

# Questionnaire about inclusion in family insurance

## General statements by the member

- ▶ Up to now,
    - as part of my own membership
    - as part of a family insurance
    - I have not had statutory health insurance.
  - ▶ Your civil status
    - single     married since \_\_\_\_\_  living apart since \_\_\_\_\_
    - widowed since \_\_\_\_\_  divorced since \_\_\_\_\_
    - registered civil partnership according to the Registered Partnership Act – LPartG since \_\_\_\_\_  
(in this case, the information is to be given in the "Spouse" section)
  - I have no members of my family who are also to be insured. In this case, please only sign on the second page.
  - ▶ Reason for inclusion in the family insurance:
    - Start of my membership     Birth of a child     Marriage
    - End of the previous own membership of the member of the family     Others \_\_\_\_\_
    - Move from abroad
  - ▶ Start of the family insurance \_\_\_\_\_
- For queries (voluntary information)
- ▶ My telephone number \_\_\_\_\_
  - ▶ My e-mail address \_\_\_\_\_

## Information on members of the family

Principally, the following data is only required for such family members for whom you intend to obtain family insurance with us. **However, in deviation from the aforementioned we also need specific information on your spouse/life partner if you intend to only obtain family insurance for your children and your spouse/life partner is related to these children.** In this case, in addition to the general information, information about your spouse/life partner's insurance will be required as well – and if he/she does not have statutory insurance coverage – also information in his/her income. To that end, any income must be documented in the form of payroll stubs and surcharges that are being paid with regard to the civil status shall not be included in the income information. **Please remember that simultaneous family insurance with differing health insurance schemes is legally inadmissible. With your information, please therefore make sure that double family insurance is ruled out.**

### General information on members of the family

	Spouse			
Surname*				
*If the last name of the member and the family member are not identical, the civil status must be verified once through the presentation of respective records (e.g. marriage licenses, life partner license, birth certificate) or – if such documents are not available by presenting other suitable records (e.g. child benefits notice).				
First name				
Gender (m = male., f = female, x = indefinite, v = various)	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> x <input type="checkbox"/> v	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> x <input type="checkbox"/> v	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> x <input type="checkbox"/> v	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> x <input type="checkbox"/> v
Date of birth				
If applicable, address different from the member				
Relationship of the member to the child (*The designation "natural child" is also to be used for adoptions.)		<input type="checkbox"/> natural child* <input type="checkbox"/> step-child <input type="checkbox"/> grandchild <input type="checkbox"/> foster child	<input type="checkbox"/> natural child* <input type="checkbox"/> step-child <input type="checkbox"/> grandchild <input type="checkbox"/> foster child	<input type="checkbox"/> natural child* <input type="checkbox"/> step-child <input type="checkbox"/> grandchild <input type="checkbox"/> foster child
If the spouse related to the child? (Please only mark if there is no relationship.)		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no

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### Information on the last previous or existing insurance of the members of the family

	Spouse			
First name				
Insurance up to now - ended on: - existed with: (name of the insurance scheme)	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
Nature of previous insurance:	<input type="checkbox"/> Membership <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory	<input type="checkbox"/> Membership <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory	<input type="checkbox"/> Membership <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory	<input type="checkbox"/> Membership <input type="checkbox"/> Family insurance <input type="checkbox"/> Not statutory
If a family insurance was the last insurance, surname and first name of the person from whose membership the family insurance was derived.	..... (First name) ..... (Surname)	..... (First name) ..... (Surname)	..... (First name) ..... (Surname)	..... (First name) ..... (Surname)
The previous insurance still exists with: (Name of the health insurance scheme/insurance company)		.....	.....	.....

### Other information on members of the family

Gross working pay from marginal employment (monthly)	..... Euro	..... Euro	..... Euro	..... Euro
Statutory pension, provision payments, company pension, foreign pension, other pensions (monthly payment amount)	..... Euro	..... Euro	..... Euro	..... Euro
Self-employed activity	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Profits from self-employed activity (monthly) Please enclose a copy of the current income tax award.	..... Euro	..... Euro	..... Euro	..... Euro
Other regular monthly income as defined in the German Income Tax Act (e.g. gross wages from more than minimal employment, income from rentals and leases, income generated by capital assets), other income (e.g. severance pay for job loss)	..... Euro ..... (Kind of income)	..... Euro ..... (Kind of income)	..... Euro ..... (Kind of income)	..... Euro ..... (Kind of income)
Attending school/studies (For children from 23 years of age, please enclose school or study certificate)		from ..... to .....	from ..... to .....	from ..... to .....
National service or voluntary service regulated by law (Please enclose certificate)		from ..... to .....	from ..... to .....	from ..... to .....

### Information for provision of a health insurance number for members in family insurance

Own pension insurance number				
The following information is only necessary if no pension insurance number has been given yet.				
Surname at birth				
Place and country of birth				
Nationality				

**I confirm the correctness of the information. I shall inform you of changes without delay This in particular applies if the income of my aforementioned family members changes (e.g. new income tax award in self-employed activity) or they become members of (another) health insurance scheme.**

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Date (DDMMYYYY)

Member's signature

If applicable, family member's signature

With the signature, I declare having received approval from the family members to provide the necessary data.

If members of the family are living apart, the family member's signature is sufficient.

We collect and process this data to meet our obligations pursuant to § 284 Sect. 1 No. 1 SGB V and § 94 Sect. 1 SGB XI (SGB = German Social Security Act) and for the purpose of implementing family insurance coverage pursuant to § 10 SGB V; § 7 KVLG and § 25 SGB XI. Pursuant to § 60 SGB I, your participation is mandatory. Please keep in mind that lack of participation may result in disadvantages in conjunction with the provision of family insurance coverage. We are permitted - within the boundaries of our statutory obligations and authorized sharing processes - to share this data with third parties or service providers we have commissioned. For more detailed information related to data processing and your rights, please visit [www.aok.de/bw/datenschutzrechte](http://www.aok.de/bw/datenschutzrechte).