



Membership application for voluntary contributors and students

Yes, I would like to become a member of the AOK from

(Constitutes a health insurance declaration and certification of membership in the AOK in accordance with section 175 of the SGB V)

Personal details

Pension insurance no.
Surname
First name
Date of birth
Place of birth*
Birth name*
House no., Street
Postcode, Location
Telephone
Email
<input type="checkbox"/> female <input type="checkbox"/> male <input type="text"/> Family status
Nationality
*If no pension insurance number can be provided.
Health insurance of spouse/registered partner

In the last 5 years, I was

	from	to	name of health insurance
<input type="checkbox"/> covered by compulsory insurance			
<input type="checkbox"/> covered by voluntary insurance			
<input type="checkbox"/> privately insured			
<input type="checkbox"/> covered by family insurance			

Via (name of member)		
Date of birth		
<input type="checkbox"/> not covered by statutory health insurance		
from	to	Reason

Payment of contributions

Monthly contribution to health insurance
Monthly contribution to nursing care insurance

Nursing care insurance

Upon inception of the health insurance, I will also be a member of a nursing care insurance scheme

- I do not have any children.
 I have/had children.*

* Please include supporting documentation (e.g. copy of birth certificate, notice of children's allowance entitlement, notice of pension entitlement, etc.).

Family insurance

Family members existing Yes No
 I am applying for family insurance Yes No
 (see enclosed application)

Data protection notice: The data is collected and processed in order to complete our obligations in accordance with Article 284 in conjunction with Article 175 of the German Social Insurance Code (SGB V). Your cooperation is required in accordance with Article 60 of the SGB I and Article 206 of the SGB V. Without the required data, we cannot set up your membership. Within the framework of legal obligations and permissions, your data may be shared with third parties or service providers commissioned by us. You can find general information on data processing and your rights at aok.de/nds/datenschutzrechte, or we can send it to you on request. If you have any questions, please contact AOK Niedersachsen, Hildesheimer Straße 273, 30519 Hannover or our data protection team.

Details regarding current occupation

I am self-employed

Since/From
Profession type
Number of employees
Company address
House no., Street
Postcode, Location
Telephone

Supplemental application for full-time self-employed

I would like insurance
 without entitlement to sickness allowance
 with entitlement to sickness allowance from 43rd day
 (Supplemental declaration regarding earned income and loss of income in enclosed.)

AOK sickness allowance optional tariff for full-time self-employed

Interested Not interested Applied

I am a student

Since/From
University/College
Field
Number of semesters
Registration no. <input type="text"/> College ID <input type="text"/>
<input type="checkbox"/> I am exempt from insurance as I have exceeded the annual income threshold
<input type="checkbox"/> The contributions are made by my employer.
Address of employer
<input type="checkbox"/> I am neither self-employed nor a student. (I am attending school / I am a homemaker)

Details of monthly income/revenue*

Income from	Applicant	Spouse
Self-employment	<input type="text"/>	<input type="text"/>
Gross pay/salary	<input type="text"/>	<input type="text"/>
Rent/Lease/Investment returns	<input type="text"/>	<input type="text"/>
Pensions and related benefits	<input type="text"/>	<input type="text"/>
Other income	<input type="text"/>	<input type="text"/>
Training allowance	<input type="text"/>	<input type="text"/>
One-time benefits	<input type="text"/>	<input type="text"/>
Total (* Please enclose supporting documents)	<input type="text"/>	<input type="text"/>

Date
Customer's signature

Date
Signature of customer advisor/operations contact

Important information regarding membership in the AOK – the health insurance fund of Lower Saxony

We welcome you as a voluntary member

- if you are not subject to compulsory insurance and, in the last five years before termination of the compulsory insurance, were covered by statutory health insurance for a total of at least 24 months or for a continuous period of at least 12 months directly prior to this.
- in the case of cessation of family insurance, whereby the previously stated prior period of insurance was fulfilled. In the case of children withdrawn from the family insurance, there may be special regulations for the fulfilment of the prior period of insurance under certain circumstances.

Please register with us as a voluntary AOK member within three months of termination of the compulsory insurance/family insurance. Please note that continued voluntary insurance is no longer possible following this period of time. We require self-employed persons to provide us with their business registration as verification.

AOK membership commences

- upon termination of compulsory insurance if you were covered by such.
- upon termination of family insurance in the case of spouse and children.

Amount of contribution

The contribution is based on your income/revenue. If legal or statutory minimum premiums need to be taken into account, this would represent an exception. The level of your earnings should be demonstrated by means of appropriate documentation (e.g. last available income tax return for self-employed persons). Family members can be insured free of charge.

Payment of contributions

Contributions to the AOK are paid retrospectively by the 15th of each month for the previous month, i.e. no later than 15 April for the month of March.

Sickness allowance

We will pay you sickness allowance in accordance with the legal and statutory regulations if you have an employment contract. Contact your personal advisor for more detailed information.

Termination of membership, notice period

Your voluntary AOK membership terminates

- upon commencement of a mandatory membership
- at the end of the calendar month after next – calculated from the month in which notice of the resignation was submitted; the commitment period may need to be taken into account.

