

**BOSCH****BKK****Questionnaire for inclusion in family insurance**

Please return to the following address: Bosch BKK, Postfach 30 02 80, 70442 Stuttgart, Germany

**Main person insured**

Full name	Insurance number
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**General information**

Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married since _____	<input type="checkbox"/> Separated since _____	<input type="checkbox"/> Widowed since _____
	<input type="checkbox"/> Divorced since _____	<input type="checkbox"/> Civil partnership since _____		

Information about spouse	First name	Surname
	Date of birth	Name of current insurer
		Insured since

The following information about your spouse's income is always required if he/she **does not have statutory insurance**

My spouse's earnings are over **EUR 69.300 (gross)** per annum:  Yes  No\*      Does your spouse earn more than you?  Yes  No\*

**Who is covered by the application for family insurance?**

	Spouse	Child	Child	Child
Surname**				
First name				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of birth				

**What period should the family insurance cover?**

Begins on			
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Reason for application for family insurance	<input type="checkbox"/> End of own membership	<input type="checkbox"/> End of family insurance
	<input type="checkbox"/> Birth of a child <small>(please include birth certificate)</small>	<input type="checkbox"/> Marriage <small>(please include marriage certificate)</small>
	<input type="checkbox"/> Relocation from abroad <small>(please include official registration of address)</small>	<input type="checkbox"/> Other
	<input type="checkbox"/> No longer self-employed <small>(please include official deregistration of business)</small>	

Current insurance ended on			
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Insurer <small>(Name of insurance company)</small>			
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Type of previous insurance	<input type="checkbox"/> Own membership	<input type="checkbox"/> Own membership	<input type="checkbox"/> Own membership	<input type="checkbox"/> Own membership
	<input type="checkbox"/> Family insurance	<input type="checkbox"/> Family insurance	<input type="checkbox"/> Family insurance	<input type="checkbox"/> Family insurance
	<input type="checkbox"/> Non-statutory / private	<input type="checkbox"/> Non-statutory / private	<input type="checkbox"/> Non-statutory / private	<input type="checkbox"/> Non-statutory / private

\* Please include proof of income

\*\* Please include birth/marriage certificate if name has changed

**BOSCH****BKK****Main person insured**

Full name				Insurance number			
	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>			
If you previously had family insurance, please provide the full name of the people whose membership the family policy was based on	First name	First name	First name	First name			
	Surname	Surname	Surname	Surname			
Spouse's continued membership (name of health insurance provider / company)							
Insurance number (see health insurance card)							
Different address to main person insured (if necessary)							
Relationship to main person insured (please describe adopted children as natural children)		<input type="checkbox"/> Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child	<input type="checkbox"/> Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child	<input type="checkbox"/> Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child			
Is your partner related to the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Information about income**

Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate your <b>monthly self-employed earnings</b> (please include most recent tax statement)	euros	euros	euros	euros			
<b>Gross monthly income</b> from mini-job or other activities	euros	euros	euros	euros			
<b>Severance pay</b> Did you receive compensation or a severance settlement from your last job, or do you expect such a payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No euros						
<b>Gross monthly pension</b> e.g. statutory pension, government official's pension, company pension, foreign or other pension	euros	euros	euros	euros			
<b>Other regular monthly income as defined by German income tax law</b> e.g. income from capital investments, land/forestry, rent, lease, etc.	Monthly sum	Monthly sum	Monthly sum	Monthly sum			
	euros	euros	euros	euros			
	Type of	Type of	Type of	Type of			

**BOSCH****BKK****Main person insured**

Full name		Insurance number		
	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>

**Information about children's education (school, tertiary), military service, civilian service**

School / tertiary education (please include attendance certificates for children aged 24 and over)		From	From	From
		To	To	To
Military / civilian service (please include certificates / proof)		To	To	To

**Information about health insurance numbers issued to relatives covered by family insurance**

Pension insurance number / social insurance number				
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The following information is necessary only if **no** social insurance / pension insurance number has been issued yet.

Name at birth				
Place of birth				
Country of birth				
Nationality				

**Important information:** These details are necessary for people who are to be covered by our family insurance policy. We may also need some additional information about your spouse/partner if our family insurance policy is to cover your child/children only. In this situation, we require general information about your spouse/partner's insurance and, if he/she **does not have statutory insurance** and is not related to the child/children, information about his/her income. Proof of income must be provided, and supplements paid based on marital status must be excluded from the information about income.

Please note that it is illegal to have family insurance from multiple insurance providers at the same time. We would ask you to ensure that your information makes it clear that you do not hold multiple family insurance policies.

For us to assess your family insurance policy, we require you to contribute as per sections 10.6 and 289 of Germany's social security statute book ("SGB"), no. 5. This information is necessary for establishing the insurance relationship (sections 10 and 284 of Germany's social security statute book, no. 5; section 25 of Germany's social security statute book, no. 11; section 7 of Germany's health insurance law for agricultural workers ("KVLG") from 1989). Voluntary information regarding contact details will be used only for communication purposes relating to your insurance status. Further information about how we process your personal data and your rights arising from the EU's GDPR are available at [www.Bosch-BKK.de/Datenschutz](http://www.Bosch-BKK.de/Datenschutz).

**With my signature, I confirm that the information supplied is correct. I shall notify you immediately in the event of any changes, in particular if there is a change in the gross income of a family member, or if one of the above-named family members obtains membership of an insurance provider's scheme or obtains private health insurance.**

My contact details	In the event of questions, I can be contacted during daytime hours at (voluntary information)	
	Phone	E-mail
Date	Signature of main person insured	Signature of family member (if necessary)

With my signature, I confirm that the family members have consented to the forwarding of the necessary data. If family members live apart, the family member's signature is sufficient.

## Information about family insurance coverage

Please note the following information about family insurance coverage:

Children can be insured under family coverage

- if they are under 23 years old, and they are not gainfully employed or
- if they are under 25 years old and are enrolled in full-time education.

If education is interrupted by compulsory service (military or civilian), family insurance coverage continues beyond the 25th birthday by an interval corresponding to the duration of service.

Family insurance coverage ends

- if income regularly exceeds 505,00 euro (2024) per month; for marginal employment, the permissible income limit is 538,00 euro.
- with the end of the membership of the insured party on whose membership the family coverage is based.

Children cannot be covered by family insurance if the spouse related to them

- is not a member of a statutory health insurance plan and
- has an income that regularly exceeds 5.775,00 euro (2024) per month and
- regularly earns more than the spouse.

Family members cannot be covered by family insurance if they are full-time self-employed.