



BOSCH

BKK

application for membership

	I want to become a member of Bosch BKK		date
personal details	name	first name	gender
	street, number	postal code	town
	social insurance number (if possible)	date of birth	place of birth
	nationality	marital status	name of birth
	Do you have children? <input type="checkbox"/> yes <input type="checkbox"/> no		
	phone number (private)	phone number at Robert Bosch GmbH	e-mail
	bank	account number	
job details	employed as	begins at	employed since
	training as	duration	employer
	address	phone number	
other information	During the past 12 months I was insured with the following health insurance company: <input type="checkbox"/> compulsory insurance <input type="checkbox"/> voluntary insurance <input type="checkbox"/> family insurance <input type="checkbox"/> private insurance		
	I have relatives (wife/husband, children) who are to be included in my insurance (at no extra charge!) <input type="checkbox"/> yes <input type="checkbox"/> no		
	The membership begins as <input type="checkbox"/> compulsory insurance <input type="checkbox"/> voluntary insurance		
	My monthly gross income <input type="checkbox"/> does not exceed 450 euro <input type="checkbox"/> exceeds 5.362,50 euro		

signature

Confirmation of termination from my previous health insurance company will be submitted subsequently.

place and date	signature
----------------	-----------

Data protection notice: 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. The data given is used for identifying your insurance status (Secs. 10, 284 SGB V, §§50, 94 SGB XI). 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.