contributions shall be transferred by my employer (direct payment).

- The contributions should be debited from my bank account. I shall complete the SEPA direct debit mandate on the reverse of the original

The contributions shall be transferred by:

Storage and use of data by service providers

- I hereby consent to being notified by phone or email by IKK gesund plus or service providers working on its behalf about the latest offers in the healthcare and insurance sector. I hereby consent to the storage and use for this purpose of my personal data and, if applicable, of that of dependants who have not yet reached their majority. I may withdraw this consent at any time.

I have read and noted the advice overleaf.
Date, Signature

Personal information

IKK gesund plus will create a contribution account under your health insurance number to operate your insurance policy. The data requested overleaf is required for this purpose, and shall not be used in any other way. The additional contact information (telephone number and email address) is optional.

Current employment

Special contribution assessment guidelines apply to particular sectors of the population. You should therefore state your current or intended profession as precisely as possible. Please also inform us accordingly if you are contracting voluntary insurance because you are not currently in gainful employment.

Reasons for insurance and prior insurance period

Individuals whose obligatory insurance or family insurance has ended shall continue to be insured as voluntary members unless they have declared within two weeks that they wish to leave after advising the health fund accordingly. They are under a statutory obligation to have alternative cover in place in case of sickness (e.g. private health insurance) which commences immediately upon the termination of their previous insurance policy, and to provide documentary evidence to this effect. By placing a cross in this box, you are therefore confirming that you do not have or intend to have any alternative insurance cover in the case of sickness.

Otherwise, you may contract voluntary insurance if this declaration is made within three months of leaving an insurance scheme recognised under supranational or inter-governmental law and you can provide evidence of prior insurance. This condition will be met if you have had statutory health or long-term care insurance or have been covered by another insurance scheme recognised under supranational or inter-governmental law for an uninterrupted period of at least 24 months in the last five years or for at least twelve months in the immediate past. If family insurance may not be contracted under the terms of Art. 10 Para. 3 SGB V, it shall suffice if one parent meets the prior insurance conditions. Periods of membership as a pension claimant and periods when the individual was only insured because he/she was drawing Unemployment Benefit II to which they were not entitled do not count as periods of prior insurance.

In addition, individuals taking up employment in Germany for the first time and who are exempt from insurance because their annual earnings exceed the statutory threshold, and employees whose membership ended because of working abroad, may contract voluntary insurance within three months. In such cases, it is not necessary to meet the prior insurance conditions.

Those with voluntary insurance are simultaneously covered for long-term care. However, it is possible to obtain exemption from this insurance obligation. The relevant application must be submitted to our long-term care fund within three months of the commencement of membership. It will only be approved if you and your dependants are covered by a private long-term care policy which offers benefits of equal value. It is not possible to revoke this exemption from obligatory social long-term care insurance.

Income

According to Art. 240 SGB V, the contribution assessment is made on the basis of the member's entire income. Consequently, the income on which contributions must be paid includes earnings from self-employment, freelance activities or a trade, income from letting and leasing, capital investments, and paid employment, German and foreign pensions and similar income (pension-related benefits and/or occupational pensions) as well as all other income and financial resources which are or can be used for living expenses, regardless of how they are treated by the tax authorities.

Your spouse's income will also be taken into consideration if he/she has no statutory health insurance. The contribution shall be assessed based on half of the total of your and your spouse's income, up to a

maximum of half of the contribution assessment ceiling. If there are children, a claim can be made for amounts to be deducted from the spouse's income for their support.

The available income shall be set at a maximum of the contribution assessment ceiling. If it can be shown that your income is lower than this, the amount of the contribution shall be based on the actual level of income.

However, the level of contributions which is payable will equal or exceed a minimum level which will depend on the sector of the population to which you belong. This shall apply even if you have a low income or none at all. Special rules in relation to the assessment threshold apply to students at technical and vocational college and sectors of equal status and to the reinstatement of coverage. These, together with all of the above figures, are to be found on our website.

The appropriate documents must be submitted as evidence of the sector to which you belong and the income upon which contributions are payable (e.g. pension or benefit notifications, demands for payment by the authorities, current wage or salary statements, or your most recent income tax assessment).

Information on parental status

A national contribution rate applies to long-term care insurance which increases by 0.25 percent of the income upon which contributions are payable from one's 23rd birthday, unless proof is provided that one is a parent (e.g. a birth certificate).

Information on insurance of dependants

Dependants (your spouse and children) who have no insurance of their own can be covered too under the detailed terms of Art. 10 SGB V. A separate questionnaire must be completed.

Declaration on statutory claims to sickness benefit

With the exception of the 'employee' category, persons with voluntary insurance cannot claim sickness benefit. Consequently, a lower contribution rate applies (apart from pensions and similar income) Only those in full-time self-employment may opt for statutory sickness benefit by submitting the appropriate declaration (entitlement begins from the 43rd day of incapacity for work). In this case, the general contributory rate shall apply. The declaration shall take effect when the period of voluntary insurance commences, provided it is submitted within two weeks; otherwise, from the beginning of the following month. If the individual is unfit for work at the time the declaration is made, it shall take effect only after the end of the period of incapacity, and no earlier than when the insurance and/or the intended period of entitlement commences. If you decide to claim entitlement to sickness benefit, you will be entering into a three-year commitment.

Consent to the reporting of contributions

Since 1 January 2010, health and long-term care contributions have been designated special expenses and made fully exempt for tax assessment purposes. We are obliged to report the level of contributions you have made per calendar year to the tax authorities so that allowance can be made for your contributions to health and long-term care insurance. By granting your consent, you are authorising us to transmit your data (incl. data on contributions) and to ask for your Tax ID No. if you have not entered this because you did not know it or were unable to locate it. Without your consent to us acting in this way, the tax authorities are entitled to refuse to deduct the health and long-term insurance contributions as special expenses. You shall be notified annually of the level of contributions reported to the tax authorities.

Payment of contributions

Contributions must be paid on the 15th of the month for the preceding month (which is when they fall due). To ensure that payment is received by the due date, we recommend you use our free direct debit service and set up the SEPA mandate provided on the reverse of the original form.



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