Surname, first name:

Street, no.:

Postal code, city:

Insurance number: Date of birth:

Deutsche Post
ANTWORT

Techniker Krankenkasse
20901 Hamburg

Application for prospective entitlement

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

Information about your stay abroad

Country

Please specify which country you will be staying in.

Day of departure from Germany Day Month Year

Expected day of return Day Month Year

Your entitlement insurance with TK starts one day after you leave Germany and ends one day before you return to Germany.

☐ I have family members covered by non-contributory dependants' insurance and **all** of them will be accompanying me during my stay abroad.

Day of departure from Germany Day Month Year

My postal address abroad during the period of prospective entitlement

Street, no.

Postal code, city

Country

While you are abroad, you can conveniently read your e-mails via the TK mailbox – your personal online mailbox in "Meine TK" ["My TK"].

Information about the reason

☐ private stay abroad

longer than three calendar months

☐ I am working abroad for a German employer (job assignment).

Do you have private health insurance cover abroad? In this case we ask you to send us a relevant certificate.

☐ The contributions are paid by my employer.

☐ I am working for a foreign employer abroad.

☐ My married partner or civil partner pursuant to the LPartG [German Civil Partnership Act] is working abroad.

☐ self-employment

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Military service as a Zeitsoldat/in [regular contract soldier] or Berufssoldat/in [professional soldier]

Please send us a relevant proof.

from ⌊ ⌋ to ⌊ ⌋ (expected date)
Day Month Year Day Month Year

Entitlement to Heilfürsorge [free medical welfare]

e.g. international development aid workers

Please send us a relevant proof.

from ⌊ ⌋ to ⌊ ⌋ (expected date)
Day Month Year Day Month Year

Entitlement to health care benefits

e.g. prison inmates

from ⌊ ⌋ to ⌊ ⌋ (expected date)
Day Month Year Day Month Year

Details about long-term care insurance

☐ I am mother/father of one child/several children.

Should you not already have done so, please send us an appropriate proof (e.g. a copy of the birth certificate).

In the event of questions please help us by providing the following details

⌊ ⌋ optional information
Phone

⌊ ⌋ optional information
E-Mail

By signing you confirm that the information given is true and correct. Please inform us of any changes as soon as possible.

Date, signature (of legal representative, if applicable)

We need the personal data (social data) for performing our duties properly.
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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