

# Application for health and long-term care insurance as a student

1. My personal data				
Last name	First name		Name at birth	
Postal code, city or town, street, house	e/building no.			
Date of birth	Place of birth	Country of birth	Citiz	izenship
Pension insurance no.	Telephone*/mobile tel	elephone*	Email*	
Gender (m/w/d)  * You are not required to provide up with	Marital status	" W		no. (TIN) 11-digit
* You are not required to provide us wi communication in order to contact yo	vith your telephone number or your emai ou more quickly, if needed.	il address. We would like ાં પાંડન	these communicatio	on channels in addition to writteri
2. I am applying for	insurance as a stud	dent due to:		
	wal from compulsory insurance	Г	_	
Change of providers in acco	ordance with Art. 173(2) Social C	code, Volume V (SGB V)∟	Termination of	family insurance
3. Enrolment details				
I am currently enrolled/will be e	enrolled at:			
	Name and address of the education	ional institution		
State or state-approved unive	ersity/college		yes no	
Please note: If you attend a tec	chnical college/vocational school,	l, you must complete an ap	oplication for volu	intary insurance.
	Master's or Additional or			•
			rannie.	
Noyes (please make a cnecr	ck mark next to the applicable type of de	gree programme)		
	from	until		
Preparatory language course	se/college			
	from	until		
Start of studies/enrolment date	Start of the semester			
(Please include your current enrolmen				
4. Mu previous periods of in	nsurance (outside AOK PLUS)			
	nent to insurance – up to at lea	act 18 months before apr	olication	
4. I. Determination of chance	ent to mourance – up to at iou			
from until	statutory health insurer	Voluntary member	Compulsory m	member Family insurance
.   ,	Health insurer for postal workers			Private health insurance
Type of health insurance	<ul><li>81 Previously insured with AOK PLU</li><li>82 Previously insured with another</li></ul>			<b>41</b> Previously insured with AOK PLUS <b>42</b> Previously insured with another
Free therapeutic care	statutory HI  83 No previous German health	statutory HI  63 No previous German I		statutory HI  43 No previous German health
<ul><li>51 Previously insured with AOK PLUS</li><li>52 Previously insured with another</li></ul>	insurance	insurance		insurance
statutory HI  53 No previous German health	Previous insurance abroad	Other insurance	7	HI for railway workers (KVB) 71 Previously insured with AOK PLUS
insurance	<ul><li>01 Previously insured with AOK PLU</li><li>02 Previously insured with another</li></ul>	•	ith another	72 Previously insured with another statutory HI
	statutory HI  03 No previous German health	statutory HI 93 No previous German I	7	73 No previous German health insurance
	insurance	insurance	Healti i	mouranoc
AOK PLUS will fill this out				
(0) Notification procedure		compulsory insurance	(3) Termination	on/special termination
	of the previous statutory health i		<del></del>	nent/expansion of
	, , , , , , , , , , , , , , , , , , ,			/ health insurance fund

