

Yes, I would like to become a member of the novitas bkk with effect from

Start date (DD.MM.YYYY)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> a compulsorily insured employee | <input type="checkbox"/> an artist         | <input type="checkbox"/> a trainee        | <input type="checkbox"/> unemployed         |
| <input type="checkbox"/> a voluntarily insured employee  | <input type="checkbox"/> a seasonal worker | <input type="checkbox"/> a school student | <input type="checkbox"/> Jobcenter          |
| <input type="checkbox"/> self-employed                   | <input type="checkbox"/> a pensioner       | <input type="checkbox"/> a student        | <input type="checkbox"/> Agentur für Arbeit |

## Personal details

My gender is:  female  male  nonbinary  indeterminate

Last name

First name

Date of birth (DD.MM.YYYY)

Place of birth

Civil status

Post code

Location

State pension fund number

Road, house number

Health insurance fund no

IBAN (22-digit)

Phone number/mobile phone number

Email address

Consent to customer communication:

Yes, I would like to be kept up to date with the latest information. I agree to novitas bkk contacting me by telephone and email about individual entitlements to and benefits of insurance and for the purpose of market research. This consent is voluntary and may be withdrawn at any time and without any specific requirements regarding form.

## I am employed by

Name of your employer or training company

employed since (DD.MM.YYYY)

Post code

Location

Road, house number

My gross monthly wage is:  up to 603 euros per month  more than 6.150 euros per month

## Details of health insurance to date

I was last insured

from (DD.MM.YYYY)

until (DD.MM.YYYY)

with the health insurance fund

individually insured

covered by family health insurance as a dependent of

Last name, First name

Date of birth (DD.MM.YYYY)

with the health insurance fund

no statutory insurance

since (DD.MM.YYYY)

Reason (e.g. privately insured, abroad – please specify country)

Reason for changing health insurance fund:

Change in insured person relationship (e.g. change of employer, receipt of unemployment benefits etc.)  Termination

## Further information

Yes, I have dependants, who are also to be insured free of charge under my policy. Please send me the form.

I know other persons who are interested in membership of the novitas bkk.

## Signature

Place, Date and Signature

MA (to be completed by novitas bkk)

Vermittler-ID