

Member/Mitglied

Health insurance number/KV-Nr.

Department/DSt

## Non-contributory family insurance for my spouse

We require some information about your spouse for the non-contributory family insurance.

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

A General details/Allgemeine Angaben		Registered partners according to the Act on Registered Life Partnerships have the same legal status as spouses. For the sake of simplicity, we will only use the term "spouse".	
1	First name/Vorname		
2	Different surname/Abweichender Familienname <i>(please attach marriage certificate)</i>		
3	Date of birth/Geburtsdatum		
4	Address/Anschrift	Street/Straße	
		Postcode/place/PLZ/Ort	
		Country/Land	
5	Pension insurance no./RV-Nr.		
Please complete lines 6 - 9 only if your spouse does not yet his/her own pension insurance no.			
6	<i>We need this information for allocating the lifelong personal health insurance number.</i> Name at birth/Geburtsname		
7	Place of birth/Geburtsort		
8	Country of birth/Geburtsland		
9	Nationality/Staatsangehörigkeit		
10	My spouse shall have a non-contributory joint family insurance with me starting from /Mein Ehegatte soll bei mir beitragsfrei familienversichert sein ab		
Information on previous insurance/Angaben zur Vorversicherung			
11	How has your spouse been medically insured thus far/ Wie war Ihr Ehegatte bisher krankenversichert	<input type="checkbox"/> not at all/gar nicht	<input type="checkbox"/> family insurance/familienversichert
		<input type="checkbox"/> privately/privat	<input type="checkbox"/> own insurance/eigene Versicherung
12	until when?/bis wann? Date/Datum		
13	with which health insurance provider/private insurance?/ bei welcher Krankenkasse/ Privatversicherung?	Name/Name	
		Address/Anschrift	
14	who was the main person insured?/ wer war der Hauptversicherte? Name/Name Date of birth/Geburtsdatum		
15	Has your spouse been exempted from the mandatory health insurance?/Hat sich Ihr Ehegatte von der Krankenversicherungspflicht befreien lassen?	<input type="checkbox"/> yes/ja	
16	when?/wann? Date/Datum		
17	with what health insurance provider?/bei welcher Krankenkasse?	Name/Name	
		Address/Anschrift	
Information on occupation/Angaben zur Tätigkeit			
18	My spouse is on maternal leave/ Mein Ehegatte befindet sich in Mutterschutz	<input type="checkbox"/> yes/ja	
19	has taken parental leave/ nimmt Elternzeit in Anspruch	<input type="checkbox"/> yes/ja	
20	presumably until/voraussichtlich bis Date/Datum		
21	My spouse is studying/Mein Ehegatte absolviert ein Studium	<input type="checkbox"/> yes/ja	
22	presumably until/voraussichtlich bis Date/Datum		
23	at the following university/university of applied sciences/an folgender Uni/Fachhochschule Name/Name		
24	My spouse holds a civil servant status/ Mein Ehegatte ist verbeamtet	<input type="checkbox"/> yes/ja	
25	if "yes": there is a claim for aid or a claim for sickness insurance in compliance with the State aid rules/falls „ja“: es besteht Anspruch auf Beihilfe oder Anspruch auf Krankheitsfürsorge in Anwendung der Beihilfevorschriften	<input type="checkbox"/> yes/ja	<input type="checkbox"/> no/nein
		<i>please attach employer's certificate</i>	
26	My spouse is self-employed/Mein Ehegatte übt eine selbstständige Tätigkeit aus	<input type="checkbox"/> yes/ja	
27	...with the following time expenditure/ ...mit folgendem Zeitaufwand	_____ weekly hours/Wochenstunden	
28	and employs staff/und beschäftigt Arbeitnehmer	<input type="checkbox"/> no/nein <input type="checkbox"/> yes/ja	

Information on income/Angaben zu Einkünften		
29	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) €
30	Remuneration for minor employment (mini job)/ Arbeitsentgelt aus geringfügiger Beschäftigung (Minijob)	from/vom _____ until/bis _____ monthly gross income (earnings)/ mtl. Bruttoeinkünfte (Gewinn) €
31	Receipt of unemployment pay, type II/ Bezug von Arbeitslosengeld II	from/vom _____ until/bis _____ monthly payment amount/mtl. Zahlbetrag €
32	State pension, pension income, company pension, foreign pension, other pension/Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländische Rente, sonstige Renten	from/vom _____ until/bis _____ Type of income/Art der Einkünfte
34	<b>Other</b> regular monthly <b>income</b> in terms of the income tax law/ <b>Sonstige</b> regelmäßige monatliche <b>Einkünfte</b> im Sinne des Einkommensteuerrechts	from/vom _____ until/bis _____ monthly gross income/mtl. Bruttoeinkünfte €
35	<i>(e.g. gross remuneration for more than minor employment, income from leasing and letting, income from capital assets)</i>	One-off payment/Einmalzahlung € Special payment/Sonderzahlung € Type of income/Art der Einkünfte
36	My spouse has benefit claims according to a pensions act/Mein Ehegatte hat Leistungsan- sprüche nach einem Versorgungsgesetz <i>(BVG [Federal War Victims Relief Act], SVG [Military Pensions Act], OEG [Victims Compensation Act] or the like)</i>	<input type="checkbox"/> yes/ja

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

**Data protection notice: Section 67 a (3) SGB [Social Insurance Code] Volume X.** We need your cooperation according to Section 289 of Volume Five of the German Social Insurance Code (SGB V) so that we can properly fulfil our tasks. The data shall be collected for the determination of the insurance relationship (Sections 10, 284 SGB V).

*please return to:*

DAK-Gesundheit