

Brokerage contract for students

I hereby instruct the person specified here
to broker an AOK PLUS membership for me.

Stamp of broker

Last name, first name (broker)

IGP
AOK PLUS partner number

1. My personal data

Last name First name Name at birth Title

Postcode, city or town, street, house/building no.

Date of birth Place of birth Country of birth Citizenship

Pension insurance no. Telephone*/mobile telephone* Email*

Gender (m/f/x) Marital status Tax identification no. (TIN) 11-digit

* You are not required to provide us with your telephone number or your email address. We would like to use these communication channels in addition to written communication in order to contact you more quickly, if needed.

2. I am applying for insurance as a student due to:

- ☐ Start of studies ☐ Withdrawal from compulsory insurance
☐ Change of providers in accordance with Art. 173(2) Social Code, Volume V (SGB V) ☐ Termination of family insurance

3. Enrolment details

I am currently enrolled/will be enrolled at: Name and address of the educational institution

State or state-approved university/college ☐ yes ☐ no

Please note: If you attend a technical college/vocational school, you must complete an application for voluntary insurance.

☐ PhD or ☐ Graduate or ☐ Master's or ☐ Additional or ☐ Advanced degree programme:
☐ no ☐ yes (please make a check mark next
to the applicable type of degree programme)

☐ Preparatory language course/college
from until
from until

Start of studies/enrolment date Start of the semester
(Please include your current enrolment certificate.)

4. My previous periods of insurance (outside AOK PLUS)

4.1. Determination of entitlement to insurance – up to at least 18 months before application

from until statutory health insurer ☐ Voluntary member ☐ Compulsory member ☐ Family insurance

Type of health insurance	Free therapeutic care	statutory HI	Private health insurance
	51 Previously insured with AOK PLUS	03 No previous German health insurance	41 Previously insured with AOK PLUS
	52 Previously insured with another statutory HI		42 Previously insured with another statutory HI
	53 No previous German health insurance	No insurance	43 No previous German health insurance
		61 Previously insured with AOK PLUS	
	Health insurer for postal workers	62 Previously insured with another statutory HI	HI for railway workers (KVB)
	81 Previously insured with AOK PLUS	63 No previous German health insurance	71 Previously insured with AOK PLUS
	82 Previously insured with another statutory HI		72 Previously insured with another statutory HI
	83 No previous German health insurance	Other insurance	73 No previous German health insurance
		91 Previously insured with AOK PLUS	
	Previous insurance abroad	92 Previously insured with another statutory HI	
	01 Previously insured with AOK PLUS	93 No previous German health insurance	
	02 Previously insured with another		

AOK PLUS will fill this out

- ☐ (0) Notification procedure not required ☐ (1) Start of compulsory insurance ☐ (3) Termination/special termination
☐ (4) Closure/insolvency of the previous statutory health insurer ☐ (5) Establishment/expansion of a company health insurance fund

5. General information

☐ yes ☐ no Do you have any children? (if so, please provide evidence of parenthood)

☐ yes ☐ no Are you self-employed in addition to your studies? _____
Weekly working hours

☐ yes ☐ no Are you employed in addition to your studies? _____
Weekly working hours

Name and address of employer

☐ yes ☐ No Do you receive a pension? _____
Type of benefits

☐ yes ☐ no Do you receive social benefits? _____
Type of benefits

☐ yes ☐ no Are you entitled to financial assistance or free therapeutic care? _____
Type from until

☐ yes ☐ no Have you been exempted from compulsory health insurance for students in the past by a health insurance provider?
on by

Only for foreign students: Are you entitled to coverage in accordance with transnational/international health insurance law?
(If so, please attach a copy of your European Health Insurance Card/EHIC.)

☐ yes _____ ☐ no
until

6. I am not eligible for non-contributory family insurance because

☐ my parents live abroad ☐ I have exceeded the income threshold ☐ I have exceeded the age limit

☐ my parents are privately insured ☐ other reasons _____

7. Our additional services

☐ yes ☐ no Do you need confirmation of your obligation to pay insurance contributions to submit to the Education and Training Assistance Office (BAföG)?

☐ yes ☐ no Do you need paperwork to apply for non-contributory family insurance for your family members (spouse or registered civil partner/children)?

8. Payment method for contributions

☐ The monthly contribution must be paid by direct debit.
Please fill in a **direct debit form (SEPA direct debit authorisation)** and submit the original version.

☐ I will pay my entire semester contribution in advance before the semester begins.

☐ I will transfer the monthly contributions myself by standing order.

First name

Data protection rights

The collection and transfer of the data to AOK PLUS is carried out on the basis of Art. 6(1)(b) of the EU GDPR in order to broker an AOK PLUS membership on your behalf. Failure to participate may result in disadvantages in terms of your claim to the provision of health and long-term care insurance and to the determination of your contribution to health and long-term care insurance. Within the context of legal obligations and authorisation to notify, recipients of your data may include third parties or service providers hired by us. You provide your consent to the processing (collection, retention and use) of your data voluntarily. With your consent, we will use your data to contact you in writing or by phone to offer you further information or advice on the advantages of AOK PLUS or on private supplementary insurance offers from our partner companies. This privacy policy is enforceable only if you are at least 18 years of age. You can withdraw your consent at any time with future effect. This does not impact the legality of the processing carried out to this point on the basis of this consent. You can exercise your right to revocation by contacting AOK PLUS, Sternplatz 7, 01067 Dresden. You can also send your notice of revocation by email to: service@plus.aok.de.

