

Surname, first name:

Street, no.:

Postal code, city:

Insurance number:



Techniker Krankenkasse
20901 Hamburg

Application for exemption from statutory health insurance cover

Please tick all that apply and complete the form.

Note:

- The application must be submitted within 3 months after the start of compulsory insurance cover.
- The exemption will also apply for other health insurance funds.
- Until the reason for the current exemption is eliminated, **no** compulsory insurance cover will be possible due to other circumstances.
- The exemption will also exclude non-contributory dependants' insurance.
- The exemption cannot be revoked.

Exception: If you receive benefits from the Agentur für Arbeit [Federal Employment Agency] or you are a farmer or artist, you will be subject to compulsory insurance. Students become subject to compulsory insurance if their employment prevails in relation to their studies (e.g. if their weekly working hours exceed 20 hours).

Information about exemption

I would like to be exempt from compulsory health insurance cover, starting on

Day Month Year

My date of birth

Day Month Year

I began/will begin my degree programme on

Day Month Year

Name of university/Fachhochschule [university of applied sciences]

Street, no.

Postcode

City

Important note: an exemption from compulsory health insurance cover is only possible if you have health insurance cover elsewhere. Please include **evidence** with your application, e.g. a confirmation from your private health insurance.

Information about benefits received so far

- ☐ Since the beginning of the degree programme, I/my dependants covered by my insurance have received benefits from TK last on

Day Month Year

e.g. medical or dental examinations, prescribed medication

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

Telephone

optional information

E-mail

optional information

Date, signature (minors require signature of parent or legal guardian)

Your signature confirms that the information you have provided is correct. Please inform us about any changes as quickly as possible.

We require your personal information (social data) to complete our work for you correctly. The relevant legal grounds for this are Section 284 SGB V [German Social Code, Book V] and Section 94 SGB XI [German Social Code, Book XI]

Our special service for you: We offer you assistance and advice during your degree programme or if you take up a new employment.

☐ I hereby agree to allow TK to use my provided data to inform me about the advantages of a TK membership during my degree programme or if I take up an employment. TK may contact me by telephone or via e-mail.

optional information

My degree programme is expected to end on _____
Day Month Year

Note: Your consent is voluntary. You can revoke it, with effect for the future, at any time without stating the reasons. Please send your revoking consent in writing to: Techniker Krankenkasse, Bramfelder Str. 140, 22305 Hamburg, e-mail: mkm@tk.de.

You are entitled to the following rights vis-à-vis TK: Right of access by the data subject, Right to rectification, Right to restriction of processing, Right to erasure. In such cases, please contact: Techniker Krankenkasse, Beauftragter für den Datenschutz, Bramfelder Straße 140, 22305 Hamburg, e-mail: datenschutz@tk.de.

Good to know: Your data is protected by the special requirements of the Sozialgesetzbuch [German Social Code] for this service. Further information about TK's data processing is available at **tk.de/en, search code 2033786**. TK will not forward this information to third parties.

Date, signature (minors require signature of parent or legal guardian)

Your signature confirms that the information you have provided is correct. Please inform us about any changes as quickly as possible.

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