5. General info	rmation
yesno	Do you have any children? (if so, please provide evidence of parenthood)
yes no	Are you self-employed in addition to your studies?
	Weekly working hours
yes no	Are you employed in addition to your studies?
усспс	
	Weekly working hours
	Name and address of employer
yesno	Do you receive a pension?  Type of benefits
∟lyes ∟lno	Do you receive social benefits?  Type of benefits
yes no	Are you entitled to financial assistance or free therapeutic care?
	Type from until
yesno	Have you been exempted from compulsory health insurance for students in the past by a health insurance provider?
-	
Only for foreign of	on by
-	tudents: Are you entitled to coverage in accordance with transnational/international health insurance law? ch a copy of your European Health Insurance Card/EHIC.)
ves	no
until	
6. I am not elig	ible for non-contributory family insurance because
my parents liv	e abroad I have exceeded the income threshold I have exceeded the age limit
my parents are	e privately insuredother reasons
7. Our addition	
yes no	Do you need confirmation of your obligation to pay insurance contributions
yesno	to submit to the Education and Training Assistance Office (BAföG)?
yesno	Do you need paperwork to apply for non-contributory family insurance for
	your family members (spouse or registered civil partner/children)?
8. Payment me	thod for contributions
	ontribution must be paid by direct debit.
	direct debit form (SEPA direct debit authorisation) and submit the original version.
	ntire semester contribution in advance before the semester begins. he monthly contributions myself by standing order.
9. Privacy poli	-
required to cooperate in	d and processed in order to fulfil our responsibilities in accordance with Art. 284 in conjunction with Art. 5 para. 1(9), 5 and 7, Art. 236 and Art. 175 SGB V. You are accordance with Art. 60 SGB I and Art. 206 SGB V. Failure to participate may result in disadvantages in terms of your claim to the provision of health and long-term
may include third parties	e determination of your contribution to health and long-term care insurance. Within the context of legal obligations and authorisation to notify, recipients of your data or service providers hired by us. You provide your consent to the processing (collection, retention and use) of your data voluntarily. With your consent, we will use in writing or by phone to offer you further information or advice on the advantages of AOK PLUS or on private supplementary insurance offers from our partner
companies. This privacy	policy is enforceable only if you are at least 18 years of age. You can withdraw your consent at any time with future effect. This does not impact the legality of the
revocation by email to: s	this point on the basis of this consent. You can exercise your right to revocation by contacting AOK PLUS, Sternplatz 7, 01067 Dresden. You can also send your ervice@plus.aok.de. PLUS with your tax identification number (TIN), AOK PLUS will inform the tax authority of the annual contributions paid by you to AOK PLUS and the amounts
reimbursed to you by AC	DK PLUS together with your tax identification number (TIN). If you do not provide us with your TIN, AOK PLUS may request it from the Federal Central Tax Office it.  EXXXX If you have questions, please contact: AOK PLUS Data Protection Officer, 01058 Dresden, by email at: datenschutz@plus.aok.de, or by using the contact.
form at: plus.aok.de/date	
Consent to data p	ocessing  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 supplement	ary insurance offers from AOK's partner companies, as well as to carry out opinion surveys, including by e-mail, phone or text message. This consent also applies be desired membership is not concluded. This consent is voluntary. I can withdraw my consent at any time with future effect.
I hereby confirm that th	is information, including the address, is correct. I have read the notes. Should this information change in future, I will inform AOK PLUS without need of
any request to do so.	
ı	Date
	Stamp of AOK PLUS customer service consultant
Diameters and ID (12)	DUIC systems against a secondary of the
ভাgnature and ID of AOK	PLUS customer service consultant Signature of member, or, in the case of minors, of the legal representative(s).
VOK BITIE "	rill fill this out HB FB Fil MwM Tel Br VA TS Photo provided for EHIC
AON PLUS W	Insurance certificate issued

F4/02/003 (01/2024)



## Explanations and further information

## Health/long-term care insurance

Students who are enrolled in state or state-approved universities or colleges are subject to compulsory insurance until the day of their 30th birthday at the latest ((Art. 5 para. 1(9) Social Code, Volume V (SGB V)). It may be possible to extend compulsory insurance if certain conditions have resulted in the loss of one or more semesters (e.g. gaining entrance to university through second-path education, period of voluntary military or civil service, etc.).

#### Start of membership

Membership for compulsorily insured students starts with their first semester; at the earliest on the first day of their enrolment or of their confirmation at college or university.

#### **Termination**

#### · Cancellation of enrolment

Membership of compulsorily insured students ends with the end of the semester in which they withdraw from university.

#### · 30th birthday

The membership of compulsorily insured students ends at the end of the semester in which their 30th birthday falls.

#### Payment of contributions

The monthly contributions for student health and long-term care insurance will either be deducted from your bank account on the 15th of the month by direct debit, or the entire semester's contribution must be paid in full in advance. If you participate in a SEPA direct debit procedure, then you will receive a pre-notification, together with the contribution assessment, with the total that we will deduct each month. The legally prescribed deadline for this advance notification is 14 days. When you submit a SEPA direct debit mandate, you agree to a reduction of this deadline to one day. Should your contribution change, we will inform you at least one day before we make the deduction from your bank account.

For each contribution still outstanding on expiration of the due date, we are obliged to charge a late payment fee (1 equivalent to the amount outstanding, rounded down to EUR 50).

#### **Amendments**

As a member, you have a duty of disclosure and notification. Please inform us if you switch degree programs, cancel your enrolment or begin work as a self-employed worker/freelancer or begin an employment relationship.

#### Coverage

From the start of your membership, you and your family members covered by this policy have the right to comprehensive health insurance coverage.

We have prepared brochures with more detailed information on benefits for you.

#### **Exception:**

Your right to coverage will be suspended if you do not pay your contributions for two months. Coverage required for the treatment of acute pain, as well as for pregnancy, maternity and early detection screenings, are not included in this suspension of coverage. The suspension will end when all unpaid contributions and contributions due during the suspension have been paid in full, or if you require assistance pursuant to Volume II or Volume XII of the Social Code (SGB II or SGB XII).



Last name, first name			
Address			
AOK PLUS – Die Gesundheitskasse für Sachsen und Thüringen. 01058 Dresden			Internal note  Sales and marketing >>Acquisition >>Applications/ contracts/assessments
Declaro	ation of parenthood		
Pension insura	nce number:		
I hereby truthf One child in total, who are	fully declare that I have  Two children  Three children  Four children as follows:	dren Five or more childre	en
1. Child	Last name, first name	DOB	
2. Child			
3. Child	Last name, first name	DOB	
3. Child	Last name, first name	DOB	
	Last name, first name	DOB	<del></del>
5. Child	Last name, first name	DOB	
Do you have m reverse of this f	ore than five children who have not yet reached the agrorm.	e of 25? Please give details o	f any additional children on the
The statements	s I have made are truthful. I am aware that false informa	ation may lead to a reassessn	nent of my contributions.

