

Yes, I would like to transfer to HEK | BUSINESS-K(L)ASSE on            and secure the extensive range of services.

<p><b>Personal information</b> <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Title, Last name _____</p> <p>First name _____</p> <p>Street and Street number _____ Additional address information (e.g. c/o) _____</p> <p>Postcode _____ Town/City _____</p> <p>Date of birth _____ Phone number (private)<sup>1</sup> _____</p> <p>Phone number (business)<sup>1</sup> _____ Mobile<sup>1</sup> _____</p> <p>Email address<sup>1</sup> _____</p> <p>German pension insurance number _____ German health insurance number _____</p> <p>Birth name _____</p> <p>Place of birth _____ Nationality _____</p>	<p>To be completed by sales partner _____ Business partner number _____</p> <p>Stamp or name, postcode, town/city _____</p> <p><b>Previous health insurance</b></p> <p>For the last 18 months I have been insured with _____</p> <p>Name _____</p> <p>Town/City _____</p> <p><input type="checkbox"/> Compulsory insurance <input type="checkbox"/> Voluntary insurance <input type="checkbox"/> Dependant's insurance</p> <p><input type="checkbox"/> Private insurance <input type="checkbox"/> Insured abroad <input type="checkbox"/> Not insured</p> <p><input type="checkbox"/> I will hand in the cancellation confirmation of my previous health insurance later.</p> <p><b>Family insurance</b></p> <p><input type="checkbox"/> I would like to have my dependants (spouse/life partner pursuant to the Lebenspartnerschaftsgesetz (German Civil Partnership Act)) covered by noncontributory dependants' insurance. The application for family insurance on the reverse has been completed.</p>
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<p><b>Membership as</b> (please recognize the direct debit authorisation on the reverse)</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Apprentice</p> <p><input type="checkbox"/> Intern</p> <p><input type="checkbox"/> Pupil</p> <p><input type="checkbox"/> Student (please enclose the certificate of enrolment)</p> <p><input type="checkbox"/> Self-employed person/Freelancer</p> <p><input type="checkbox"/> Voluntary insured person</p> <p><input type="checkbox"/> Freelance artist/Publicist</p> <p>Recipient of (please enclose certificate of benefits)</p> <p><input type="checkbox"/> Unemployment benefit I</p> <p><input type="checkbox"/> Unemployment benefit II</p> <p><input type="checkbox"/> Pension, orphan's pension and/or widow's pension</p> <p><input type="checkbox"/> I also have other occupations</p> <p><input type="checkbox"/> I am also a civil servant and/or self-employed</p>	<p>My gross monthly income is</p> <p><input type="checkbox"/> Up to Euro 450</p> <p><input type="checkbox"/> Up to Euro 5.062,50</p> <p><input type="checkbox"/> More than Euro 5.062,50</p> <p>Do you receive one-off payments (for example Christmas or holiday money)? In that case please add one twelfth of the one-off payments to your gross monthly income.</p> <p><b>Please complete in case of choosing membership as an employee, apprentice or intern</b></p> <p>Employer's name _____</p> <p>Street and Street number _____</p> <p>Postcode _____ Town/City _____</p> <p>Employer's phone number (required) _____ Employer's fax number _____</p> <p>Employed as _____ Commencement of employment _____</p>
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We need your personal data (social data) so that we can process your application properly. The basis for this is the German § 284 Social Insurance Code V (SGB V) in combination with § 206 SGB V or § 28 o SGB IV and § 94 SGB XI in combination with § 50 SGB XI. Without this information we are not able to finish your application.

**Voluntary information<sup>1</sup>**

I would like to sign up for regular HEK email information and have entered my email address with the personal information therefor.

I agree that HEK can inform and advise me about its products and services by phone.

Note: This voluntary information can be withdrawn at any time.

<sup>1</sup> This information is voluntary and does not affect your application for membership. Providing your phone number and/or email enables us to contact you quickly and unbureaucratically if there are any questions concerning your application.

Date and Signature \_\_\_\_\_ **HEK | BUSINESS-K(L)ASSE**

### Application for family insurance

I apply for noncontributory family insurance for the following relatives and state that they are not insured with any other statutory health insurance. I will inform you immediately on upcoming changes. This applies particularly to changes in gross income of my relatives named below or changes concerning their membership in (other) health insurances.

I am married or in a registered life partnership (German Civil Partnership Act)

We need your spouse's or life partner's details even if the family insurance is requested exclusively for your children. Please fill in the application completely so that we can send your insurance card(s) promptly. The data are recorded according to S. 10, 284, 189 SGB V and are needed to process your family insurance.

#### Spouse (details required in case of marriage or registered life partnership)

Female  Male

Last name (in case of divergent last name please attach marriage certificate)

First name

Date of birth

Monthly income

Previous health insurance

German pension insurance number

German health insurance number

Insured until

Self-insured

Dependent-insured

Birth name

Place of birth

Nationality

#### Child

Female  Male

Biological child

Stepchild

Foster-child

Grandchild

Last name (in case of divergent last name please attach birth certificate)

First name

Date of birth

Monthly income

Previous health insurance

German pension insurance number

German health insurance number

Insured until

Self-insured

Dependent-insured

Birth name

Place of birth

Nationality

#### Child

Female  Male

Biological child

Stepchild

Foster-child

Grandchild

Last name (in case of divergent last name please attach birth certificate)

First name

Date of birth

Monthly income

Previous health insurance

German pension insurance number

German health insurance number

Insured until

Self-insured

Dependent-insured

Birth name

Place of birth

Nationality

#### Child

Female  Male

Biological child

Stepchild

Foster-child

Grandchild

Last name (in case of divergent last name please attach birth certificate)

First name

Date of birth

Monthly income

Previous health insurance

German pension insurance number

German health insurance number

Insured until

Self-insured

Dependent-insured

Birth name

Place of birth

Nationality

#### Direct debit authorisation for students and voluntary insured persons (voluntary information)

Creditor Identifier: DE23ZZZ00000053778  
Mandate reference number: will be notified separately

**Please withdraw the amounts in time at due date (up to 15th of the following month).**

##### 1. Direct debit authorisation

I herewith revocably authorise HEK to withdraw the amounts due from the adjacent account. The authorisation is also valid concerning the premium for a sick pay optional tariff.

##### 2. SEPA Direct debit scheme

I herewith revocably authorise HEK to withdraw the amounts due from the adjacent account. The authorisation is also valid concerning the premium for a sick pay optional tariff. At the same time I advise my credit institution to honour the debits collected by HEK.

Please note: I can demand a refund of the amount debited within 8 weeks, beginning at the debit date. Hereby the terms agreed on with my credit institution apply.

First and Last name (account holder)

Credit institution (name and BIC)

IBAN:

HEK will inform me prior to the first SEPA direct debit withdrawal concerning procedure and mandate reference.



Date

Signature of account holder