



Better performance. More service. Be a member.

Membership application Part 1

Personal details

as: Employee

Purchaser of voluntary insurance

Pensioner

Unemployment benefit recipient

Trainee

Student, intern

Surname

First name

Date of birth

Street, House number

Postcode, Town

Landline (optional)

Mobile (optional)

Start date for membership

Maiden name

Place of birth

Country of birth

Gender

Nationality

Health/Pension insurance number

Marital status

I would like a family insurance policy

I have dependants who are not themselves members of a statutory health fund and whom I would like to have covered by an IKK gesund plus family insurance policy.

I would like a family insurance policy. (Please also complete the family insurance application form.)

I have no dependants.

I do not require a family insurance policy.

I would like to join the bonus programme

Please send me a bonus card for the ikk aktiv plus bonus programme. (You must also complete the bonus programme application form.)

Data protection information: The collection of your personal data is necessary and admissible for the fulfilment of our statutory obligations. The relevant legal basis is provided by the Social Security Code (Art. 206 SGB V, Art. 284 SGB V, Arts. 50 and 94 SGB XI). Detailed information on data protection, your duty to cooperate, and the contact details of the data protection officer at IKK gesund plus is available at www.ikk-gesundplus.de/dsgvo. If you prefer, we can of course also send you this information by post.

My photograph for the health card

We would like to send you your electronic health card as soon as possible. So we would be grateful if you would enclose a suitable photograph with your membership application. N.B.: A recent colour photograph is required by law for all insured persons aged 15 or over.

My photo

will be forwarded soon.

has already been sent.

will be sent online.



“ Data protection declaration regarding the storage and processing of your photograph

Before your electronic health card can be manufactured, the card maker must first store your photo as a digital image. He is under an obligation to protect your digitalised image. The photo itself will be destroyed in accordance with data protection legislation once the health card has been manufactured. Storage is required for technical reasons. It will, for instance, enable you to order a replacement card without great inconvenience if you lose the original. If you would like your data to be deleted before the storage period expires, simply contact us and let us know.

0800 1016470 (24/7 free of charge)



Online photo service

www.ikk-gesundplus.de/lichtbild-neumitglieder

Membership application Part 2

Insurance information

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I have been employed

since

Name, Address, Tel. No. of Employer/relevant Benefit Agency

I draw Unemployment Benefit I.
(Please enclose a copy of your latest assessment.)

I draw Unemployment Benefit II.
(Please enclose a copy of your latest assessment.)

I am related to my employer or have a financial interest in the company.

I am self-employed or have income from freelance activity. (Please supply proof.)

Previous health insurance

I was most recently covered by statutory health insurance.

I was previously privately insured.

I previously had other health insurance.
(Please enclose copy of proof of insurance.)

I previously lived abroad.

I had family insurance in a statutory health fund before applying for membership.

Name of health fund/health insurance provider

from - to (month/year)

Surname, First name of main person insured

Name of health fund

Date of birth of main person insured

Family insurance from - to (month/year)

I draw a pension

I draw a German or foreign pension and/or an occupational pension and/or receive similar income such as pension-related benefits. (Please enclose a copy of your assessment and/or of the most recent payment adjustment.)

Type of pension

Payment agency

Data storage and use for promotional purposes

I am happy for IKK gesund plus and service providers working on its behalf to inform me by telephone about the latest offers in the field of healthcare and insurance. I hereby consent to the storage and use of my personal data for this purpose. I may withdraw this consent at any time with future effect.

Date, Signature of member