

Application for Student Membership

Fax: 0800 - 285 85 89-692 37
(free call in Germany)

I would like to become
member of TK as of _____

Personal Information

Mr Ms

Last name _____

First name _____

Date of birth _____

Street, No. _____

Postcode and town/city _____ / _____

Phone number* _____

E-mail* _____

Health Insurance Number _____
You will find this on your health insurance card.

German Pension Insurance No. _____
Please give the following details if you do not have a number yet:

Last name at birth _____

Place and country of birth _____

Nationality _____

Details of previous insurance

I was last insured with _____

Health insurance fund _____

Location _____

from _____ to _____

compulsory insurance voluntary insurance

private insurance co-insurance

The cancellation confirmation

is enclosed will be handed in later

Details for insurance cover with TK

University/college _____

Speciality _____

Current academic semester _____

as of _____ expected graduation date _____

Please enclose your current certificate of enrolment.

I have been granted exemption from compulsory health insurance.
Please send us copy of your confirmation of exemption.

I have already studied _____ semesters/terms in another country.

A copy of my academic record

is enclosed will be handed in later

Data of the financial consultant

Gesellschaft, Name _____

Straße, Nr. _____

PLZ, Standort _____ / _____

Telefon _____

TK-Partnernummer **T** _____
(wird von der TK bei Eingang Ihres ersten Antrags vergeben)

Income details

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

I am employed or self-employed during my studies.

Working hours per week _____

Study hours per week _____

Gross monthly income from employment EUR _____

Monthly profit from self-employment EUR _____

Retirement Benefits

I receive or have applied for state pension.

I get pension and related benefits (e. g. company pension, pension).

Benefits in kind from abroad

I am entitled to benefits in kind pursuant to foreign law.

Family details

I would like to have my dependants (spouse/life partner pursuant
to the Lebenspartnerschaftsgesetz [German Civil Partnership Act])
covered by non-contributory dependants co-insurance.

Application for non-contributory dependants co-insurance

is enclosed will be handed in later

Please send me an application form.

I am married and my spouse/life partner is not member of a social
health insurance fund.

Details for TK long-term care insurance

I am exempt from social long-term care insurance.
Please send us copy of your confirmation of exemption.

I am mother/father of one child/several children.
We need this information to correctly calculate your contributions
to long-term care insurance. Please submit the relevant proof,
e. g. copy of birth certificate.

I consent to my financial advisor passing on my application for membership
to TK and to TK notifying my financial advisor about any resultant member-
ship for the purpose of calculating their expenses. This agreement can be
withdrawn at any time.

Date _____ Signature **X** _____

We need your personal data („social data“) to correctly perform our tasks
for you. This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social
Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security
Code].

* optional information.

