Employee membership application form





Personal information	Details on employment
Ms Mr	I will be/have been employed as of/since
Family name	My gross monthly pay is
First name	up to 556 EUR monthly more than 6,150 EUR monthly.
	Important: Please include any bonus payments pro rata.
Street, street no.	This is my first employment in Germany as an employee.
Address line 2	I am a shareholder in this company.
	Share of nominal capital per cen
Post code, city	I am self-employed.
Date of birth: DDMMYYYY	Details on pension payments
	I draw a pension or have applied for a pension.
Insurance no.	I receive pensions and related benefits e.g., company pensions or one-off capital payments (direct insurance).
We require the following information to produce your eHealth card:	Details on dependants
Family name at birth	I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.
Place of birth	
Country of birth	For queries
Country of birth	Telephone, optional information
Nationality	
Your previous health insurance cover details	E-mail, optional information
I was last insured abroad or lived abroad.	
	Date, signature (legal representative, if applicable)
Name of country I was last	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].
compulsorily insured voluntarily insured	
privately insured insured as a dependant	The information about TK's data processing pursuant to Article 13 GDPR is available on tk.de/dataprotection.
Name of health insurance, city	Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.
I am exempt from healthcare insurance cover.	Beratung erfolgt durch:
Important: Please send us a copy of your exemption letter.	Gesellschaft, Name
	PLZ, Standort
	Telefon
	TK-Partnernummer

