Family name, first name: _____

Street name, street no.: _____

Postcode, town/city: _____

Insurance number: _____ Date of birth: _____

Techniker Krankenkasse
20901 Hamburg

Free family insurance

Please tick the appropriate box or fill in where necessary and do not forget to sign the form.

My married or civil partner
under the LPartG [German Civil Partnership Act]
is to be insured as of ☐☐.☐☐.☐☐☐☐ (Day Month Year)

My child/children is/are to be insured as of ☐☐.☐☐.☐☐☐☐ (Day Month Year)

Please state a date. Entries such as "immediately" are not legally valid.

Reason for free family insurance

- ☐ start of my membership
- ☐ birth of a child
- ☐ end of membership of my family member/s
- ☐ marriage
- ☐ other _____

Marital status

- ☐ single ☐ separated
- ☐ widowed
- ☐ married since ☐☐.☐☐.☐☐☐☐ (Day Month Year)
- ☐ registered civil partnership under the LPartG ☐☐.☐☐.☐☐☐☐ (Day Month Year)
- ☐ divorced since ☐☐.☐☐.☐☐☐☐ (Day Month Year)

Married/civil partner We require this information – even if you do not wish to insure your married/civil partner as a dependant with us.

☐ female ☐ male ☐ non-binary

_____
Family name, first name (attach a marriage certificate if family names differ)

☐☐☐☐☐☐☐☐☐☐ Insurance number

☐☐☐☐☐☐☐☐ Date of birth (DD MM YYYY)

☐☐☐☐☐☐☐☐☐☐☐☐ Pension insurance number
If a number has not been assigned yet, we require the following information:

_____
Name at birth, nationality

_____
Place and country of birth

address of married/civil partner if different from yours:

_____
Street name, street no.

_____
Postcode, town/city

previous health insurance cover of my married/civil partner in Germany

- ☐ member in a statutory health insurance fund
- ☐ covered under free statutory family insurance
- ☐ privately covered / not covered by statutory insurance
  Please send us proof of income – even if only your child/children is/are to be insured.

from ☐☐.☐☐.☐☐☐☐ (Day Month Year) until ☐☐.☐☐.☐☐☐☐ (Day Month Year)

_____
Name of health insurance / health insurance fund

person via whom free family insurance was provided, if relevant:

_____
Family name, first name

My married/civil partner has his/her own income. ☐ yes ☐ no

If yes, we require the following information:

employed since (including mini-job) ☐☐.☐☐.☐☐☐☐ (Day Month Year)

gross earned income (monthly average) ☐☐☐☐☐☐.☐☐ EUR

self-employed since[1] ☐☐.☐☐.☐☐☐☐ (Day Month Year)

profit (monthly average) ☐☐☐☐☐☐.☐☐ EUR

working hours (weekly average) ☐☐.☐☐

I employ others. ☐ yes ☐ no

all pensions[1] (payments received per month) ☐☐☐☐☐☐.☐☐ EUR

other income[1] (average) ☐☐☐☐☐☐.☐☐ EUR ☐ monthly ☐ yearly

_____
Type of income, e.g., from rent, interest, maintenance, redundancy pay

[1] Please send us a complete copy of your last income tax assessment – if you have income from interest, please also include an interest certificate.

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	1st child	2nd child
family name Attach a birth certificate if family names differ.		
first name		
gender	☐ female ☐ male ☐ non-binary ☐ indeterminate	☐ female ☐ male ☐ non-binary ☐ indeterminate
date of birth		
insurance number		
address if different:	Street name, street no. Postcode, town/city	Street name, street no. Postcode, town/city
relationship with child	☐ biological/adopted ☐ stepchild ☐ foster child ☐ grandchild	☐ biological/adopted ☐ stepchild ☐ foster child ☐ grandchild
My married/civil partner is the biological parent of my child.	☐ yes ☐ no	☐ yes ☐ no
pension insurance number If a number has not been assigned yet, we require the following information:	Name at birth, nationality Place and country of birth	Name at birth, nationality Place and country of birth
previous health insurance cover in Germany	☐ statutory health insurance member ☐ free statutory family insurance ☐ private / no statutory insurance Day Month Year - Day Month Year Name of health insurance / health insurance fund	☐ statutory health insurance member ☐ free statutory family insurance ☐ private / no statutory insurance Day Month Year - Day Month Year Name of health insurance / health insurance fund
training	☐ school ☐ university Name of university ☐ transition period/ compulsory break ☐ voluntary service	☐ school ☐ university Name of university ☐ transition period/ compulsory break ☐ voluntary service
	Please send a copy of the confirmation of German voluntary military service [Freiwilligendienst].	
employed since including mini-job	Day Month Year	Day Month Year
gross earned income monthly average	. EUR	. EUR
self-employed since[1]	Day Month Year	Day Month Year
profit monthly average	. EUR	. EUR
working hours weekly average	.	.
employs others	☐ yes ☐ no	☐ yes ☐ no
all pensions[1] (payments received per month)	. EUR	. EUR
other income (average)[1]	. EUR ☐ monthly ☐ yearly Type of income, e.g., from rent, interest, maintenance, redundancy pay	. EUR ☐ monthly ☐ yearly Type of income, e.g., from rent, interest, maintenance, redundancy pay

[1] Please send a complete copy of the last income tax assessment – if there is income from interest, please also include an interest certificate.

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Details on main form of maintenance

Important: we only need this information **for stepchildren and grandchildren**.

	1st child		2nd child	
My step/grandchild has been living with me for an extended period in a shared household.	☐ yes	☐ no	☐ yes	☐ no
I care and provide for my step/grandchild.	☐ yes	☐ no	☐ yes	☐ no
We need this information if your step/grandchild has his/her own household at his/her place of training/study: My step/grandchild remains part of the shared household.	☐ yes	☐ no	☐ yes	☐ no
We need this information if your step/grandchild does not live in your household and is also not part of your shared household: I pay regular maintenance. cash payments or benefits in kind	☐ yes	☐ no	☐ yes	☐ no
monthly amount	______ . ___ EUR		______ . ___ EUR	
	Type of benefit		Type of benefit	

Details in the event of further questions

Telephone number, optional information

Date, signature (of legal representative, if applicable)

Your signature confirms that the information you have provided is correct. Please inform us about any changes as quickly as possible. This applies in particular if children are to be covered by free family insurance and the other parent leaves the statutory health insurance scheme. Or if you wish to marry the other parent and they do not have statutory health insurance.

We require your personal information to complete our work for you correctly. The legal bases for this are Section 284 SGB V [German Social Code book V] and Section 94 SGB XI [German Social Code book XI].

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