You can find general information on data processing and your rights at: www.aok.de/plus/datenschutzrechte. Upon request, we will provide you with this information directly. If you have any questions, please contact: AOK PLUS Data Protection Officer, 01058 Dresden, by email at: datenschutz@plus.aok.de, or by using the contact form at: plus.aok.de/datenschutzbeauftragter.

☐ I hereby consent to AOK PLUS processing and using the data that I have provided in order to inform and advise me on the advantages of and latest news regarding AOK and on private supplementary insurance offers from AOK's partner companies, as well as to carry out opinion surveys, including by email, phone or text message. This consent also applies in the event that the desired membership is not concluded. This consent is voluntary. I can withdraw my consent at any time with future effect.

I have been informed regarding my right to choose a health insurance provider and have chosen AOK PLUS as my future health insurance. I confirm that I am aware that only AOK PLUS can make a decision as to whether or not to grant me membership based on this brokerage contract.

- I instruct the aforementioned broker to submit my brokerage contract to AOK PLUS.
- I hereby declare my consent for AOK PLUS to transmit my identification data and personal information to the aforementioned broker for accounting purposes, if and when I enter into a membership with AOK PLUS.

<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center; margin-top: 10px;">Stamp of AOK PLUS employee</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="margin-top: 10px;">Place, date</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="margin-top: 10px;">Signature of the applicant; for minors, the signature of the minor's legal representative</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Signature of the broker</div> <div style="width: 45%;">AOK PLUS employee with ID</div> </div>
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Postcode: Tel Br VA TS AE, date Photo provided for EHIC ☐

Explanations and further information

Health/long-term care insurance

Students who are enrolled in state or state-approved universities or colleges are subject to compulsory insurance until the day of their 30th birthday at the latest ((Art. 5 para. 1(9) Social Code, Volume V (SGB V)). It may be possible to extend compulsory insurance if certain conditions have resulted in the loss of one or more semesters (e.g. gaining entrance to university through second-path education, period of voluntary military or civil service, etc.).

Start of membership

Membership for compulsorily insured students starts with their first semester; at the earliest on the first day of their enrolment or of their confirmation at college or university.

Termination

- **Cancellation of enrolment**
Membership of compulsorily insured students ends with the end of the semester in which they withdraw from university.
- **30th birthday**
The membership of compulsorily insured students ends at the end of the semester in which their 30th birthday falls.

Payment of contributions

The monthly contributions for student health and long-term care insurance will either be deducted from your bank account on the 15th of the month by direct debit, or the entire semester's contribution must be paid in full in advance. If you participate in a SEPA direct debit procedure, then you will receive a pre-notification, together with the contribution assessment, with the total that we will deduct each month. The legally prescribed deadline for this advance notification is 14 days. When you submit a SEPA direct debit authorisation, you agree to a reduction of this deadline to one day. Should your contribution change, we will inform you at least one day before we make the deduction from your bank account.

For each contribution still outstanding on expiration of the due date, we are obliged to charge a late payment fee (1 equivalent to the amount outstanding, rounded down to EUR 50).

Amendments

As a member, you have a duty of disclosure and notification. Please inform us if you switch degree programs, cancel your enrolment or begin work as a self-employed worker/freelancer or begin an employment relationship.

Coverage

From the start of your membership, you and your family members covered by this policy have the right to comprehensive health insurance coverage.

We have prepared brochures with more detailed information on benefits for you.

Exception:

Your right to coverage will be suspended if you do not pay your contributions for two months. Coverage required for the treatment of acute pain, as well as for pregnancy, maternity and early detection screenings, are not included in this suspension of coverage. The suspension will end when all unpaid contributions and contributions due during the suspension have been paid in full, or if you require assistance pursuant to Volume II or Volume XII of the Social Code (SGB II or SGB XII).

Last name,
first name _____

Address _____

**AOK PLUS – Die Gesundheitskasse
für Sachsen und Thüringen.
01058 Dresden**

Internal note

**Sales and marketing >>
Acquisition >> Applications/
contracts/assessments**

Declaration of parenthood

Pension insurance number: _____

I hereby truthfully declare that I have

☐ One child ☐ Two children ☐ Three children ☐ Four children ☐ Five or more children

in total, who are as follows:

1. Child	_____	_____
	Last name, first name	DOB
2. Child	_____	_____
	Last name, first name	DOB
3. Child	_____	_____
	Last name, first name	DOB
4. Child	_____	_____
	Last name, first name	DOB
5. Child	_____	_____
	Last name, first name	DOB

Do you have more than five children who have not yet reached the age of 25? Please give details of any additional children on the reverse of this form.

The statements I have made are truthful. I am aware that false information may lead to a reassessment of my contributions.

Date

Signature

Note on data protection:

The data is collected and processed to fulfil our obligations in accordance with Art. 94(1) SGB XI, to determine the applicable contribution rate in long term care insurance in accordance with Art. 55(3) SGB XI. You are required to cooperate in accordance with Art. 50 SGB XI. Failure to cooperate may lead to disadvantages in the contribution assessment. You can find general information on data processing and your rights at: aok.de/plus/datenschutzrechte.

