Employee membership application form

I would like to become a member of TK as of

Day Month Year

Personal information

☐ Ms ☐ Mr

Family name

First name

Street, street no.

Address line 2

Post code, city

Date of birth: DDMMYYYY

Insurance no.

We require the following information to produce your eHealth card:

Family name at birth

Place of birth

Country of birth

Nationality

Your previous health insurance cover details

☐ I was last insured abroad or lived abroad.

Name of country

I was last

☐ compulsorily insured ☐ voluntarily insured

☐ privately insured ☐ insured as a dependant

Name of health insurance, city

☐ I am exempt from healthcare insurance cover.
Important: Please send us a copy of your exemption letter.

Details on employment

I will be/have been employed as of/since _____

My gross monthly pay is

☐ up to 633 EUR monthly (mini-job). ☐ more than 7,012.50 EUR monthly.

Important: Please include any bonus payments pro rata.

☐ This is my first employment **in Germany** as an employee.

☐ I am a shareholder in this company.

Share of nominal capital _____ per cent

☐ I am self-employed.

Details on pension payments

☐ I draw a pension or have applied for a pension.

☐ I receive pensions and related benefits e.g., company pensions or one-off capital payments (direct insurance).

Details on dependants

☐ I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.

For queries

Telephone, optional information

E-mail, optional information

Date, signature (legal representative, if applicable)

We require personal data (social data) in order to carry out our tasks correctly. The legal basis for this is Section 284 German Social Security Code, book V [SGB V] and Section 94 German Social Security Code, book XI [SGB XI].

The information about TK's data processing pursuant to Article 13 GDPR is available on tk.de/dataprotection.

Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.

Beratung erfolgt durch:

Gesellschaft, Name _____

PLZ, Standort _____

Telefon _____

TK-Partnernummer _____

Daten fixieren

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