



Surname, first name of the member

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Health insurance No.

**Information concerning the last, previous or still existing insurance of the family members**

	Spouse	Child	Child	Child
Surname				
First name				
The previous insurance o terminated on:				
o was with:				
Type 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
Should a family insurance have previously existed: surname and first name of the person from whose membership the family insurance was derived				
The previous insurance still exists with: (Health insurance company/health insurance)				

**Other information concerning family members**

	Spouse	Child	Child	Child
Self-employed	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Profit from self-employment (monthly). Please enclose a copy of the latest income tax assessment notice.				
Gross remuneration for a minor occupation (monthly)				
Receiving unemployment benefit II?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
State pension, pensions and related benefits, company pension, foreign pension, other pension (monthly payment). <b>Please enclose proofs of income!</b>				
Other regular monthly income in the meaning of the German Income Tax Act (e.g. gross salary from an occupation which is not minor, income from letting and leasing, income from capital assets) <b>Please enclose proofs of income!</b>	(Type of income)	(Type of income)	(Type of income)	(Type of income)
School education/studies (Please enclose a school or study certificate for children aged 23 or older), Type of school (e.g. secondary school/class (voluntary information)	_____	from to	from to	from to
Military or alternative civilian service (please enclose a certificate of service should you not have already done so)	_____	from to	from to	from to

**Information required for issuing a health insurance number for family insured family members**

	Spouse	Child	Child	Child
Own pensions insurance number (RV No.)				
<b>The following information is only required if a pensions insurance number has not been issued yet.</b>				
Name at birth				
Place of birth				
Country of birth				
Nationality				

I hereby confirm that the information is correct. I shall immediately inform you of any changes. This is especially the case should the income of my above family members change (e.g. new income tax assessment notice when self-employed) or should they join a (different) health insurance company.

Place, date

Member's signature

Family member's signature if appropriate

With my signature, I declare that the family members have agreed to me providing the required information

The signature of the family member suffices if they should be separated.

**Hinweis zum Datenschutz:** Damit wir die Familienversicherung beurteilen können, ist Ihr Mitwirken nach §§ 10 Abs. 6, 289 SGB V erforderlich. Die Daten sind für die Feststellung des Versicherungsverhältnisses (§§ 10, 284 SGB V, § 7 KVLG 1989, § 31 a SGB X, § 25 SGB XI) zu erheben. Nach § 60 SGB I kann fehlende Mitwirkung zum Verlust des Versicherungsschutzes Ihrer Angehörigen führen. Für die Prüfung der Familienversicherung nicht erforderliche Daten können auf den Nachweisen geschwärzt werden. Freiwillige Angaben zu Kontaktdaten werden ausschließlich für Rückfragen zu Ihrem Versicherungsverhältnis verwendet. Allgemeine Informationen zur Datenverarbeitung und zu Ihren Rechten finden Sie unter [www.aok.de/bayern/datenschutzrechte](http://www.aok.de/bayern/datenschutzrechte). Bei Fragen wenden Sie sich an die AOK Bayern - Die Gesundheitskasse, Carl-Wery-Str. 28, 81739 München, oder unseren Datenschutzbeauftragten unter [datenschutz@by.aok.de](mailto:datenschutz@by.aok.de).

Bearbeitungsvermerk der AOK Bayern

Beratung am

durch Name, Vorname, Unterschrift

Direktions- und Beraternummer