#### Note on data protection:

Date

The data is collected and processed to fulfil our obligations in accordance with Art. 94(1) SGB XI, to determine the applicable contribution rate in long term care insurance in accordance with Art. 55(3) SGB XI. You are required to cooperate in accordance with Art. 50 SGB XI. Failure to cooperate may lead to disadvantages in the contribution assessment. You can find general information on data processing and your rights at: aok.de/plus/datenschutzrechte.

Signature



# Information on data processing and on your rights

Your data is safe with AOK PLUS because we are obligated to maintain the confidentiality of social data (Art. 35 Social Code, Volume I (SGB I)). The European Union's General Data Protection Regulation (GDPR) went into effect on 25 May 2018, providing you as a customer with even greater rights.

The following information will provide you with an overview of the collection and processing of your data and related rights.

#### Why and on which legal basis do we process your personal data?

As a statutory provider of contributory health and long-term care insurance, AOK PLUS is responsible for maintaining or restoring the health of its insured parties, or improving their health, as well as offering help to those in need of care who require supportive assistance due to the severity of this need.

AOK PLUS finances its coverage and other expenses by levying contributions from employers and members. In order to perform these legally prescribed activities, AOK PLUS processes the necessary data.

This data is collected on the basis of the data subject's legal duties to cooperate (see, inter alia, Art. 60 et seqq. SGB I) or on the basis of the data subject's consent. Furthermore, pursuant to the Social Code, AOK PLUS also has the right to collect data on third parties (e.g. from your employer or care provider). Failure to cooperate may mean that we are unable to provide you with a full spectrum of coverage (lack or withdrawal of coverage).

For health insurance providers, the legal basis for data processing is Art. 284 SGB V; for long-term care insurance, it is Art. 94 SGB XI. Furthermore, AOK PLUS is required by legal regulations to carry out further functions for which personal data must be processed.

#### These include, in particular:

- · Determining the insurance coverage and membership, including the data required to acquire insurance coverage
- · Issuance of electronic health insurance cards
- · Determining the contributions and the amounts, the person responsible for payment and the payment method
- Assessment of the insurer's obligation and the provision of services to the insured party, including the conditions for restriction of services, determination of the insured party's status regarding supplementary charges, and carrying out reimbursement of costs
- · contribution refunds, and determining the maximum contribution
- · Supporting the insured party in the event of malpractice
- Covering treatment costs for fee-paying persons who are not compulsorily insured in accordance with Art. 264 SGB V
- Involvement of medical services
- · Settling accounts with care providers, including assessing the legality and plausibility of invoice
- Ensuring that resource providers comply with contractual and legal obligations
- · Ensuring that the provision of care is economical
- · Settling accounts with other service providers
- · Handling reimbursement and compensation claims vis-à-vis third parties
- $\cdot$   $\;$  Preparation, agreement and performance of morbidity-based remuneration agreements
- Preparation and performance of pilot projects, agreements on integrated forms of care and for the rendering of highly specialised services on an outpatient basis, including the performance of performance and quality audits
- $\cdot \quad \text{Implementation of the structural risk adjustment and for preparation and implementation of structured} \\$
- $\boldsymbol{\cdot}$   $\,$  treatment programs, including recruitment of insured individuals to participate in these
- Conclusion and performance of nursing care rate agreements, compensation agreements, as well as performance and quality agreements
- Consulting regarding preventive measures and rehabilitation and consulting on participation as well as on services and assistance with care
- · Coordination of caregivers, advice on care and the performance of tasks in care facilities
- · Performance of discharge and sick pay case management
- New member acquisition
- · Compensation of employer contributions in the event of illness or maternity
- · Combating malpractice in the health insurance industry (Art. 197(a) SGB V)
- Research

Furthermore, AOK PLUS processes data on the basis of express declarations of consent (Art. 6(1a) GDPR).

### What data do we process?

We process the following kinds of data:

- 1. Personal data (e.g. address and communication data, date of birth, photo)
- 2. Data on membership and its initiation
- 3. Data on existing insurance coverage
- 4. Contribution and payment data
- 5. Benefit, care and billing data including health data (e.g. diagnoses, sick leave)
- 6. Data on caregivers
- 7. Data in the case of legal representation
- 8. Data on optional tariffs and bonus programmes
- 9. Data on care providers and other partners
- 10. Data on employers and their tax consultancies
- 11. Date of interested individuals and participants in games of chance.

