novitas

Deine Krankenkasse

Application for membership

novitas bkk, 47050 Duisburg
24-h service: 0800 664 8233 (freephone)
info@novitas-bkk.de
novitas-bkk.de

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

Start date (DD.MM.YYYY)

- ☐ a compulsorily insured employee
- ☐ a voluntarily insured employee
- ☐ self-employed
- ☐ an artist
- ☐ a seasonal worker
- ☐ a pensioner
- ☐ a trainee
- ☐ a school student
- ☐ a student
- ☐ unemployed
  - ☐ Jobcenter
  - ☐ 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 This consent is voluntary and may be withdrawn at any time and without any specific requirements regarding form.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

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