Particulars for Assessment of Family Insurance

AOK – Die Gesundheitskasse

This information is required **as from**
with first-time customers as from start of insurance

1. General particulars about the Member

Name, First name: _____, _____ **Date of birth:** _____

No. of insured person: _____ **Telephone No.:** _____

Mobile/Telephone No.:* _____ **E-Mail-Address*:** _____

Civil status: ☐ **Single** ☐ **Married** since _____ ☐ **Separated** ☐ **Divorced** since _____ ☐ **Widowed**: since _____

☐ **Registered partner subject to the Partner Act (LPartG)**
since: (in this case please enter relevant particulars under the heading “Spouse”

Up to now, I have been insured

☐ **subject to my own membership**
☐ **in a family insurance** **with** _____
☐ **with a non-statutory sickness insurance fund** Name and reg. office of insurance fund

My spouse has his/her own insurance ☐ **no** ☐ **yes, with** _____
Name and reg. office of insurance fund

2. Family Members

Please only complete the table if your spouse or your children are to be insured with us, otherwise you may return the form, duly signed, to us. Please give the particulars for your spouse even if the family insurance is only required for your children. This shall not apply if the spouse is not related to the children. Particulars on the income of your spouse are not required if he/she is member of a statutory health insurance fund). Allowances paid in respect of the civil status need not be entered with the particulars about your income

	Spouse	**Child**	**Child**	**Child**
Name				
First name				
Sex (**m**ale /**f**emale)		☐ m ☐ f	☐ m ☐ f	☐ m ☐ f
Date of birth				
If applicable, other address				
Relationship to member: e.g. own child, step-child, foster-child, grandchild	———			
Own insurance cover with another sickness insurance fund Name of insurance fund (or abbreviation)	from to with	from to with	from to with	from to with
You are employed/ self-employed	☐ yes ☐ no from to	☐ yes ☐ no from to	☐ yes ☐ no from to	☐ yes ☐ no from to
Total gross pay for low-paid (side-line) employment Period of time of low-paid employment (if several jobs existed or exist, please detail on separate sheet)	EUR from to	EUR from to	EUR from to	EUR from to
Regular income in the sense of Income Tax legislation (e.g. total pay from work that is not just side-line employment, income from self-employment, from capital assets, from renting and leasing, amount paid from statutory pension scheme or retirement payments, company pension, other periods of pension for which income was or is obtained (if space is inadequate here, please detail on separate sheet)	EUR (Type of earnings) from to	EUR (Type of earnings) from to	EUR (Type of earnings) from to	EUR (Type of earnings) from to
School pupil/ student **(for juveniles upwards of 18 years please enclose confirmation from school/institute)**	———	from to	from to	from to
Military or Community Service **(please enclose confirmation of service/working hours)**	———	from to	from to	from to
Name of insurance fund that has provided family cover up to now.				

I herewith confirm the accuracy of the above information. I will give immediate notification of any change, in particular if the gross income of my family members specified above increases or if they become member of another sickness insurance fund.

Place, Date	Signature of the Member	As applicable, signature of family member

With my signature, I declare that the family members consent to this information being given.
With family members living separately, the signature of the one member suffices.

Privacy notice:
We require certain personal details from you in order to process your request. Fields marked with (*) are mandatory. To make it easier to contact you, we also ask that you provide your telephone number or e-mail address. We require your date of birth for the consent form, because you are only able to give this consent if you are at least 15 years old. Your data may be received by service providers engaged by us.

You will find general information about data processing and your rights at aok.de/datenschutzrechte. If you have any questions, please contact AOK-Bundesverband GbR, Rosenthaler Straße 31, 10178 Berlin, telephone: (030) 346 46-0, or our Data Protection Officer at datenschutz@bv.aok.de.

Consent to the collection and processing or your data is voluntary.
You may refuse your consent without this disadvantaging you in any way, or withdraw your consent at any time with effect from then on. This has no bearing on the lawfulness of the data processing that occurred up until that time on the basis of this consent.

You may exercise your right to withdraw consent by writing to AOK Bundesverband GbR, Rosenthaler Straße 31, 10178 Berlin. You may also withdraw your consent by sending an e-mail to: datenschutz@bv.aok.de.

Consent
☐ I consent to the AOK entity responsible for my affairs processing and using the data I have provided in order to provide me with information and advice on AOK's benefits and new offers and on private supplementary insurance offered by AOK's partners, and in order to carry out opinion polling, including by e-mail, telephone or SMS. This consent is given voluntarily and I may withdraw it at any time.