

## Voluntary Insurance Registration /Mandatory Follow-Up Insurance

### 1. Personal Data

|   |  |                         |   |                    |                |  |
|---|--|-------------------------|---|--------------------|----------------|--|
| Surname, first name                               | male   | female                  | Social security No./Date of birth             | Nationality        | Marital status |  |
|   |  | other                   |   |                    |                |  |
| Children  | Yes (please also complete the Declaration für Calculating Contributions to Long-Term Care Insurance) |                         |   | I have no children |                |  |
| Tax Identification Number (of the insured Person) |  |                         | Name at birth/Place of birth/Country of birth |                    |                |  |
| Street/House No.                                  |  | Postcode/Place of abode |   | Phone*<br>Email*   |                |  |

\*\* voluntary information

|                                   |                   |              |
|-----------------------------------|-------------------|--------------|
| I am employed at:                 |                   |              |
| Self-employed since:              | Type of business: | Company No.: |
| e.g. housewife/pensioner/student: |                   |              |

### 2. Previous Insurance

|                                 |    |  |
|---------------------------------|----|--|
| from                            | to | Health insurance company:              |
| Family insurance terminated on: |    | Reason (e.g. end of school education): |

### 3. Family Members

no family members

|          |                      |                          |                     |
|----------|----------------------|--------------------------|---------------------|
| Spouse   | Priv. insurance with | Statutory insurance with | Family insured with |
| Children | Priv. insurance with | Statutory insurance with | Family insured with |

### 4. Income: monthly annually (please enclose any existing proofs)

| Income from | Self-employment | Gross wage/salary | Rent, lease, interest | Pension | Other income |
|-------------|-----------------|-------------------|-----------------------|---------|--------------|
| Self        | EUR             |                   |                       |         |              |
| Spouse      | EUR             |                   |                       |         |              |

Do you have an entitlement to subsidies or free medical care according to civil servant regulations? yes no

### 5. Contributions payment

Please ensure that the contributions are paid into our account on time. If you complete and return the enclosed SEPA direct debit mandate, we will collect the fees on a monthly basis.

The contributions will be transferred by my employer.

### 6. Citizens Relief Act: improved tax deductibility of contributions

The tax deductibility of contributions paid to health and nursing care insurance has been improved as of the 2010 assessment year. To avoid any disadvantages for you (a non-electronic certificate may not be recognised by the tax authorities), we will take care of the notification to the tax authorities for you, in accordance with our legal mandate. If we do not have your tax identification number, we will request it directly from the Federal Central Tax Office. You are also welcome to inform us of your tax identification number in person.

#### Data protection notice/Intended use:

The above data is processed to complete our duties in accordance with Section 284 Paragraph 1 Sentence 1 Nos. 1 and 4 German Social Code Book (SGB V) in conjunction with Section 175 SGBV and Section 94 Paragraph 1 Nos. 1 and 2 SGB XI for the purpose of establishing the insurance relationship and membership as well as for determining the obligation to pay contributions and the contributions, and their payment. Your cooperation is required according to Section 206 SGB V and Section 50 SGB XI. Membership cannot be established without the required data. Some fields are voluntary and marked with an asterisk (\*). To make communication easier, we also ask you to provide your telephone number and E-mail address. You can refuse to grant consent without suffering any disadvantages and revoke your consent at any time with future effect. This does not affect the lawfulness of the processing previously carried out on the basis of this consent. You can exercise your right to revoke your consent at AOK Bayern, 81739 Munich, Carl-Wery-Straße 28 or online at [www.aok.de/bayern/widerruf](http://www.aok.de/bayern/widerruf). Recipients of your data may include service providers whom we commission (particularly those who make telephone calls or generate and send letters). AOK Bayern 81739 Munich, Carl-Wery-Straße 28 (Tel. 089 22844050) is responsible for collecting your data. You can receive general information on data processing and your rights at [www.aok.de/bayern/datenschutzrechte](http://www.aok.de/bayern/datenschutzrechte) or any AOK office. If you have any questions, please contact our data protection representatives using the above address/telephone number, or send an E-mail to [datenschutz@by.aok.de](mailto:datenschutz@by.aok.de).

