

# Application for Student Membership

I'd like to become a member as of 

Day	Month	Year		

## Personal Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street, No. \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

Date of Birth 

Day	Month	Year				

Health Insurance Number 

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You will find this on your health insurance card.

Please give your German Pension Insurance Number:

Pension Ins. No. 

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Please give the following details if you don't have a Pension Ins. No. 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

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 a 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

## 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 a state pension.  
 I get a 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' insurance.

Application for non-contributory dependants' insurance

is enclosed       will be handed in later

Please send me an application form.

I am married and my spouse/life partner is not a 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 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. a copy of birth certificate.

## Recruit new members and win

I was recruited by \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

## Queries and signature

The following details help us in case of queries

Phone number\* \_\_\_\_\_

E-mail\* \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_  
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



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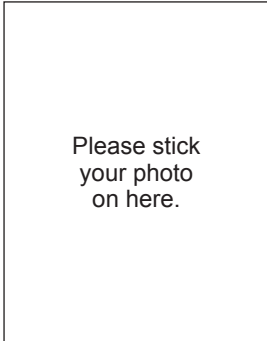
**Deutsche Post**   
**ANTWORT**

Techniker Krankenkasse

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# Your photograph for the electronic health card



## Notes on the photo

In order that we can issue you with an electronic health card, we require a passport photograph of you (insured parties under the age of 15 are exempted from this requirement).

We ideally need an up-to-date photograph equivalent to a passport photograph. It does not need to be biometric, but it must have all of the following characteristics:

- approx. 45 x 35 mm in size
- colour or black and white
- neutral background as far as possible
- clearly recognisable face, photographed from the front

Please do not use copies or photos you have printed yourself. These may not be accepted for processing for quality reasons.

We are unable to accept email submissions.

## Personal Information

Ms       Mr

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth (DD MM YYYY)

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Country if not Germany

\_\_\_\_\_  
German Health Insurance Number

\_\_\_\_\_  
German Pension Insurance Number

\_\_\_\_\_  
Phone Number, optional information

\_\_\_\_\_  
E-mail, optional information

I hereby certify that this photograph is a true likeness of me.

\_\_\_\_\_  
Day      Month      Year

\_\_\_\_\_  
Signature

800433 04/2017



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Deutsche Post   
*ANTWORT*

Techniker Krankenkasse  
20901 Hamburg



Techniker Krankenkasse  
20901 Hamburg

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street, No. \_\_\_\_\_  
Postal code, town/city \_\_\_\_\_  
Health insurance no. \_\_\_\_\_

### SEPA Direct Debit Mandate

Creditor Identifier: **DE51TK10000031158**  
Mandate reference number: will be handed in later

I hereby authorise Techniker Krankenkasse to draw payments out of my account by means of direct debit transactions. At the same time I instruct my credit institution to pay Techniker Krankenkasse the direct debit drawn on my account.

Note: I can claim refund of the amount debited within eight weeks from the date of debiting. The terms and conditions agreed upon between me and my credit institution are applicable. At the same time I commit myself to inform Techniker Krankenkasse about termination of my mandate.

Direct debit authorisation of my contribution from the following account as of \_\_\_\_\_  
Month Year

IBAN | D | E | \_\_\_\_\_

Only to be completed if account holder different from insure.

\_\_\_\_\_

Last name and first name

\_\_\_\_\_

Street and number

\_\_\_\_\_

Postcode

\_\_\_\_\_

Town/city

Place \_\_\_\_\_

Date \_\_\_\_\_  
Day Month Year

Signature \_\_\_\_\_  
Account holder

**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].**