

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 <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
- I have applied for a pension No Yes

Date, signature _____