



## Have you received a questionnaire from us for inclusion in the family insurance scheme?

On the following pages, you will find a **translation guide**. Please answer the questions on the **form in German language** that you received by ground mail, and return it to us signed. This is **important** for the insurance cover of your family members.

Thank you very much.

### **Background information:**

AOK Lower Saxony is the health insurance company for the whole family. The particularly good thing: We insure family members free of charge under certain conditions. We are legally obliged to regularly ask our insured persons for up-to-date information on their family members. We need your details even if nothing has changed in your family or if you do not want to insure any family members.

Our reference: -

## Questionnaire for the verification of family insurance (portfolio maintenance).

Details are required from ...

### 1. General information of the member

▶ My marital status is:

married since           or  
 in a registered civil partnership in accordance with the  
 Civil Partnership Act - LPartG since

living separately

If applicable, please fill in the rubric "spouse" under 2. Supplement info

single       widowed       divorced since

- ▶ If you have any questions, I can be reached during the day at **telephone no.**  (voluntary information).
- ▶ My email address is                      (optional).

**Please note that it is not legally permissible to have family insurance with different health insurance companies at the same time. Therefore, please make sure with your information that double family insurance is excluded.**

### 2. General information on family members

	Spouse	Child	Child	Child
Health insurance number	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Name	XXXXXX	XXXXXX	XXXXXX	XXXXXX
First name	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Date of birth	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Address differing from that of the member, if applicable	XXXXXX	XXXXXX	XXXXXX	XXXXXX
<b>a) Other health insurance?</b> Is or was one of your dependents (spouse/ children) <b>with a health insurance company other than insured with the AOK Lower Saxony?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
<b>b) Income and earnings available?</b> Do your relatives have or have had Income/earnings (e. g. B. from employment, Self-employment, marginal employment, work-study activity, citizen's allowance, pensions, other regular income such as rent, lease, investment income, etc.)?	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
<b>c) Was any (voluntary) military, civilian, youth or Federal Volunteer Service performed?</b>		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
<b>!</b> <i>If yes, attach certificate of service!</i>				
<b>d) Only for children aged 23 and over:</b> Is your child in school education/study?		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
<b>!</b> <i>If yes, please attach school/study certificate!</i>				

**!** *Did you not answer "yes" to any of the questions? Then please only sign on the reverse side and return to us with the return form in the postage-paid envelope (enclosures)!*

*Otherwise, please also complete the reverse side and attach any certificates required.*

### 3. Supplementary information on insurance periods with another health insurance company

Only to be filled in if question 2 a) on the front page was answered with "Yes" for at least one relative!

	Spouse	child	child	child
<b>Periods of insurance with another Health insurance company:</b> o Time data o Name of the health insurance company o Type of insurance:  (Please also indicate the insurance periods, already completed during the period under review, have been).	from ..... to ..... at ..... ..... (Name and registered office of health insurance company) <input type="checkbox"/> Member <input type="checkbox"/> family-insured <input type="checkbox"/> not statutorily insured	from ..... to ..... at ..... ..... (Name and registered office of health insurance company) <input type="checkbox"/> Member <input type="checkbox"/> family-insured <input type="checkbox"/> not statutorily insured	from ..... to ..... at ..... ..... (Name and registered office of health insurance company) <input type="checkbox"/> Member <input type="checkbox"/> family-insured <input type="checkbox"/> not statutorily insured	from ..... to ..... at ..... ..... (Name and registered office of health insurance company) <input type="checkbox"/> Member <input type="checkbox"/> family-insured <input type="checkbox"/> not statutorily insured

### 4th Supplementary information on the income of family members

Only to be filled in if question 2 b) on the front page was answered with "Yes" for at least one relative!

Please state the income of all dependents who have family insurance with the AOK Lower Saxony. For spouses who are not covered by statutory health insurance (private insurance, free medical care, allowance), information on income with supporting documents is required.

	Spouse	child	child	child
<b>Marginal employment*:</b> o Period of marginal employment o Gross pay (average monthly)	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR
<b>More than marginal employment or work-study activity*:</b> o Period of employment o Gross pay (average per month) <b>Please attach supporting documents!</b>	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR
<b>Other regular monthly income in the sense of income tax law:</b> o Income from letting/leasing o Income from capital assets o Other	from ..... to ..... ..... EUR ..... (Type of income)	from ..... to ..... ..... EUR ..... (Type of income)	from ..... to ..... ..... EUR ..... (Type of income)	from ..... to ..... ..... EUR ..... (Type of income)
<b>Self-employment*:</b> o Period of self-employment o Profit from self-employment (monthly) <b>Please attach copy of current income tax assessment</b>	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR	from ..... to ..... ..... EUR
<b>Statutory pension, pension benefits, Occupational pension, foreign pension, other Pensions (monthly payment amount)</b>  <b>For foreign pensions please provide evidence!</b>	from ..... to ..... ..... EUR ..... (Type of income)	from ..... to ..... ..... EUR ..... (Type of income)	from ..... to ..... ..... EUR ..... (Type of income)	from ..... to ..... ..... EUR ..... (Type of income)
<b>Receipt of citizen's income</b>	from ..... to .....	from ..... to .....	from ..... to .....	from ..... to .....

\*Please also indicate activities/employments that have already been terminated during the period under review.

I confirm that the information provided is correct. I will inform you immediately of any changes. This applies in particular when the income of my above stated relatives changes (e.g. new income tax assessment for self-employment) or they become a member of a (different) health insurance company.

|  | 2 0 |  | 
  .....  
 Signature of the member
  .....  
 if applicable, signature of the family

By signing this form, I declare that I have obtained the consent of the family members. to have transmitted the required data.

For family members who live separated, the signature of the family member is sufficient.

The data is collected and processed for the fulfilment of our tasks pursuant to § 284 para. 1 sentence 1 no. 1 SGB V for the purpose of an examination of family insurance pursuant to § 10 SGB V and § 25 SGB XI. Your cooperation is required according to § 60 SGB I and 99 SGB X. Lack of cooperation can lead to disadvantages in the implementation of family insurance. Recipients of your data may be third parties within the scope of legal obligations and notification powers or service providers commissioned by us. General information on data processing and your rights can be found at [www.aok.de/nds/datenschutzrechte](http://www.aok.de/nds/datenschutzrechte). If you have any questions, please contact your contact person named above or our data protection officer.