

Membership application for people in work

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

I would like to become a 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 dependants' insurance

The cancellation confirmation**

is enclosed will be handed in later

Details for insurance cover with TK

I am employed/I work as _____

This is my first employment in Germany.

Employer _____

Street, No. _____

Postcode and town/city _____

I am in paid employment as of _____

I am self-employed.

I am a partner in and/or managing director of a GmbH (private limited company).

My gross monthly income

does not exceed 450 euros (mini-job).

exceeds the current annual income limit.***

Do you get one-off payments such as Christmas bonus or holiday bonus? If so, please simply add one twelfth of the one-off payments to your monthly gross income.

I had myself exempted from compulsory health insurance cover.

I had myself exempted from compulsory pension insurance cover.

Please send us copies of your confirmations of exemption.

Retirement benefits

I currently receive or have applied for a state pension.

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

Family details

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

Application for non-contributory dependants' insurance

is enclosed will be handed in later

Please send me an application form.

Details for TK long-term care insurance

I am exempt from social long-term care insurance. Please send us a 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. acopy of birth certificate.

Date _____ Signature 

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.

** We might need a confirmation of cancellation. This depends on your previous health insurance cover. Please get in touch with your contact person.

*** Visit www.tk.de, webcode 4400, for information about the current annual income limit. Unfortunately, this information is only available in German at present.

Daten des Beraters

Gesellschaft, Name _____

Straße, Nr. _____

PLZ, Standort _____

Telefon _____

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



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