

Mercedes-Benz BKK: Membership application Ihr Aufnahmeantrag

Personal details Persönliche Angaben					
Health insurance number (found on your health card/Gesundheitskarte) Versichertennummer (Diese finden Sie auf Ihrer Gesundheitskarte)	Pension insurance number Rentenversicherungsnumm		Gender Geso female weiblich	male othe	
Last name Nachname		First name Vorname			
Date of birth (DD/MM/YYYY) Geburtsdat. Place of birt	h Geburtsort	Country of birth Geburtsland	nd	Nationality Staatsa	ngehörigkeit
Street house number Straße Hausnummer		Postcode town/city PLZ Or	t		
Telephone/mobile phone number¹ Telefon-/Handy-Nr.¹	Email address ¹ E-Mail-Adre	esse ¹	¹This informat	ion is optional ¹ Die Ang	gaben sind freiwillig
I would like to register with the customer centre at: Ich möchte vom Kundencenter in betreut werden					
Insurance details Angaben zum Versicherungsv	verhältnis				
My membership with the Mercedes-Benz BKK is to beginnen Amitgliedschaft soll beginnen am:	in: DD/MM/YYYY)	wegen K	rankenkassenw of employer (ir	rance fund (cancellat vechsel (Kündigungsv mmediate right of ch ofortwahlrecht)	rerfahren)
I am an employee Ich bin Arbeitnehmer/-in	I am a trainee/a dual	student Ich bin Auszubilden	de/-r/Dualstuc	dent/-in	
at Mercedes-Benz Group AG bei der Mercedes-Be	enz Group AG	at Daimler Truck Holding	AG bei der Dai	imler Truck Holding AC	j
at a subsidiary bei einer Tochtergesellschaft	Plant/branch/location: V	Werk/Niederlassung/Ort:			
at another company (3): bei einem anderen Arbeit	geber:				
Name of employer Name des Arbeitgebers	Street house no., postcode	e town/city Str. Nr., PLZ Ort		Telephone numbe	r Telefonnummer
I am an intern/a diploma student (4) Ich bin Praktik	xant/-in/Diplomand/-in 🔲 I a	am completing voluntary soci	ial service Ich	absolviere ein Freiwilli	ges Soziales Jahr (FS
I am self-employed as (5): Ich bin selbstständig al	ls:				
I am on parental leave (6) Ich bin in Elternzeit	I am in full-time education	n (7) Ich bin Student/-in/Schi	üler/-in 🔲 I	am unemployed (8)	Ich bin arbeitslos
I am retired (9) Ich bin Rentner/-in	I am a civil servant (10	0) Ich bin Beamter/Beamtin			
I am the spouse/child of BKK member: Ich bin Eh	epartner/-in/Kind des BKK-M	itglieds:			
Name of the spouse or parent who is already insured wir Name der Ehepartner/-in/des Ehepartners oder Elternte		-Benz BKK bereits versichert		te of birth (DD/MM/Y burtsdatum (Tag/Mor	
I was ensured so far Ich war bislang versichert	as compulsory memb	er als Pflichtmitglied	as volur	ntary member (11) als	freiwilliges Mitglied
privately insured privat versichert	included in family ins	surance familienversichert			
at: bei der: Name of the health insurance fund Name d	er Krankenkasse	Address of the health insura	ance fund Ans	chrift der Krankenkas	sse
This will be my first job in Germany Ich nehme er	stmals eine Beschäftigung in	Deutschland auf			
I have just started working and do not yet have a	social security ID Ich bin en	rstmals berufstätig und verfü	ige noch nicht i	über einen Sozialversi	icherungsausweis
I have children (including fostered or adopted childre	en – attach any documentary ev	vidence) (12) Ich habe Kinder (a	auch Pflege- od	er Adoptivkinder – ggf.	. Nachweis beifügen)
I have dependents (spouse/children) who need to Ich habe Angehörige (Ehepartner/-in/Kinder), die be	o be covered at no additiona eitragsfrei mitversichert werd	al charge (we will send you ar Ien sollen (Sie erhalten von ur	nother form to	complete) (13) en Fragebogen)	
I would like to receive the monthly newsletter (p	lease enter your email addres	ss above)		- 0 /	
Ich möchte den monatlichen Newsletter erhalten (B So that your membership with the Mercedes-Benz Bh notification procedure. Damit die Mitgliedschaft bei d Meldeverfahren in Verbindung.	KK can begin, we will get in o	contact with your previous h			
Date (DD/MM/YYYY) Datum	Signature Unterschrift				

