



|   |  |
|---|--|
| <b>Yes, I would like to become a BKK-member by the:</b> | Please fill in requested start date (dd.mm.yyyy) of insurance with BKK |
|---|--|

|   |               |             |           |
|---|---------------|-------------|-----------|
| Surname   |               | First name  |           |
| Nationality   | Date of birth | Gender      |           |
| Place of birth (town and country)                                     |               |             |           |
| German address from date ( <b>important, please see explanation</b> ) |               |             |           |
| Street  |               | Postal Code | Town/city |
| Telephone   |               | e-mail      |           |

**Full name and address of employer**

Deutsche Bank AG
  Other employer
 DB employees should state the address of their place of employment:

**Type of insurance**

Mandatory insurance

Voluntary insurance ->

Is this your first employment in Germany?  Yes  No

Social security number

**Health insurance until now (full name and address)**

|  |    |  |
|--|----|--|
|  |    | <input type="checkbox"/> Family insurance    |
|  |    | <input type="checkbox"/> Mandatory insurance |
|  |    | <input type="checkbox"/> Voluntary insurance |
| Length of membership in current health insurance (Please attach a confirmation from your last health insurance provider (also from foreign country) with duration of your insurance. |    |  |
| From   | To |  |

|   |                              |   |
|---|------------------------------|---|
| Are you in a legal period of maternity leave at the moment?                                       | <input type="checkbox"/> Yes | If yes, please attach the necessary documents, thank you. |
| Have you applied for a retirement pension or are you receiving a pension/other financial support? | <input type="checkbox"/> Yes |   |
| Are you self-employed or are you undertaking any other occupation?                                | <input type="checkbox"/> Yes |   |

|             |             |
|-------------|-------------|
| Place, date | X Signature |
|-------------|-------------|

**Family dependents**

Would you like to apply for contribution-free insurance? The family questionnaire can be found on our homepage: [www.bkkdb.de/family](http://www.bkkdb.de/family)

**Members persuade others to become members („Mitglieder werben Mitglieder“)**

Our campaign where members persuade others to become members (“Mitglieder werben Mitglieder“) pays EUR 25.00 to any member who persuades someone to become a member. The payment will be paid into the account of the current member once the new member begins his or her membership.

**Member responsible for acquiring a new member**

|               |             |            |  |
|---------------|-------------|------------|--|
| Surname       |             | First name |  |
| Date of birth |             |            |  |
| BIC           | Institution | IBAN       |  |

Please send us your registration by e-mail to: [info@bkkdb.de](mailto:info@bkkdb.de), by fax (02 11/90 65-4 99) or directly by post. We will take care of the rest of the formalities with your employer and we will send you your BKK insurance card.

**Data protection notice:** Your data will only be processed by us in accordance with statutory regulations. More information according to article 13ff. DSGVO can be found on our website: [www.bkkdb.de](http://www.bkkdb.de). We will also be happy to send you this information by post.



**Yes, I would like to become a BKK-member by the:**

Please fill in requested start date (dd.mm.yyyy) of insurance with BKK

If this is your first membership of a German legal health insurance scheme, the start of your insurance is often the date you start work. (Requested start date of insurance with BKK)

|   |               |           |
|---|---------------|-----------|
| Nationality   | Date of birth | Gender    |
| Place of birth (town and country)                                   |               |           |
| German address from date <b>(important, please see explanation)</b> |               |           |
| Street  | Postal Code   | Town/city |
| Telephone   | e-mail        |           |

**Important->** Please fill in your permanent private address in Germany, not the bank address. It is only then that the health insurance card and other forms can be sent to you. If you still do not have a permanent residence (and are staying in a hotel, for example), please give us this address. When you later have a new address, please send it to us as soon as possible.

Deutsche Bank AG  Other employer DB employees should state the address of their place of employment:

**Type of insurance**

- Mandatory insurance
- Voluntary insurance ->
- Social security number

This depends on your employment and your annual salary. A special salary limit applies. It is called „Jahresarbeitsentgeltgrenze“. Please ask your employer which type of insurance you must choose.

If you don't have the number yet, please fill in your place of birth and surname at birth and we will apply for it on your behalf. You receive the social security card from the „Deutsche Rentenversicherung“ after a few weeks.

**Health insurance until now (full name and address)**

|   |                              |   |
|---|------------------------------|---|
|   |                              | <input type="checkbox"/> Family insurance                 |
|   |                              | <input type="checkbox"/> Mandatory insurance              |
|   |                              | <input type="checkbox"/> Voluntary insurance              |
| Length of membership in current health insurance (Please attach a confirmation from your last health insurance provider (also from foreign country) with duration of your insurance.  |                              |   |
| From  | To                           |   |
| <b>Important:</b> Please fill in the name and address of your last health insurance provider (also from foreign countries). Please attach some kind of confirmation (proof, certificate, letter with insurance ID etc.) from your last health insurance provider (also from a foreign country) with duration of your insurance. |                              |   |
| are you receiving a pension/other financial support?  | <input type="checkbox"/> Yes | If yes, please attach the necessary documents, thank you. |
| Are you self-employed or are you undertaking any other occupation?  | <input type="checkbox"/> Yes |   |

|             |           |
|-------------|-----------|
| Place, date | Signature |
|-------------|-----------|

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**Member responsible for acquiring a new member**

|               |             |                |
|---------------|-------------|----------------|
| Surname       | First name  |                |
| Date of birth |             |                |
| Bank code     | Institution | Account number |

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