

# I wish to become a member of the DAK

from



Unternehmen Leben

The DAK requires your personal data (social security data) in order to provide you with health and nursing care insurance in accordance with the statutory provisions of sections 284 and 206 of the Social Security Code (SGB) – fifth book – and sections 94 and 50 SGB – eleventh book – in conjunction with section 21 SGB – tenth book.

|   |  |                    |  |   |   |
|---|--|--------------------|--|---|---|
| Last name   |  | First name         |  | Date of birth   | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address, house No.   |  |                    |  | National insurance number                                     |   |
| Post code, Place  |  |                    |  | Area code/telephone number (these details are not compulsory) |   |
| In case of a change of address, I agree to Deutsche Post AG passing on my new address to the DAK. |  |                    |  | Fax   |   |
| Bank details (not compulsory)   |  | Sort code          |  | E-mail  |   |
| Account No.   |  | Bank (name, place) |  |   |   |

- I am  subject to compulsory health insurance
  - I am not subject to compulsory health insurance because my annual income exceeds the set limit
    - I am entering employment for the first time
    - My membership in a statutory health insurance scheme ended because I was working abroad
  - I returned from abroad on (date) \_\_\_\_\_
- I have been employed
  - since \_\_\_\_\_ as a \_\_\_\_\_
  - Employer Name \_\_\_\_\_ Address \_\_\_\_\_
  - Gross monthly salary \_\_\_\_\_ € ⇔ of which allowances due to marital status \_\_\_\_\_ €
  - One-off remuneration (e.g. 13th monthly salary, holiday pay)  No  Yes \_\_\_\_\_ €
  - Are you related, related by marriage or married to employer?  No  Yes. How? \_\_\_\_\_
  - Do you hold an interest in the business (company)? .....  No  Yes. What kind? \_\_\_\_\_
  - I also have a part-time job .....  No  Yes
  - I also work on a freelance basis .....  No  Yes

- In the 18 months prior to the beginning of the membership for which I am applying, I was myself a member
  - of the DAK  No  Yes
  - of another statutory health insurance  No  Yes

*If so, please attach confirmation of notice from that insurance*
- I was co-insured under statutory health insurance immediately prior to the membership for which I am applying .....  No  Yes
- If so,
  - Name of health insurance \_\_\_\_\_
  - Name, first name of the insured with whom you were co-insured \_\_\_\_\_

- I receive a pension  No  Yes
- I receive income similar to a pension (superannuation benefits, such as company pensions, retirement income)  No  Yes
- I have applied for benefits under a pension law .....  No  Yes
- I receive benefits under a pension law .....  No  Yes
- I have applied for and received exemption from compulsory health/pension insurance where applicable, please attach exemption notice .....  No  Yes
- I have dependants who are not members of a statutory health insurance themselves and wish to be co-insured with the DAK .....  No  Yes

Date, signature \_\_\_\_\_