

Member/Mitglied

Health insurance number/KV.-Nr.

Department/DSt

Non-contributory family insurance for my child/my children

We require some information relating to the child/children and potentially also to your spouse for the non-contributory family insurance.

Our first question: Are you married?/Sind Sie verheiratet? yes/ja no/nein

Registered partners according to the Act on Registered Life Partnerships (LPartG) have the same legal status as spouses. For the sake of simplicity, we will only use the term "spouse". If you are in a same-sex registered life partnership according to the LPartG, please state that you are married.

Please take note that it is not legally permitted to take out family insurance provider different health insurance providers at the same time. Please make sure that you do not take out two family insurances.

A		Details on your child/children you wish to newly or continuously include in your family insurance with us			
General details/Allgemeine Angaben		Child/Kind		Child/Kind	
1	First name/Vorname				
2	Different surname/Abweichender Familienname <i>(please attach birth certificate)</i>				
3	Date of birth/Geburtsdatum				
4	Gender/Geschlecht	<input type="checkbox"/> female/weiblich	<input type="checkbox"/> male/männlich	<input type="checkbox"/> female/weiblich	<input type="checkbox"/> male/männlich
5	The child is my.../Das Kind ist mein... <i>please use the description "biological child" also if the child is adopted.</i>	<input type="checkbox"/> biological child/leibliches Kind	<input type="checkbox"/> grandchild/Enkelkind	<input type="checkbox"/> biological child/leibliches Kind	<input type="checkbox"/> grandchild/Enkelkind
		<input type="checkbox"/> stepchild/Stiefkind	<input type="checkbox"/> foster child/Pflegekind	<input type="checkbox"/> stepchild/Stiefkind	<input type="checkbox"/> foster child/Pflegekind
6		<i>If foster child: The child lives with me in the same household/Falls Pflegekind: Es lebt mit mir in häuslicher Gemeinschaft</i>			
		<input type="checkbox"/> yes/ja	<input type="checkbox"/> no/nein	<input type="checkbox"/> yes/ja	<input type="checkbox"/> no/nein
7	Address/Anschrift	Street/Straße			
		Postcode/place/PLZ/Ort			
		Country/Land			
8	Pension insurance no./RV-Nr.				
	Please complete lines 9 - 12 only if the child does not yet his/her own pension insurance no./Zeilen 9 - 12 nur ausfüllen, falls das Kind noch keine eigene Rentenversicherungs-Nr. hat.				
9	<i>We need this information for allocating the lifelong personal health insurance number.</i> Name at birth/Geburtsname				
10	Place of birth/Geburtsort				
11	Country of birth/Geburtsland				
12	Nationality/Staatsangehörigkeit				
13	The child shall have a non-contributory joint family insurance with me starting from/Das Kind soll bei mir beitragsfrei familienversichert sein ab				
Information on previous insurance/Angaben zur Vorversicherung					
14	How has the child been medically insured so far?/Wie war das Kind bisher krankenversichert?	<input type="checkbox"/> not at all/gar nicht	<input type="checkbox"/> privately/privat	<input type="checkbox"/> not at all/gar nicht	<input type="checkbox"/> privately/privat
		<input type="checkbox"/> family insurance/familienversichert	<input type="checkbox"/> own insurance/eigene Versicherung	<input type="checkbox"/> family insurance/familienversichert	<input type="checkbox"/> own insurance/eigene Versicherung
15	until when/bis wann? Date/Datum				
16	at which health insurance provider/private insurance?/bei welcher Krankenkasse/Privatversicherung? Name/Name				
	Address/Anschrift				
17	who was the main person insured?/wer war der Hauptversicherte? Name/Name				
	Date of birth/Geburtsdatum				
Information on occupation/Angaben zur Tätigkeit					
18	Current occupation/Zurzeit ausgeübte Tätigkeit	<input type="checkbox"/> self-employed/selbstständig	<input type="checkbox"/> vocational training/Berufsausbildung	<input type="checkbox"/> self-employed/selbstständig	<input type="checkbox"/> vocational training/Berufsausbildung
		<input type="checkbox"/> school attendance/Schulbesuch	<input type="checkbox"/> studies/Studium	<input type="checkbox"/> school attendance/Schulbesuch	<input type="checkbox"/> studies/Studium
19	presumably until/voraussichtlich bis Date/Datum				
	Important: <i>If a child up to 23 years of age attends school, please attach a current certificate of attendance. If the child studies abroad, please attach a certificate of study.</i>				
20	Studies at university/university of applied sciences/Studium an der Uni/Fachhochschule Name/Name				
21	Military/civil/voluntary service performed/Wehr-/Zivil-/Freiwilligendienst geleistet from – until/vom – bis	Important: <i>Please attach certificate of period of service</i>			
<i>Please continue your details on the child/children overleaf</i>					