I have provided the above information truthfully. I will provide notification of any changes without delay, in addition to me including corresponding evidence thereof (e.g. income tax return). I am aware that the provision of incomplete information can result in contributions being additionally charged. I have taken note of the insurance information which is appended to the application.

|      |
|------|
| Date |
|------|

|   |
|---|
| Signature of the applicant/parent or guardian |
|---|

## Registration Information

### The following can be insured voluntarily:

- Persons that are no longer compulsorily insured and who were insured for a minimum period of 24 months during a period of five years prior to them no longer insured or who were insured without interruption for a minimum period of 12 months directly prior to them no longer being insured.
- Spouses, civil partners and the children of an insured person when the family insurance lapses if they or the parent meets the above prior period of insurance requirement.
- Newborn babies from birth if there is no entitlement to family insurance and the statutory insured parent meets the above prior period of insurance requirement.
- Persons that commence employment in Germany for the first time and are exempted from social insurance.

The registration for voluntary insurance is to be made within a period of three months of termination of the previous insurance.

#### The insurance cover commences

- on the date of joining.
- for persons that were previously compulsorily insured, on the day after the compulsory insurance lapses.
- for spouses and children on the day after the family insurance lapses.

#### Contribution

The contribution is based on income unless statutory minimum amounts apply. No additional amount is charged for co-insured family members.

#### Payment date/date due

The contributions are to be paid by 15th of the month for the previous month, i.e. the contributions are paid retroactively.

#### Non-payment of the contributions

For contributions that have not been paid by the due date, a monthly late payment surcharge of 1 per cent of the overdue contribution, rounded down to EUR 50, will be charged. Reminder fees may also be charged.

Furthermore, **the entitlement to benefits will also terminate** if the contributions have not been paid for a period of 2 months.

A payment of the contributions by the social insurance institution is possible subject to the conditions of German Social Code Book Twelve (SGB XII).

#### Benefits

Our range of services is comprehensive and makes full use of all legal options, right from day one.

We would be pleased to provide you with detailed information on this and supplementary insurances.

#### Sickness benefit

Voluntary insured employees (persons exceeding the maximum earnings limit) are entitled to sickness benefit.

For full-time self-employed persons, the entitlement to sickness benefit is generally excluded, unless the member declares that the membership should include an entitlement to sickness benefit.

Please discuss this with your AOK Advisor.

#### Nursing care insurance

In keeping with the principle „Nursing care insurance follows the health insurance“, the voluntary health insurance goes hand in hand with a membership in the nursing care insurance. The contribution rate for the nursing care insurance is the same throughout Germany.

Members who do not have any children pay a monthly contribution surcharge of 0.6 % upon them attaining the age of 23. Person born prior to 1 January 1940 are exempted from this.

An exemption from this surcharge is possible if the member provides the health insurance company with proof of parenthood.

If you have 2 children or more (up to 25 years old), you benefit from discounts on your contributions to long-term care insurance

#### The voluntary membership terminates

- upon a compulsory insurance coming into effect,
- if the place of residence or habitual abode is transferred to another state (deregistration certificate required,; continued insurance may be possible),
- at the end of the calendar month after next, calculated from the month in which notice was given. The notice of termination becomes effective when the commitment period of 12 months has been fulfilled. This does not apply if the requirements for a family insurance have been met or if no membership with a statutory health insurance company is to be established.

#### Information of social insurance for the self-employed:

Unlike employees, self-employed persons are not normally automatically members of the other social insurance branches; however, there may be (further) insurance possibilities exist options.

You should always talk to the advisors at the relevant information and advice centres.

#### Pensions insurance

Information and advice centres of the Deutsche Rentenversicherung advisory centres on the Internet: [www.deutsche-rentenversicherung.de](http://www.deutsche-rentenversicherung.de).

#### Accident insurance

You can find out which professional association is responsible for you from the umbrella organisation

Deutsche Gesetzliche Unfallversicherung  
Glinkastr. 40  
10117 Berlin  
Telefon: (0 30) 13001-0  
Internet: [www.dguv.de](http://www.dguv.de)

#### Unemployment insurance

If you have any questions concerning voluntary continued insurance, please contact your local Employment Agency Internet: [www.arbeitsagentur.de](http://www.arbeitsagentur.de)

## Declaration for Calculating Contributions to Long-Term Care Insurance

Under the Act to Account for Child-Raising Periods [Kinderberücksichtigungsgesetz (KiBG)], parents pay a lower contribution rate to long-term care insurance. From 01.07.2023, the childless will pay a supplement of 0.6 percent (until 30.06.2023; 0.35 percent). The legislation covers all members who are over the age of 23 and are not raising, or have not raised, any children. People who were born before 1 January 1940 are excluded from the regulations of the KiBG.

