Questionnaire for inclusion in family insurance cover

Member's name	
Health insurance number	

Main insured person's general information

Marital status

☐ Married since _____ ☐ Living apart since _____

☐ Divorced since _____ ☐ Widowed since _____

☐ In a registered civil partnership since _____ ☐ Single

Reason for inclusion in the family insurance cover

☐ I'm starting my membership ☐ Birth of a child

☐ A relative's previous membership has ended ☐ Immigration from abroad on_____

☐ Marriage ☐ Other:

Private/mobile phone number (providing this information is not mandatory)	Email address (providing this information is not mandatory)

Important information: We always need the information regarding your spouse's or life partner's health insurance. If this family insurance is going to cover your children and your spouse or life partner is related to them and does not have statutory health insurance, his income must be stated and verified with proof of income. Extra charges that are paid in relation to marital status should not be taken into account when providing the information on income. If your spouse or life partner is a member of a german statutory health insurance company, no income information is required.

	Spouse/ life partner	**Child**	**Child**	**Child**
Should family insurance be taken out?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Start of family insurance				
Surname *				
* If you and your family members do not have the same surname, we require a copy of the birth or marriage certificate. If you cannot provide these documents, you can provide one-off proof of the family relationship using other suitable documents, (such as a child allowance notice).				
First name				
Gender (m = male, f = female, v = various, u = unknown)	☐ m ☐ f ☐ v ☐ u	☐ m ☐ f ☐ v ☐ u	☐ m ☐ f ☐ v ☐ u	☐ m ☐ f ☐ v ☐ u
Date of birth				
Different address to that of the member if applicable				
Previous insurance cover has ended. Health insurance company's name (Please enter the full name of the health insurance company or general insurance company.)	The previous insurance cover ended on _____ and was provided by	The previous insurance cover ended on _____ and was provided by	The previous insurance cover ended on _____ and was provided by	The previous insurance cover ended on _____ and was provided by
The previous insurance cover continues to be provided by (Please enter the full name of the health insurance company or the insurance company.)		--- Not applicable ---	--- Not applicable ---	--- Not applicable ---
Type of previous or existing insurance	☐ Membership ☐ Family insurance ☐ Non-statutory	☐ Membership ☐ Family insurance ☐ Non-statutory	☐ Membership ☐ Family insurance ☐ Non-statutory	☐ Membership ☐ Family insurance ☐ Non-statutory
Is a change in circumstances that will lead to the end of family insurance foreseeable? This could be a family member finishing school or starting employment, for example.	☐ Yes, from _____ What is the change?	☐ Yes, from _____ What is the change?	☐ Yes, from _____ What is the change?	☐ Yes, from _____ What is the change?

Member's name	
Health insurance number	

	Spouse/ life partner	**Child**	**Child**	**Child**
Surname				
First name				
Relationship to the member	--- Not applicable ---	☐ Biological child ☐ Stepchild ☐ Foster child ☐ Grandchild	☐ Biological child ☐ Stepchild ☐ Foster child ☐ Grandchild	☐ Biological child ☐ Stepchild ☐ Foster child ☐ Grandchild
Are you married to the child's parent?	--- Not applicable ---	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Attending school or studying (For children aged 23 or above, current school or provide certificate of study.)	--- Not applicable ---	from _____ until _____	from _____ until _____	from _____ until _____
Military service or legally regulated voluntary service (Please provide certificate of length of service.)	--- Not applicable ---	from _____ until _____	from _____ until _____	from _____ until _____

Other information about your family members (please fill in the fields that apply to you)

Self-employment (Please provide a copy of the current income tax assessment.)	☐ Yes Monthly profit from self-employment Euro _____	☐ Yes Monthly profit from self-employment Euro _____	☐ Yes Monthly profit from self-employment Euro _____	☐ Yes Monthly profit from self-employment Euro _____
Marginal employment	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Statutory pension, pension payments, company pension and other pensions (Please provide relevant proof.)	☐ Yes Monthly amount paid Euro _____	☐ Yes Monthly amount paid Euro _____	☐ Yes Monthly amount paid Euro _____	☐ Yes Monthly amount paid Euro _____
Other regular income governed by income tax law (For example, income from capital assets or rental and leasing or other income, such as severance pay in the event of loss of employment. Please provide us with relevant proof for each type of income.)	☐ Yes Type of income _____ Monthly Income Euro _____	☐ Yes Type of income _____ Monthly Income Euro _____	☐ Yes Type of income _____ Monthly Income Euro _____	☐ Yes Type of income _____ Monthly Income Euro _____

Information for the allocation of a health insurance number for family members

Pension insurance number				
Nationality				

The information in the following section is only required if a pension insurance number has not been assigned yet

Birth name				
Place of birth				
Country of birth				

I confirm that these details are correct. I will inform you of any changes immediately. This applies in particular if the income of the relatives I have mentioned above changes, (for example, in the event of a new income tax assessment for self-employment) or if they become members of a (another) health insurance company.

Place and date _____ Member's signature _____ Family members' signatures if applicable _____

By signing this document, I declare that I have received the consent of the family members concerned to submit the required details.

In the case of family members living separately, the family member's signature is sufficient.

Information on the processing of your data and your rights can be obtained by telephone or online: www.hek.de/datenschutzrecht