Student 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 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 have been exempted from compulsory insurance cover.
Important: Please send us a copy of your exemption letter.

☐ I am entitled to benefits in accordance with foreign law.

Details on income

I am employed or self-employed during my studies.

Weekly study time _____ hours

Weekly working time _____ hours

Monthly gross pay (employment) _____ EUR

Monthly profit (self-employment) _____ EUR

☐ I have employed at least one person for more than three months and in more than marginal employment.

☐ I employ several people at the same time whose combined gross wages exceed 633 EUR.

Details on your studies

I will start studying on/have studied since _____

University

☐ I am a PhD student.

☐ I am attending a preparatory language course or a preparatory college.

☐ I am a master student or doing a postgraduate degree.

☐ I am a guest student.

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.

☐ I am married or live in a civil partnership pursuant to the LPartG [German Civil Partnership Act] and my married partner/civil partner is not insured with a statutory health insurance fund.

Details on long-term care insurance

☐ I am mother/father to at least one child.
Important: Please send us proof for every child up to the age of 25 (e.g. copy of the birth certificate).

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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