

Student membership application form



I would like to become a member of TK as of _____

Day Month Year

Personal information

Ms Mr

Surname _____

First name _____

Street, Street no. _____

Address line 2 _____

Post code, city _____

Date of birth: DDDMMYYYY

Insurance no.

German pension insurance number

If no insurance number or German pension insurance number has been assigned, we will require the following information:

Surname at birth _____

Place of birth _____

Nationality _____

Your health insurance cover details

I was last insured or lived abroad.

Name of country _____

I was last

compulsorily insured voluntarily insured
 privately insured insured as dependant

from _____ to _____

Name of health insurance, town/city _____

Important: Please send us a confirmation of cancellation in case you most recently had voluntary or compulsory insurance cover.

I have been exempted from compulsory insurance cover.
Important: Please send us a copy of your exemption letter.

I am entitled to benefits in accordance with foreign law.

Details on income

I am employed or self-employed during my studies.

Weekly study time _____ hours

Weekly working hours _____ hours

Monthly gross pay (employment) _____ EUR

Monthly profit (self-employment) _____ EUR

I draw or have applied for benefits from the Federal Employment Agency [Agentur für Arbeit].

I have employed at least one person for more than three months and in more than marginal employment.

I simultaneously employ several people in marginal employment whose gross pay together exceeds the minor employment threshold (currently 450 EUR)

Details on your studies

Important: Please send us your current registration letter.

I have studied from/since _____

University / Fachhochschule _____

Details on pension payments

I draw a pension or have applied for a pension.

I receive pension payments e.g. company pension, lump-sum payments/instalments.

Details on dependants

I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.

I am married or live in a civil partnership and my married partner/civil partner' is not insured with a statutory health insurance fund.

Details on long-term care insurance

I am mother/father to at least one child.
Important: Please send us proof (e.g. copy of the birth certificate).

For queries

Telephone, optional information _____

E-Mail, optional information _____

Date, signature (legal representative, if applicable) _____

We require personal data (social data) in order to carry out our tasks correctly. The legal basis for this is Section 284 German Social Security Code, Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI]. The information about TK's data processing pursuant to Article 13 DSGVO [EU General Data Protection Regulation] is available on tk.de/dataprotection.

Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.

Daten des Beraters

Gesellschaft, Name _____

PLZ, Standort _____

Telefon _____

TK-Partnernummer _____

1 civil partner pursuant to the German Civil Partnership Act [Lebenspartnerschaftsgesetz]

