

Data of the Directly Insured Person

Name: _____

First name: _____

Insurance number:

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3. Details of family members living abroad (Please tick only where applicable)

1st Person	2nd Person	3rd Person	4th Person
Is the certificate required?			
☐ Yes, from _____ ☐ No	☐ Yes, from _____ ☐ No	☐ Yes, from _____ ☐ No	☐ Yes, from _____ ☐ No
3.1 Name, first name			
Name _____ First name _____	Name _____ First name _____	Name _____ First name _____	Name _____ First name _____
3.2 Gender (m = male, f = female, x = indeterminate, d = diverse):			
☐ (m) ☐ (f) ☐ (x) ☐ (d)	☐ (m) ☐ (f) ☐ (x) ☐ (d)	☐ (m) ☐ (f) ☐ (x) ☐ (d)	☐ (m) ☐ (f) ☐ (x) ☐ (d)
3.3 Date of birth			
Date of birth _____	Date of birth _____	Date of birth _____	Date of birth _____
3.4 Birth name, place of birth, Country of birth			
Birth name _____ Place of birth _____ Country of birth _____	Birth name _____ Place of birth _____ Country of birth _____	Birth name _____ Place of birth _____ Country of birth _____	Birth name _____ Place of birth _____ Country of birth _____
3.5 Nationality			
Nationality _____	Nationality _____	Nationality _____	Nationality _____
3.6 Relationship (no mandatory information)			
☐ Spouse ☐ Life partner ☐ Child ☐ Other (please specify): _____	☐ Spouse ☐ Life partner ☐ Child ☐ Other (please specify): _____	☐ Spouse ☐ Life partner ☐ Child ☐ Other (please specify): _____	☐ Spouse ☐ Life partner ☐ Child ☐ Other (please specify): _____
3.7 Address of place of residence (If different from the address under Item I.6.a. Specify the date of relocation in the event of a change):			
Street, house number _____ Address supplement (if applicable) _____ Postcode, Town _____ Country _____	Street, house number _____ Address supplement (if applicable) _____ Postcode, Town _____ Country _____	Street, house number _____ Address supplement (if applicable) _____ Postcode, Town _____ Country _____	Street, house number _____ Address supplement (if applicable) _____ Postcode, Town _____ Country _____
3.8 Are your family members in gainful employment (employed or self-employed)? This also includes low-income employment or working from home.			
☐ Yes, since (dd.mm.yyyy) _____ Country _____	☐ Yes, since (dd.mm.yyyy) _____ Country _____	☐ Yes, since (dd.mm.yyyy) _____ Country _____	☐ Yes, since (dd.mm.yyyy) _____ Country _____

1st Person	2nd Person	3rd Person	4th Person
3.9 Do your family members receive income replacement benefits (e.g. sick pay or unemployment benefits)?			
☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country
3.10 Do any of your family members receive a pension or has a pension been applied for?			
☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country
3.11 Do your family members have their own health insurance in their country of residence?			
☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country
3.12 Are your family members insured in the country of residence via another person (e.g. a child via the other parent)?			
☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country 	☐ Yes, since (dd.mm.yyyy) Country
3.13 Name and address of the health insurance company in the country of residence:			
Name 	Name 	Name 	Name
Street, house number 	Street, house number 	Street, house number 	Street, house number
Postcode, Town 	Postcode, Town 	Postcode, Town 	Postcode, Town
Country 	Country 	Country 	Country
Insurance number 	Insurance number 	Insurance number 	Insurance number

- I confirm that the information which I have provided is correct. I will inform you of any changes in my circumstances and/or the circumstances of my family members (e.g. relocation, end of entitlement of family members abroad, end of health insurance of family members via another person abroad, taking up gainful employment, etc.) without being asked and without delay.
- I am aware that benefits, which have been wrongly claimed, can be reclaimed if I fail to inform you of a change in my circumstances or if I do so late.
- With my signature, I declare that I obtained the consent of my family members to the submission of the required data.

Place, date _____

Signature of the member _____

Please send:

By e-mail: zwkr-versicherte@plus.aok.de

By fax: **0800 1059002-999 (within Germany), 0049 351 320289 (outside Germany)**

Note: If the fax/e-mail transmission is successful, it is not necessary to send the original application! Please note that unencrypted transmission of personal social security data by fax or e-mail may jeopardise your data security (e.g. in the event of incorrect delivery).

Privacy Notice: The data in this form sheet is required to fulfil our statutory duties in accordance with Section 284 para. 1 sentence 1 no. 2 and no. 4 of the German Social Security Code V for the purpose of claiming benefits in kind in or, where applicable, outside the country of residence (Articles 11, 17, 22, 24, 25 and 26 of Regulation (EC) No. 883/2004). Your cooperation is required in accordance with Section 60 of the German Social Security Code I and Article 76 para. 4 of Regulation (EC) no. 883/2004 and Article 3 para. 2 of Regulation (EC) no. 987/2009. Failure to cooperate may lead to disadvantages when claiming benefits in kind or to the loss of entitlement to benefits in the country of residence. General information on data processing and your rights can be found at: [Datenschutzrechte | AOK](#) (Data protection rights | AOK) or can be obtained from any AOK office.