Nursing care insurance

As a voluntary member of the AOK, you are automatically insured in the social nursing care insurance scheme. This compulsory insurance commences at the same time as your voluntary membership in the AOK. The contribution is based on your income/revenue, where a national contribution rate applies. As of 1/1/2005, members of the social nursing care insurance scheme who do not have children pay an additional contribution of 0.25 percentage points, whereby they have completed their twenty-third year and were born later than 1/1/1940. If evidence of the birth of a child is submitted within three months of the date of birth, the surcharge shall cease upon the month of birth. Otherwise, the evidence shall take effect from the beginning of the month following the one in which it was submitted.



SEPA direct debit mandate for the membership of

Pension insurance no.
Surname
First name
Date of birth
House no., Street
Postcode, Location

**Creditor identification number of the AOK – the
health insurance fund for Lower Saxony
Hildesheimer Straße 273, 30519 Hanover, Germany**

DE87AOK00000018482

- Mandate for one-off payments
- Mandate for recurring payments

The mandate reference is provided separately.

I authorise AOK – the health insurance fund for Lower Saxony to withdraw payments from my account via direct debit. I also instruct my financial institution to honour the direct debits drawn on my account by AOK – the health insurance fund for Lower Saxony.

Note: I can request the reimbursement of the charged amounts within a period of eight weeks, commencing from the date charged. The terms agreed with my financial institution shall apply in this case.

I agree to a reduction of the time limit for notification of the amount of the payments to be made by me and the due date (prior notification) to one day. Further prior notification is only necessary in the case where the amount is changed.

IBAN
BIC
Bank/Savings bank
Alternative account holder
House number, Street
Postcode, Location
Date
Signature of account holder

Tax identification number

I hereby confirm that AOK Lower Saxony may provide a statement, as required, of the contributions paid by me for health and nursing care insurance as well as any contributions, premiums and bonus payments reimbursed to me to the responsible financial authority (health insurance citizen relief act). These may only be considered for taxation purposes with consent for the transfer data by the AOK. See reverse for more detailed information.

yes, tax identification number* _____ no

* If we have not yet received your tax identification number, we will request this directly from the Federal Central Tax Office.

Data protection notice: The data is collected and processed in order to complete our obligations in accordance with Article 284(1)(1)(1) and 3 of the SGB V, as well as Article 94(1) of the SGB XI for the purposes of contribution calculation in accordance with Article 206, 220 et seq. of the SGB V (health insurance) and Article 54 et seq. of the SGB XI (care insurance). Your cooperation is required in accordance with Section 60 of the SGB I. If you do not cooperate, this may have detrimental effects to your entitlement to benefits and contribution collection. Within the framework of legal obligations and permissions, your data may be shared with third parties or service providers commissioned by us. You can find general information on data processing and your rights at aok.de/nds/datenschutzrechte. If you have any questions, please turn to your above-mentioned contact person or our data protection team.

Date
Customer's signature

Important information about the AOK – the health insurance fund for Lower Saxony

Health Insurance Citizen Relief Act

The health insurance citizen relief act provides that contributions to health insurance and nursing care insurance schemes should also be considered towards the tax-free subsistence level in the case of income tax for assessment periods from 1/1/2010.

The tax office learns the amount of the contributions for employees subject to compulsory insurance and for those covered by voluntary insurance for whom their employer deducts the contributions by means of the electronic wage and tax statement from the employer.

In the case of voluntarily insured persons who pay their own contributions, and those insured in the student health insurance scheme, the health insurance funds shall report the contributions paid (section 10, 2a(4) of the German Income Tax Act). In this case, written consent from the taxable person regarding the transfer of their data to the financial authority and the provision of their tax identification number is required. Any contributions, premiums or bonus payments reimbursed to the insured person are also reported.

The contributions paid are only considered for taxation purposes if the tax office has received an electronic report from the health insurance fund. Failure to provide consent for the transfer of data and provision of the tax identification number may result in a higher tax burden for persons who pay their own contributions. The exact consequences are determined by tax law.

Sender: *Absender:*
Surname: *Name:*
First name: *Vorname:*
Street, house no.: *Straße, Haus-Nr.:*
Post code: *PLZ:*
Town: *Ort:*

AOK – Die Gesundheitskasse
AOK – Die Gesundheitskasse für Niedersachsen
Unternehmensbereich Vertrieb
Günther-Wagner-Allee 23
30177 Hannover
GERMANY

AOK – Die Gesundheitskasse
aok.niedersachsen@nds.aok.de
Fax 0511 / 12 38 91 92 39

Reply

Dear Sir/Madam,

Please find attached my completed and **signed** application for membership with AOK.

If applicable:
You will receive confirmation of cancellation of my previous health insurance policy as soon as I receive it.

Yours sincerely,

Member's signature
Unterschrift Mitglied

Attachment:
- Form "My choice: AOK - Die Gesundheitskasse"

Rückantwort

Sehr geehrte Damen und Herren,

*anbei erhalten Sie meinen ausgefüllten und **unterschiedenen** Antrag auf Mitgliedschaft bei der AOK.*

*Falls zutreffend:
Die Kündigungsbestätigung meiner bisherigen Kasse erhalten Sie umgehend nach Erhalt.*

Mit freundlichen Grüßen

*Anlage:
- Formular „Meine Wahl: AOK – Die Gesundheitskasse“*