Data protection notice: We need your personal data (social data) to do our job properly for you. According to § 284 of the Social Security Code (SGB) V in conjunction with § 60 SGB I we are entitled to collect the data and you are obliged to cooperate. The entry of telephone number and e-mail address is voluntary. Your information will be treated confidentially and subject to data protection. Further information about the processing of your personal data by us and your rights under the EU General Data Protection Regulation can be found on our homepage mercedes-benz-bkk.com, webcode 139d. Datenschutzhinweis: Ihre persönlichen Daten (Sozialdaten) benötigen wir, um unsere Aufgaben für Sie ordnungsgemäß erledigen zu können. Nach § 284 Sozialgesetzbuch (SGB) V in Verbindung mit § 60 SGB I sind wir berechtigt, die Daten zu erheben, und Sie zur Mitwirkung verpflichtet. Die Nennung von Telefonnummer und E-Mail-Adresse ist freiwillig. Ihre Angaben werden vertraulich behandelt und unterliegen dem Datenschutz. Weitere Informationen über die Verarbeitung Ihrer personenbezogenen Daten durch uns und Ihre Rechte nach der EU-Datenschutz-Grundverordnung finden Sie auf unserer Homepage mercedes-benz-bkk.com, Webcode 139d.

Important information about your application

Please read the accompanying notes before filling out the application in order to prevent errors and delay to your membership certificate.

(1) Pension insurance number (Rentenversicherungsnummer)

Your pension insurance number can be found on your social security ID card. If you do not have this card available, please confirm your birth name, place of birth and nationality.

(2) Change of employer

If you change employer, you can directly become a Mercedes-Benz BKK member without first having to give notice to your previous health insurance fund. We will take over the electronic notification procedure for you.

(3) Employer information

We require full details of your employer so that we can send them the membership certificate. This ensures that your health insurance cover switches over on time.

(4) I am an intern/a diploma student

Please enclose your intern/diploma student contract.

(5) I am self-employed

Please enclose your most recent available tax assessment notice and your business registration notice (if available).

(6) I am on parental leave

Please enclose confirmation of your parental allowance.

(7) I am in full-time education

Please enclose your university or school enrollment certificate.

(8) I am unemployed

Please enclose confirmation from the Federal Employment Agency/Jobcenter (e.g. certificate of benefits granted/Bewilligungsbescheid).

(9) I am retired

Please enclose your pension approval certificate and, if applicable, your company pension certificate.

(10) I am a civil servant

Please enclose your most recent payslip and proof of your entitlement to aid (if available).

(11) During the last 18 months I was a voluntary member (without employment)

Please enclose proof of your income and, if your spouse/life partner is not covered by statutory health insurance, please also enclose proof of his/her income.

(12) Evidence of children

To ensure your long-term care insurance premium is correct, we require proof of your parental status (e.g. birth certificate).

(13) Family insurance

If your dependents (e.g. spouse/life partner and children) are currently insured on your policy, we will check your eligibility for family insurance with Mercedes-Benz BKK. To enable us to do this, please complete the enclosed family insurance application form (online or in paper form).

Once we have received all the necessary documents, we will send you your personal health card (Gesundheitskarte) and your membership certificate without delay. If we do not have a photograph of you on file, you will receive a separate letter requesting this.