please turn over ▶▶▶

Information on the child's/children's income/Angaben zu Einkünften des Kindes/der Kinder			
22	Self-employment/Selbstständige Tätigkeit <i>(Please attach copy of the current income tax assessment.)</i>	from/vom _____ until/bis _____ monthly gross income (earnings)/ mtl. Bruttoeinkünfte (Gewinn) €	from/vom _____ until/bis _____ monthly gross income (earnings)/ mtl. Bruttoeinkünfte (Gewinn) €
23	Remuneration for minor employment (mini job)/ Arbeitsentgelt aus geringfügiger Beschäftigung (Minijob)	from/vom _____ until/bis _____ monthly gross income/mtl. Bruttoeinkünfte €	from/vom _____ until/bis _____ monthly gross income/mtl. Bruttoeinkünfte €
24	Receipt of unemployment benefit, type II/ Bezug von Arbeitslosengeld II	from/vom _____ until/bis _____	from/vom _____ until/bis _____
25	State pension, pension income, company pension, foreign pension, other pension/Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländische Rente, sonstige Renten	from/vom _____ until/bis _____ monthly payment amount/mtl. Zahlbetrag €	from/vom _____ until/bis _____ monthly payment amount/mtl. Zahlbetrag €
26	Other regular monthly income in terms of the income tax law/Sonstige regelmäßige monatliche Einkünfte im Sinne des Einkommen- steuerrechts <i>(e.g. gross remuneration for more than minor employment, income from leasing and letting, income from capital assets)</i>	from/vom _____ until/bis _____ monthly gross income/ mtl. Bruttoeinkünfte €	from/vom _____ until/bis _____ monthly gross income/ mtl. Bruttoeinkünfte €
		Type of income/Art der Einkünfte	Type of income/Art der Einkünfte
27	There are benefit claims according to a pensions act/ Es bestehen Leistungsansprüche nach einem Versor- gungsgesetz (BVG [Federal War Victims Relief Act], SVG [Mili- tary Pensions Act], OEG [Victims Compensation Act] or the like)	<input type="checkbox"/> yes/ja	<input type="checkbox"/> yes/ja

B Information on the spouse/ Angaben zum Ehegatten		<i>you need to complete this section if you are married, but only the child/children shall be included in the family insurance with DAK-Gesundheit.</i>		
1	First name/date of birth/Vorname/Geburtsdatum	/		
2	Different surname/Abweichender Familienname			
3	My spouse is related to the child and/or the children/Mein Ehegatte ist mit dem Kind bzw. den Kindern verwandt	<input type="checkbox"/> yes/ja	<input type="checkbox"/> no/nein	<i>if "no", no further details on the spouse</i>
4	My spouse is a member of a statutory health insurance provider himself/herself/Mein Ehegatte ist selbst Mitglied einer gesetzlichen Krankenkasse	<input type="checkbox"/> yes/ja	<input type="checkbox"/> no/nein	<i>if "yes", no further details on the spouse apart from line 5</i>
5	with/und zwar bei der _____ Name/Name			
6	My spouse has his/her own income/ Mein Ehegatte hat eigene Einkünfte	<input type="checkbox"/> no/nein <i>(e.g. salary including benefits in kind, income from self-employment, state and other pensions, foreign pension, pension benefits, income from leasing, letting and capital assets, severance pay, one-off/special payments such as Christmas or holiday pay).</i>		
7	<i>if "yes": please also state your income (line 9)</i>	monthly gross income/ mtl. Bruttoeinkünfte €	One-off payment/Einmalzahlung €	Special payment/Sonderzahlung €
8		Type of income/Art der Einkünfte		
9	I receive the following income/ Ich selbst habe folgende Einkünfte	monthly gross income/ mtl. Bruttoeinkünfte €	One-off payment/Einmalzahlung €	Special payment/Sonderzahlung €
		<i>Please state, as we may not be aware of all income.</i>		
regarding line 7 - 9		Please add proof of income (e.g. current income tax assessment, current payslip), including for family allowances (e.g. allowances for married couples/children).		

c Signature/Unterschrift		<i>If the relatives live separately, the signature of the authorised relative(s) shall suffice.</i>
I confirm with my signature the consent of the relevant relatives to the provision of the necessary details and the correctness of such details. I will immediately inform you about any changes to such details. This particularly applies if the income situation of the relevant relatives changes or relatives included in the family insurance become a member of DAK-Gesundheit or another health insurance provider themselves.		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	If you have any queries, you can contact me during the day/ Für Rückfragen bin ich tagsüber erreichbar <i>(voluntary information)</i>
Date/signature of the member/ Datum/Unterschrift des Mitglieds	Date/signature of the relative/ Datum/Unterschrift der/des Familienangehörigen	Area code/Vorwahl:
		Phone number/Rufnummer: