



Yes, I would like to become a member of AOK NORDWEST.

Membership begins on _____, alternatively as soon as possible.

Personal details

Name		First name	Pension insurance no. or date of birth	
Surname at birth		<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse	Marital status	No. of children
Place of birth		Nationality	Telephone*	
Street/No.			Mobile*	
Postal code	Place		Email*	

* Optional information

Information on membership or family insurance in the last 12 months

from	to	with (name of the health insurance fund)	<input type="checkbox"/> as a member <input type="checkbox"/> as a family member
from	to	with (name of the health insurance fund)	<input type="checkbox"/> as a member <input type="checkbox"/> as a family member

Information on studies

Please give **precise information about your university**, as we will inform the university automatically about your membership in the AOK NORDWEST.

Start of studies	Day of enrolment	Student number
Name of the university		
Street/No.		
Postal code	Place	
Registered number of the university		

- Receipt of student loan yes no
- Visiting studies yes no
- Doctoral studies yes no
- Exemption from compulsory insurance for students was carried out in the past yes no

Please enclose a certificate of study.

Information on extending or delaying studies (please mark with a cross where applicable and enclose relevant supporting documents)

- There are **no** reasons for an extension.
- There is at least one of the following reasons for a possible extension/delay of studies: (voluntary) military or community
 - Service, federal voluntary service
 - Voluntary social/ecological year
 - Acquisition of the right to study on the second educational pathway
 - Illness, disability, pregnancy or caring for a disabled child
 - Other information (e.g. postgraduate studies, non-admission to the chosen course in the selection process)
 - Maximum three years of service as a soldier/police enforcement officer in the Federal Border Guard

Information on customer status (please mark with a cross where applicable and enclose relevant supporting documents)

I do not do any work in addition to my studies.

I am engaged in employment

I am self-employed

Business
registration

If yes, please enclose
a copy

No

Type of employment / self-employment	Amount of monthly income	Weekly working time in hours
Start	Estimated end	
Name and address of employer		

Please let us know if you take up employment as part of your studies.

Information on your pension

I receive a pension from the statutory pension insurance fund.

I have applied for a pension from the statutory pension insurance fund.

Pension number

Institutional identifier of the issuing pension fund

Information on the payment of contributions

I will pay the contributions for six months in advance.

The contributions should be collected by direct debit (please enclose the "Direct Debit Mandate" form)

AOK Service

I am a new customer and need an electronic health card

Please inform my employer about my choice of health insurance fund

Please apply for a social security card for me

0 No reporting procedure

1 Start of compulsory insurance

2 Start of insurance entitlement

3 Termination/Special termination

4 Closure/Insolvency of health insurance fund

5 Establishment/Expansion of the company
insurance fund

Signature of the membership declaration**Consent**

I consent to the AOK NORDWEST processing and using my data in order to specifically inform and advise me in the future by telephone, email and SMS texts about the services, products and services offered by AOK NORDWEST, as well as about private supplementary health insurance of their cooperation partner. I consent to surveys regarding quality measurement and customer satisfaction. I can revoke this consent at any time with effect for the future - a call to the service number 0800 265 5000 is sufficient.

Date

Customer's signature

AOK customer advisor

Name

Telephone

Signature of customer advisor

Data protection notice

The data are collected and processed for the fulfilment of our tasks according to §284 par. 1 sentence 1 nos. 1 and 3 of the Social Code Book V for health insurance and §94 par. 1 nos. 1 and 2 of the Social Code Book XI for the tasks of long-term care insurance for the purpose of determining the insurance obligation according to §5 par. 1 nos. 9 or 10 of the Social Code Book V and the contribution assessment according to §236 of the Social Code Book V or §57 of the Social Code Book XI. Your participation is required according to §206 of the Social Code Book V and §50 par. 3 of the Social Code Book XI. Failure to participate can lead to disadvantages (higher classification of contributions). Recipients of your data can be third parties or service providers commissioned by us within the framework of legal obligations and notification powers. General information on data processing and your rights can be found at aok.de/nw/datenschutzrechte. Responsible: AOK NORDWEST - The Health Insurance Fund, Kopenhagener Str. 1, 44269 Dortmund. You can reach the data protection department at the same address.