
First name, surname

Date of birth: DD.MM.YYYY



ANTWORT

Techniker Krankenkasse
20902 Hamburg

Application for non-contributory dependants' insurance

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

I would like to apply for non-contributory dependants' insurance

for my married partner or civil partner pursuant to the German Civil Partnership Act [LPartG] as of

Day	Month	Year	

for my child/children as of

Day	Month	Year	

Reason for non-contributory dependants' insurance

- Start of my membership Birth of a child Marriage
 Termination of my dependant's/dependants' own membership Other

Other

Personal information

- Married since

Day	Month	Year	

 Registered civil partnership since pursuant to the German Civil Partnership Act [LPartG]

Day	Month	Year	

 Divorced since

Day	Month	Year	

 Separated Widowed Single

Previous health insurance

Prior to my membership with Techniker Krankenkasse

- I had private/no statutory insurance cover (e.g. medical care, cover for civil servants' medical expenses)
 I had statutory insurance cover as a dependant as a member

Name of health insurance fund/private health insurance from

Day	Month	Year	

 to

Day	Month	Year	

Contact information

Telephone (optional information)

E-Mail (optional information)

Details about my married partner / civil partner

Information about your married partner or civil partner is also required if you only apply for non-contributory dependants' insurance for your children. In addition to general information, we also require details about your married partner's or civil partner's health insurance cover.

Male

Female

Non-binary

Date of Birth (DD MM YY)

First name

Surname (Please submit a marriage certificate or civil partnership certificate in case of different surnames.)

Address, if different: Street, Street no.

Post code

City

Health insurance number

German pension insurance number

If no German pension insurance number has been assigned, we will require the following information:

Surname at birth

Place of birth

Country of birth

Nationality

Health insurance

My married partner/civil partner has/had

private /no statutory insurance cover (e.g. medical care, cover for civil servants' medical expenses)

statutory insurance cover

as a dependant

as a member

Name of health insurance fund/private health insurance

from

Day Month Year

to

Day Month Year

If applicable, first name and surname of the person who provided non-contributory health insurance cover.

My married partner's/civil partner's income

This information and proof of income are also required if you only apply for non-contributory dependants' insurance for your children and your married partner/civil partner does not have statutory health insurance cover and is related to the children.

Marginal employment/"mini-job"

from to
Day Month Year Day Month Year

Average monthly gross pay

. EUR

More than marginal employment

from to
Day Month Year Day Month Year

Average monthly gross pay

. EUR

Self-employment

Please attach a complete copy of the last income tax assessment.

from to
Day Month Year Day Month Year

As a childminder

We need this information only for the time before 2019.

I employ several workers at the same time whose gross pay combined exceeds the marginal earnings threshold.

Working hours/week . hours

Monthly profit . EUR

Pension payments; company pensions; foreign, statutory or other pensions

Please attach a copy of the proof of such payments.

from to
Day Month Year Day Month Year

Type of income

Monthly payment . EUR

Other income (e.g. income from rent/leases or capital investment, maintenance, compensation for loss of employment)

Please attach a complete copy of the last income tax assessment or a certificate of interest on capital investments.

from to
Day Month Year Day Month Year

Type of income

Monthly income . EUR

Information about the child

Male

Female

Indeterminate

Non-binary

Date of birth (DD MM YY)

First name

Surname (Please submit a birth certificate or, for instance, a „Bescheid über Kindergeld nach Einkommenssteuergesetz“ [child benefit assessment] in case of different surnames.)

Address, if different: Street, Street no.

Post code

City

Biological or adopted child

Stepchild

Grandchild

Foster child

My married partner or civil partner is not my child's biological parent.

Health insurance number

German pension insurance number

If no German pension insurance number has been assigned, we will require the following information:

Surname at birth

Place of birth

Country of birth

Nationality

Previous health insurance of my child

Private /no statutory insurance cover (e.g. medical care, cover for civil servants' medical expenses)

Statutory insurance cover

as a dependant

as a member

Name of health insurance fund/private health insurance

from

Day Month Year

to

Day Month Year

If applicable, first name and surname of the person who provided non-contributory health insurance cover.

School/Study programmes/Services

School education/Course of study

For children older than 23, please attach a copy of the current registration confirmation for school/university. This information is optional.

from
Month Year

to
Month Year

Grundschule

Hauptschule

Realschule

Gymnasium

Gesamtschule

Other

University

Fachhochschule

Foreign university

Military service/legally regulated voluntary service
Please attach a copy of your Certificate of Service or proof of voluntary service.

from

Day Month Year

to

Day Month Year

Income of my child

Please do not include any family allowances in your income information.

Marginal employment/"mini-job"

from Day Month Year to Day Month Year

Average monthly gross pay

. EUR

More than marginal employment

from Day Month Year to Day Month Year

Average monthly gross pay

. EUR

Self-employment

Please attach a complete copy of the last income tax assessment.

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As a childminder

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Working hours/week . hours

Monthly profit . EUR

Pension payments; company pensions; foreign, statutory or other pensions

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from Day Month Year to Day Month Year

Type of income

Monthly payment . EUR

Other income (e.g. income from rent/leases or capital investment, maintenance, compensation for loss of employment)

Please attach a complete copy of the last income tax assessment or a certificate of interest on capital investments.

from Day Month Year to Day Month Year

Type of income

Monthly income . EUR

Information about the child

Male

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Indeterminate

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Date of birth (DD MM YY)

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Post code City

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Grandchild

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Health insurance number

German pension insurance number

If no German pension insurance number has been assigned, we will require the following information:

Surname at birth

Place of birth

Country of birth

Nationality

Previous health insurance of my child

Private /no statutory insurance cover (e.g. medical care, cover for civil servants' medical expenses)

Statutory insurance cover

as a dependant

as a member

from to
Name of health insurance fund/private health insurance Day Month Year Day Month Year

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from to
Month Year Month Year

Grundschule

Hauptschule

Realschule

Gymnasium

Gesamtschule

Other

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Fachhochschule

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from Day Month Year to Day Month Year

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Type of income

Monthly payment . EUR

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from Day Month Year to Day Month Year

Type of income

Monthly income . EUR

I confirm that the information I have provided is correct. I will inform you immediately of any changes, in particular if my dependants' income changes (e.g. new income tax assessment for self-employment) or if they become members of a (different) health insurance fund.

Day Month Year

Signature (legal representative, if applicable)

With this signature, I confirm that my dependants have agreed to the transmission of the required information.

Dependants' signature, if applicable

For dependants living away from you, their signature is sufficient.

Data processing information (Article 13 of Regulation (EU) 2016/679): To allow us to evaluate non-contributory dependants' insurance, we require your cooperation pursuant to Sections 10 Paragraph 6 and 284 SGB V [German Social Code Book V]. This information is necessary to determine the insurance cover (Sections 10 and 284 SGB V [German Social Code Book V], Section 7 KVLG 1989 [German Farmers Health Insurance], Sections 25 and 94 [SGB XI [German Social Code Book XI]). Optional information about contact data will be used exclusively for any questions we may have about your insurance cover. The information about TK's data processing pursuant to Article 13 GDPR [EU General Data Protection Regulation] is available at [tk.de](https://www.tk.de), search code 2029224