



Have you received a questionnaire from us to clarify your health insurance?

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 your further insurance cover. Thank you very much.

Background information:

If we receive a deregistration for social security for any member, we are legally obliged to clarify the further insurance coverage. New insurance cover can arise, for example, through a new employment subject to compulsory insurance, through the receipt of unemployment benefit or via the free family insurance.

If we do not receive a new registration and no other health insurance company informs us about a membership, the legislator provides for a so-called follow-up insurance for a gapless insurance cover. This insurance is subject to contributions. The amount of the contributions depends on the individual income.

Those who have no or little income only pay the statutory minimum contribution to health and long-term care insurance. If we do not receive the questionnaire back, we will have to charge the maximum premium in the follow-up insurance.

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 First name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 CT no.: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Service Centre: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Questionnaire for the implementation of the statutory affiliation insurance (so-called compulsory voluntary membership) and premium classification

Information on marital status

single married/registered civil partnership divorced widowed living separately

If own income is below ... euros per month: (see back page point 8)

Health insurance company of the spouse/registered partner XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Number of **joint** dependent children
 family insurance XXXXXX not family-insured XXXXXX

Number of **non-joint** dependent children of the **spouse/life partner**
 family insurance XXXXXXXX, of which no alimony is paid by the other parent for X children
 not family-insured XXXXXX, of which no alimony is paid by the other parent for XXXXXX children

Work/employment details

Self-employed (**please enclose business registration**)

Type of activity XXXXXXXXXXXXXXXXXXXX
 Number of hours worked per week XXXXXXXXXXXXXXXXXXXX
 Number of employees XXXXXXXXXXXXXXXXXXXX

Employee Employer XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Civil servant, employee under official regulations

Is there an entitlement to aid according to civil service regulations? yes no
 Civil servant title XXXXXXXXXXXXXXXXXXXX Civil servant employer XXXXXXXXXXXXXXXXXXXX Civil servant health expenses reimbursement percentage XXXXXX

Temporary soldier, professional soldier

Is there an entitlement to aid according to civil service regulations? yes no

Pensioner, old-age divider - aid assessment rate XXXXXX

Pensioner Pension applicant

Pupil, student, retrainee (**please enclose school certificate**)

Housewife/househusband without own or with marginal own income

not gainfully employed

Long-term care insurance

When I take out health insurance, I also become a member of the long-term care insurance scheme.

I do not have children I have/had children*.

*Please enclose supporting documents (e.g. copy of birth certificate, child benefit certificate, pension certificate, etc.).

Further details on the back or on Page 2

Total of earnings or income

Type of income/revenue:	Gross amount:	
	EUR monthly	EUR annually
1. Income from self-employment - within the meaning of income tax law - (profit determined according to the general profit determination regulations of the Income Tax Act) <input type="checkbox"/> I receive a start-up grant (proof required) Please enclose a copy of the last available income tax assessment - all pages - even if this has already been sent to us.	XXXXXXXXXX	XXXXXXXXXX
2. Income from letting and leasing Please enclose appropriate supporting documents; if applicable, copy of the last available income tax assessment	XXXXXXXXXX	XXXXXXXXXX
3. Income from capital assets less income-related expenses - without deduction of the saver's allowance -. Please enclose appropriate supporting documents; if applicable, copy of the last available income tax assessment	XXXXXXXXXX	XXXXXXXXXX
4. from non-self-employed activity (e.g. remuneration for work, remuneration from marginal employment, one-off payments such as Christmas or holiday pay, special payments, etc.). Please enclose a copy of the wage/salary statement or a copy of the salary statement.	XXXXXXXXXX	XXXXXXXXXX
5. Pensions Please enclose proof of pension amount	XXXXXXXXXX	XXXXXXXXXX
6. Pension benefits (e.g. pensions, company pensions, supplementary pensions, private life insurance pensions) a) current payments b) one-off payments Please attach relevant evidence	XXXXXXXXXX	XXXXXXXXXX
7. Alimony from former / separated spouse, parents, etc. Please attach supporting documents	XXXXXXXXXX	XXXXXXXXXX
8. Gross income of the spouse/ registered partner who is not covered by statutory health insurance (information only necessary if own income does not exceed ... euros per month) Please attach supporting documents	XXXXXXXXXX	XXXXXXXXXX
9. Information on the receipt of benefits according to SGB XII (social assistance; except for accommodation in inpatient facilities), benefits according to the Asylum Seekers' Benefits Act (Asylbewerberleistungsgesetz) Please attach supporting documents	XXXXXXXXXX	XXXXXXXXXX
10. Other income (e.g. severance pay) Please attach supporting documents	XXXXXXXXXX	XXXXXXXXXX
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">!</div> <div> <p>11. If none of the above applies to you, please indicate how you support yourself (e.g. social assistance benefits, support from a private person). Please attach appropriate supporting documents and, if applicable, a copy of the last available income tax assessment</p> <p>If assisted by a person, please complete the following declaration:</p> <p>Name, first name of person XXXXXXXXXXXXXXXXXXXX</p> <p>Address XXXXXXXXXXXXXXXXXXXX</p> <p> XXXXXXXXXXXXXXXXXXXX</p> <p>Degree of kinship XXXXXXXXXXXXXXXXXXXX</p> <p><input type="checkbox"/> Support in the form of free board and lodging (domestic community)</p> <p><input type="checkbox"/> Financial support amounting to an average of <u>XXXXXX</u> euros per month</p> </div> </div>	XXXXXXXXXX	XXXXXXXXXX
I have provided the above information truthfully. I will inform you of any changes immediately. There is no other coverage in case of illness.		
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Date	Signature Member	Telephone number (optional)