

Personal information

Last name, first name, title _____ Date of birth _____ Gender f m d u

 f = female
 m = male
 d = diverse
 u = undefined

Street, house number _____ Telephone number (optional) _____ Email address (optional) _____

Postcode _____ Town/city _____ Last name at birth _____ Nationality _____

German Social Security Number (if available) _____ City/town of birth _____ Country of birth _____

Information on my occupation in Germany

I am / have been, starting from _____ Due to the amount of my salary/wages:

_____ with employer / company, address
 I am obliged to take out public health insurance

I choose voluntary public health insurance

in training

working / employed

studying at the university / college, or similar _____ Please enclose proof

self-employed, school student, not working _____ Declaration of income on separate form

unemployed and receive unemployment benefit / citizens benefit of _____ Please enclose proof

receiving a statutory pension / I have applied for a statutory pension (also applies to foreign pensions). Please enclose proof

receiving income similar to a pension (e.g. company pension, annuity) or have received a one-off lump-sum payment in the last ten years. Please enclose proof

Information on previous insurance

I was last, from _____ to _____ with the health insurance provider _____

self-insured
 If you were co-insured as a family member, please state the first name and family name of the main insured person.
If you were not insured with public health insurance, please state the reason (e.g. privately insured, lived abroad)

co-insured as a family member

not insured with public health insurance

Reason for changing health insurance
 Change in my insurance status (e.g. Start/change of employment)
 Expiry of the statutory commitment period
 Increase in additional contribution rate by the previous health insurance company

Family insurance

I would like free BARMER family insurance for my family members

General information

I have children (also applies to stepchildren, adopted children or foster children; information is required to determine the long-term care insurance contribution)

I know other people who might be interested in a BARMER membership

I prefer communication in English

Signature

 Date, signature

Membership of the health insurance also generally establishes membership of the long-term care insurance fund, unless an exemption from this exists.

Please note: Your data will be processed for the purpose of clarifying the insurance relationship in accordance with Sections 5 ff. Social Security Code V (SGB V) and for collecting contributions in accordance with Sections 226 ff. Social Security Code V (SGB V), 57 Social Security Code XI (SGB XI). BARMER stores this data for 9 years. Data related to the insurance membership (Sections 288 Social Security Code V (SGB V) 99 Social Security Code XI (SGB XI)) are stored for a maximum of 30 years.

Further information about data processing is available at www.barm.de/datenschutz. On the page linked above, you will also find information on your data protection rights as well as contact details for BARMER's data protection officer and the supervisory authorities.

To be completed by BARMER

GS number

GP number of sales partner

