

Please seal here with adhesive tape!



AOK Bremen/Bremerhaven
Die Gesundheitskasse.

Members recruit members

Recommend AOK now, recruit a new member and collect a €30 bonus!



Please fold here

**Postage
paid by
recipient**

Answer

**AOK Bremen/Bremerhaven
Vertrieb
Bürgermeister-Smidt-Str. 95
28195 Bremen**

Please fold here

Yes, I want to join AOK Bremen/Bremerhaven!

Details of the new AOK member

Surname, first name*

Date of birth*

Street, house number*

Postcode, town*

Phone / Mobile

E-mail

Employer/address of employer

Currently a member of a health insurance company

since

As soon as the AOK receives this coupon, the AOK will contact me.

Data protection notice

We need some personal information to process your enquiry. Some fields are marked as mandatory (*). To make it easier for us to contact you, we also ask you to voluntarily provide your telephone number or e-mail address. Your data may be forwarded to the assigned service provider for order handling in the required scope (e.g. IT service providers). The legal basis for data processing is Article 6 (1) (b) GDPR. If you require further information from AOK Bremen/Bremerhaven, we require your date of birth for your consent, as you can only make the declaration if you are at least 15 years old.

The collection and processing of your data is done of course on a voluntary basis. You may revoke your consent at any time with effect for the future. A withdrawal does not affect the legality of the processing that has taken place so far. You can exercise your right of withdrawal by writing to AOK Bremen/Bremerhaven, Bürgermeister-Smidt-Str. 95, 28195 Bremen. You can also submit the withdrawal on www.aok.de/hb/widerruf. General information on data processing and your rights can be found on www.aok.de/hb/datenschutzrechte or we will provide it to you on request. If you have any questions, please contact AOK Bremen/Bremerhaven, Bürgermeister-Smidt-Str. 95, 28195 Bremen.

Consent (Article 6 (1) (a) GDPR)

This consent is voluntary; it can be withdrawn at any time without adverse consequences. I consent to AOK Bremen/Bremerhaven processing the data I have provided in order to inform and advise me about the benefits and news of the AOK, about private supplementary insurance from AOK contract partners and to conduct opinion research – also by e-mail or phone.

I do further confirm that I am of the full age of fifteen years.

Date

Signature

Get your bonus

Are you satisfied with the services of AOK Bremen/ Bremerhaven? Then recommend us to others! If someone decides to join us because of your recommendation, we will thank you with a bonus of €30 for every member you refer.



There are many good reasons, to trust the health insurance fund:

- We are there for you by telephone around the clock, 365 days a year.
- We are close to you - with many business locations and, of course, on the Internet.
- More benefits, more service: you benefit from a wide range of offers for your health and your wallet.

#MehrFürDich
All additional services at:
aok.de/bremen/mehrfuerdich



Please fold here

I have recruited a new member

Details of the advertiser

Surname, first name*

Date of birth*

Street, house number*

Postcode, town*

Phone / Mobile

E-mail

Date

Signature
(for under 15-year-olds, that of the legal guardian)



Please fill out this coupon together with the new member. Then print it out, fold it according to the instructions and stick it on. Then drop the letter coupon in a letterbox or hand it in at one of our branches.

Please fold here

As soon as the new AOK member has been registered, you will receive your premium.

Surname, first name Account holder

Financial institution

BIC

IBAN

Date

Signature
(Account holder)



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