

Membership application for people in work

(TK-Welcome)



I would like to become a member of TK as of _____

Personal information Mr Ms

Last name _____

First name _____

Date of birth _____ (DD.MM.YYYY)

Street, No. _____

Postcode and town/city _____

Health Insurance Number _____

You will find this on your health insurance card.

German Pension Insurance No. _____

Please give the following details if you do not have a Pension Insurance Number yet:

Last name at birth _____

Place and country of birth _____

Nationality _____

Details of previous insurance

I was last insured with health insurance fund _____

Location _____

from _____ to _____

- compulsory insurance voluntary insurance
 private insurance dependants' insurance

The cancellation confirmation*

- is enclosed will be handed in later

Details for insurance cover with TK

I am employed/I work as _____

- This is my first employment in Germany.

Employer _____

Street, No. _____

Postcode and town/city _____

I am in paid employment as of _____

- I am self-employed.
 I am a partner in and/or managing director of a GmbH [private limited company].

My gross monthly income

- does not exceed 450 euros (mini-job).
 exceeds 4,950 Euros.

Do you get one-off payments such as Christmas bonus or holiday bonus? If so, please simply add one twelfth of the one-off payments to your gross monthly income.

- I had myself exempted from compulsory health insurance cover.
 I had myself exempted from compulsory pension insurance cover.

Please send us copies of your confirmations of exemption.

Retirement benefits

- I currently receive or have applied for a state pension.
 I currently get a pension and related benefits (e.g. company pension, pension).

Family details

- I would like to have my dependants (spouse/life partner pursuant to the Lebenspartnerschaftsgesetz [German Civil Partnership Act], children) covered by non-contributory dependants' insurance.

The application for non-contributory dependants' insurance

- is enclosed will be handed in later
 Please send me an application form.

Details for TK long-term care insurance

- I am exempt from social long-term care insurance. Please send us a copy of your confirmation of exemption.
 I am mother/father of one child/several children. We need this information to correctly calculate your contributions to long-term care insurance. Please submit the relevant proof, e.g. a copy of the birth certificate.

Recruit new members and win

I was recruited by

Last name Plotnikov, Jaroslav info@migwork.com

Address Lederergasse 1, 92447 Schwarzhofen

Queries and signature

The following details help us in case of queries:

Phone number** _____

E-mail** _____

Date _____ Signature **X** _____

We need your personal data ("social data") to correctly perform our tasks for you. This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security Code].

- * We might need a confirmation of cancellation. This depends on your previous health insurance cover. Please get in touch with your contact person.
** Optional information.

Your spokesperson

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