

**BOSCH****BKK****application for membership**

| | | | |
|---|---|-----------------------------------|----------------|
| | I want to become a member of Bosch BKK | | date |
| personal details | name | | gender |
| | first name | | |
| | street, number | | postal code |
| | town | | |
| | social insurance number (if possible) | | date of birth |
| | place of birth | | |
| | nationality | | name of birth |
| | marital status | | |
| 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 | | employed since |
| | begins at | | |
| | training as | | duration |
| | employer | | |
| address | | phone number | |
| other information | This is my first job in Germany <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| | 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 name of insurance company | | |
| | 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 556,00 euro <input type="checkbox"/> exceeds 6.150,00 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, Secs. 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