

Membership application

I choose AOK PLUS as my future health insurance provider and am applying for membership starting from _____

Personal information (mandatory fields)

Last name, maiden name, title

First name

Street, house/building no.

Postal code, town/city

Date of birth _____
Citizenship _____
Gender (m/f/x)

Place of birth _____
Country of birth

Telephone*/mobile*

Email address*

Pension insurance number

I would like to take out insurance as:

(multiple answers possible)

Employee **Unemployment benefit recipient**

Trainee **Citizen's benefit (Bürgergeld) recipient**

Seasonal worker (seasonal employment documents have been issued)

Worker with multiple jobs

Employer/employment agency/employment office/local authority _____
Employer/employment agency/employment office/local authority

Company/customer number _____
Company/customer number

Telephone number _____
Telephone number

Street, no. _____
Street, no.

Postal code, town/city _____
Postal code, town/city

Pension claim **Receiving pension**

Receiving social security benefits

Pension type/pension provider _____
Type of social security benefits received and paying agent

Other _____

Need for care

Family insurance

I am applying for non-contributory family insurance

For my family members (spouse/registered civil partner/children). yes no

* optional

AOK PLUS will fill this in. HB FB Fil WuG

Tel Br VA TS Photo provided for EHIC

Information on previous insurance

Name of previous statutory health insurer

I was covered by family insurance under

Last name, first name, date of birth

Type of health insurance

Previous insurance abroad

01 Previously insured with AOK PLUS

02 Previously insured with another statutory health insurer

03 No previous German health insurance

Free therapeutic care

51 Previously insured with AOK PLUS

52 Previously insured with another statutory health insurer

53 No previous German health insurance

Other insurance

91 Previously insured with AOK PLUS

92 Previously insured with another statutory health insurer

93 No previous German health insurance

HI for railway workers (KVB)

71 Previously insured with AOK PLUS

72 Previously insured with another statutory HI

73 No previous German health insurance

Private health insurance

41 Previously insured with AOK PLUS

42 Previously insured with another statutory HI

43 No previous German health insurance

No insurance

61 Previously insured with AOK PLUS

62 Previously insured with another statutory HI

63 No previous German health insurance

Health insurer for postal workers

81 Previously insured with AOK PLUS

82 Previously insured with another statutory HI

83 No previous German health insurance

Change of health insurer due to:

0. Notification procedure not required

1. Start of compulsory insurance (e.g. change of employer, change in unemployment benefits)

3. Termination or special termination

4. Closure/insolvency of the previous health insurer

5. Establishment/expansion of a company health insurance fund

Data protection rights

Privacy policy: We require specific personal data in order to process your application. This data will be collected and processed in order to carry out our work in accordance with Sec. 284 German Social Code, Book 5, in conjunction with Sec. 175, Book 5. Participation is required in accordance with Sec. 60 German Social Code, Book 1 and Sec. 206, Book 5. Without the required data, we cannot offer you membership. In order to make it easier for us to contact you, we also ask that you voluntarily provide us with your telephone number or email address. Within the context of legal obligations and authorisation to notify, recipients of your data may include third parties or service providers hired by us. You can withdraw your consent at any time with future effect. This does not impact the legality of the processing carried out to this point on the basis of this consent. You can exercise your right to revocation by contacting AOK PLUS, Sternplatz 7, 01067 Dresden, Germany. You can also send your revocation to: service@plus.aok.de.

You can find general information on data processing and your rights at: www.aok.de/plus/datenschutzrechte. Upon request, we will provide you with this information directly. If you have any questions, please contact: Data Protection Officer, AOK PLUS, 01058 Dresden, Germany, by email at: datenschutz@plus.aok.de, or by using the contact form at: plus.aok.de/datenschutzbeauftragter.

Consent to data processing

I hereby consent to AOK PLUS processing and using the data that I have provided in order to inform and advise me on the advantages of and latest news regarding AOK and on private supplementary insurance offers from AOK's partners, as well as to carry out opinion surveys, including via email, by phone or by text message. This consent also applies in the event that the desired membership is not concluded. This consent is voluntary and I can withdraw it at any time with effect for the future. In the event that I withdraw my consent, AOK PLUS will erase my data.

I hereby confirm that this information, including the address, is correct. Should this information change in future, I will inform AOK PLUS without request to do so.

Place, date _____
Signature of member

Signature and KI-identifier AOK PLUS customer service consultant

Stamp of AOK PLUS Customer Service Consultant

F4/02/003 (01/2024)