#### Who has access to your data?

Data is transferred regularly, pursuant to legal regulations, to: Pension and accident insurance carriers, employment agencies (Bundesagentur für Arbeit), the Medical Service of the Health Insurance Funds, service providers, welfare authorities and, in the context of payment transactions, banks, employers and paying agents. Furthermore, data may only be transferred to certain parties in specific legal cases in accordance with Art. 67(d) et seqq. SGB X (e.g. police departments, local and municipal governments, tax authorities).

AOK PLUS may commission other service providers, committees or other providers (in particular processors) to fulfil its statutory

AOK PLUS may use and process the data subject's personal data which has been legitimately obtained and stored for other purposes, provided that there is another legal basis for this use or processing in the German Social Code or the data subject has provided their express consent.

### How long do we store your data for?

Data is stored for performance of duties and for the duration of the legally mandated retention periods (e.g. Art.110(a), SGB IV; Art. 304, SGB V; Art. 84, SGB X; Art. 107, SGB XI) and then deleted.

#### What rights do you have?

- · Right to information on the processed data (Art. 15 GDPR in conjunction with Art. 83 SGB X)
- Right to rectification of incorrect data (Art. 16 GDPR in conjunction with Art. 84 SGB X)
- · Right to erasure (Art. 17 GDPR in conjunction with Art. 84 SGB X))
- · Right to restriction of processing (Art. 18 GDPR in conjunction with Art. 84 SGB X)
- · Right to withdraw consent (Art. 21 GDPR in conjunction with Art. 84 SGB X)
- · Right to data portability (Art. 20 GDPR)
- · When data is processed on the basis of the data subject's consent, the data subject has the right to withdraw this consent at any time with effect for the future. Who is responsible for data processing and who can you contact?

#### Data controller:

AOK PLUS - Die Gesundheitskasse für Sachsen und Thüringen.

01067 Dresden, Sternplatz 7, Telephone: 0800 1059000 (free of charge), service@plus.aok.de,

www.aok.de/plus/datenschutzrechte Public corporation

Should you have any questions or feel that your personal data is not being rprocessed lawfully, you may contact us or our data protection officer. You can reach our tdata protection officer at:

#### Data protection officer contact information:

AOK PLUS Data Protection Officer, 01058 Dresden, Germany: datenschutz@plus.aok.de.

Or use the contact form at  $\underline{plus.aok.de/datenschutzbeauftragter}$ .

#### Do you have the right to lodge a complaint?

You have the right to lodge a complaint with the supervisory authority if you feel that your personal data is not being rprocessed legitimately. The address for the supervisory authority responsible for AOK PLUS is:

Data Protection and Transparency Officer of Saxony Postfach 11 01 32

01330 Dresden, Germany



Please return the original to:

AOK PLUS – Die Gesundheitskasse für Sachsen und Thüringen. 01058 Dresden, Germany

#### Important!

- You are required to indicate your IBAN and BIC. You can find this information on your account statement or your bank card.
- · Changes can only be made in writing.
- You must return the original of this direct debit form; copies via fax or email will not be αccepted.

## SEPA direct debit form

Recipient: Creditor identifier:

for one-off/regular payments

irect debit authorisation ref. no.: will be sent separately
Payer
ast name, first name, title Insurance no.
treet, no., postal code, town/city
consent to AOK PLUS taking payments from my account via direct debit. likewise instruct my bank to authorise the payments taken from my account by AOK PLUS.
lease note: I can request the reimbursement of the sum within eight weeks from the date the payment was taken. My bank's terms nd conditions apply.
BAN
IC .
Account holder, if different from payer

AOK PLUS, Sternplatz 7, 01067 Dresden

DE85AOK00000018809

## Privacy policy:

Place, date

Last name, first name, title

Street, no., postal code, town/city

The data will be collected and processed in order to carry out our responsibilities pursuant to Art. 284(1), point 3 SGB V and pursuant to Art. 94(1) SGB XI for the purpose of ensuring the timely and lawful payment of your contributions in accordance with Art. 10 and Art. 11 Principles of Germany's Contribution Scheme for Self-Payers (BVSzGs). You are required to cooperate in accordance with Art. 206 SGB V. Failure to cooperate will mean we cannot take your payments by direct debit. You can find general information on data processing and your rights at: aok.de/plus/datenschutzrechte.

Signature of account holder

Postage paid by AOK PLUS

Deutsche Post **ANTWORT** 

AOK PLUS – Die Gesundheitskasse für Sachsen und Thüringen. 01058 Dresden, Germany



## Become a member now

Send us your membership application postage paid!

- 1 Print or stick the reply field at the top of a blank envelope.
- Insert your completed application form into the prepared envelope and send it to AOK PLUS. We will pay postage on your behalf.
- AOK PLUS will take care of all further details and will notify you should additional information be required.

