

# I wish to become a member of the DAK

from \_\_\_\_\_



Unternehmen Leben

Post address DAK  
22788 Hamburg

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	In case of a change of address, I agree to Deutsche Post AG passing on my new address to the DAK.
Street Address, house No.		Additional address details		
Post code, Place				
Area code/telephone number (these details are not compulsory)		E-mail (these details are not compulsory)		FAX (these details are not compulsory)
Pension scheme policy number		Health insurance membership number		

- I am studying  
Since \_\_\_\_\_ Name and address of university \_\_\_\_\_
- I am currently in the \_\_\_\_\_ semester of my studies
- I am attending a preparatory course (pre-study language course)  No  Yes
- I work in addition to studying .....  No  Yes ■ The time worked per week is
- I am self-employed in addition to studying .....  No  Yes \_\_\_\_\_ hours
- 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 BAföG support (student loan/grant) .....  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

I will inform DAK health insurance immediately in accordance with the German benefits act upon receipt of pension, old-age pension or benefits.

- I want to pay my contributions for health and long-term care insurance for each semester in advance (6 months).
- I would like to make monthly payments via direct debit from the following bank account:

Account holder (Last name, First name)	Account No.	Sort code
Bank (name, place)	Signature of account holder where applicable	

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

Original for DAK

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Copy for applicant