

# 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](mailto:service@plus.aok.de).

You can find general information on data processing and your rights at: [www.aok.de/plus/datenschutzrechte](http://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](mailto:datenschutz@plus.aok.de), or by using the contact form at: [plus.aok.de/datenschutzbeauftragter](http://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