Members who are raising, or have raised, children can avoid the increased contribution and save money. To ensure this, they must inform the insurance fund of their "parenthood". If this information has not been submitted, all members will be deemed childless.

### New Legislation from 1 July 2023

From 01.07.2023, you can benefit from contribution discounts in social long-term care insurance. From the second to maximum fifth child under the age of 25, we can take account of a contribution discount of 0.25 percentage points per child. If you have more than five children under the age of 25, please enter only the five youngest children. Please complete the relevant line for each child.

first child

\_\_\_\_\_  
Surname, first name, date of birth

second child

\_\_\_\_\_  
Surname, first name, date of birth

third child

\_\_\_\_\_  
Surname, first name, date of birth

fourth child

\_\_\_\_\_  
Surname, first name, date of birth

fifth child

\_\_\_\_\_  
Surname, first name, date of birth

**The information I have provided above is true and correct. I am aware that untrue and incorrect information will lead to recalculation of the contributions.**

### Data Protection

The data is collected and processed so that we can fulfil our tasks according to Article 94 para. 1 Social Code Book XI for the purposes of calculating contributions according to Article 55 para. 3 Social Code Book XI. Your participation is required according to Article 60 Social Code Book I. A lack of participation can lead to an increased contribution calculation. General information on data processing and your rights can be found at [aok.de/bayern/datenschutzrechte](http://aok.de/bayern/datenschutzrechte) or we can send it to you at your request. If you have any questions, please contact our data protection commissioner at the address/telephone number above or at [datenschutz@by.aok.de](mailto:datenschutz@by.aok.de)

\_\_\_\_\_  
Date, Signature

Note on children to be taken into account:

Children are: Biological children / Adopted children / Stepchildren / Foster children

Zurück an

AOK Bayern - Die Gesundheitskasse  
 Service-Center  
 92400 Amberg

**Creditor Identification Number of AOK Bayern: DE49AOK00000018487**  
**Mandate Reference: Will be issued separately**

Your Insurance Number:

**SEPA Direct Debit Mandate**

I hereby authorise AOK Bayern to collect the contributions to be paid by me from the due date by direct debit starting \_\_\_\_\_.

At the same time, I instruct my bank to honour the direct debit(s) drawn on my account by AOK Bayern. Note: I can request a refund of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my bank apply.

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>Surname and first name:</b>   |  |  |  |  |  |  |  |
| <b>Street and house number:</b>  |  |  |  |  |  |  |  |
| <b>Postcode and city:</b>  |  |  |  |  |  |  |  |
| <b>If applicable, different account holder (surname, first name and address:</b>                     |  |  |  |  |  |  |  |
| <b>Bank name:</b>  |  |  |  |  |  |  |  |
| <b>IBAN:</b>   |  |  |  |  |  |  |  |
| <b>Date, place and signature of account holder</b><br>(or of different account holder if applicable) |  |  |  |  |  |  |  |

**Privacy Policy:** The data is processed to fulfil our duties in accordance with Section 284 Paragraph 1 Sentence 1 No. 3 German Social Code, Book V (SGB V) and Section 94 Paragraph 1 No. 2 SGB XI in conjunction with Section 23 SGB IV for the purpose of timely payment of contributions. Your data will be processed on the basis of your consent given above. You can refuse to grant consent without suffering any disadvantages and revoke your consent at any time with future effect. This does not affect the lawfulness of the processing previously carried out on the basis of this consent. You can exercise your right to revoke your consent at AOK Bayern, 81739 Munich, Carl-Wery-Straße 28 or online at [www.aok.de/bayern/widerruf](http://www.aok.de/bayern/widerruf). General information on data processing and your rights can be found at [www.aok.de/bayern/datenschutzrechte](http://www.aok.de/bayern/datenschutzrechte) or obtained from every AOK office.