



**BOSCH**

**BKK**

**Application for family insurance coverage**

Last name and first name of the principal insured party: \_\_\_\_\_

Health insurance number: \_\_\_\_\_

**1. Family information**

single          married          separated          divorced since \_\_\_\_\_          widowed  
civil union according to German Civil Partnership Act (*Lebenspartnerschaftsgesetz*)

**2. Reasons for family insurance coverage for your family members**

- Terminated membership in another health insurance plan (include written confirmation from previous plan)
- Terminated family insurance coverage with another health insurance plan (include written confirmation from previous plan)
- Marriage (include marriage certificate and written confirmation from previous plan)
- Birth (include birth certificate)
- Receipt of unemployment benefits (*Arbeitslosengeld II*; include grant notice and written confirmation from previous plan)
- University enrollment (include proof of enrollment and written confirmation from previous plan)
- End of self-employment (include proof of business deregistration)
- Relocation from abroad (include residence permit)
- Other reasons:

**3. Spouse information**

This information is also required if only the children are to be insured with us.

My spouse is related to the children:          yes  
no (no further information required)

**My spouse is a member of a statutory health insurance plan:**

yes \_\_\_\_\_  
(Please include the name and address of the health insurance plan.)

no (Then please answer the following question about income.)

**My spouse has income:**

no  
yes, **the annual gross income is over 64.350 Euro** no (please include relevant income statements)  
yes,

**Does your spouse’s income exceed your own?**

no (please include relevant income statements)  
yes

Data protection notice: Additional information about the processing of your data by us and your rights under the European General Data Protection Regulation is available on our website [www.Bosch-BKK.de/Datenschutz](http://www.Bosch-BKK.de/Datenschutz). In order to be able to fulfill our tasks legally, your cooperation in accordance with Sec. 289 of the fifth book of the German Social Welfare Code (SGB V) is necessary. This data is collected to determine insurance status (Secs. 10, 284 SGB V). Providing your telephone number or e-mail address is voluntary.

#### 4. Information about family members to be co-insured

	Spouse	Child	Child	Child
Last name				
First name				

In case of different names, please include **birth or marriage certificate**.

Sex	female male	female male	female male	female male
Date of birth				
Start of family insurance coverage:				
Address, if different:				
Do you receive wages from marginal employment?	yes no	yes no	yes no	yes no
Are you full-time self-employed? (Please include a copy of your most recent tax statement.)	yes no	yes no	yes no	yes no
Do you have regular income? (This includes: gross salary, income from rents and leases, income from self-employment, investment income, pensions or other benefits, etc.)	yes no Amount: _____	yes no Amount: _____	yes no Amount: _____	yes no Amount: _____
Relationship to member:		<input type="checkbox"/> own child <input type="checkbox"/> step-/grand-child <input type="checkbox"/> foster child	<input type="checkbox"/> own child <input type="checkbox"/> step-/grand-child <input type="checkbox"/> foster child	<input type="checkbox"/> own child <input type="checkbox"/> step-/grand-child <input type="checkbox"/> foster child
School/university <b>(For children 23 and older, please include proof of enrollment.)</b>		School or university from _____ to _____  not gainfully employed	School or university From _____ to _____  not gainfully employed	School or university from _____ to _____  not gainfully employed
Military or civilian service <b>(Please include service attestation.)</b>		from _____ to _____	from _____ to _____	from _____ to _____

#### 5. Information for assignment of a pension insurance number

Pension insurance number				
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The following information is only required if a pension insurance number has **not yet** been assigned.

Name at birth				
Place and country of birth				
Nationality				

I hereby confirm the correctness of the information given. I will inform you of any changes immediately. This applies in particular if the gross income of the family members changes, or if one of the family members becomes a member of a health insurance plan. The data given is used for identifying your insurance status. Information regarding your contact details (e-mail and telephone number) are optional and are only used for further enquiry regarding your insurance status. Additional information about the processing of your data by us and your rights under the European General Data Protection Regulation is available on our website [www.Bosch-BKK.de/Datenschutz](http://www.Bosch-BKK.de/Datenschutz).

\_\_\_\_\_  
Date      Member's signature      Signature of family member if applicable      Phone number for inquiries

I hereby declare that my family members have agreed to provide the necessary data.

## **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 470,00 euro (2021) per month; for marginal employment, the permissible income limit is 450,00 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 5.362,50 euro (2021) per month and
- regularly earns more than the spouse.

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