Yes, I would like to join BARMER starting





christian.metzger@barmer.de

Personal details		BARMER representative:
Last name, first name		Marital status Single/ not married Married Civil partner ³⁾
Street, house number		Title Gender f m
Postcode Town/City		Date of birth
Telephone number ¹⁾	Mobile phone number ¹⁾	Place of birth (town/city) ²⁾
Email address ¹⁾		Name at birth ²⁾
State pension insurance no.	Health insurance no.	Nationality ²⁾
Status Trainee At employer/company, address	Employee	mce My gross salary: €
I am a student I was most recently insured from	gradu until	I am related by birth or marriage to the employer Expected Please attach enrolment form!
Health insurance provider by		
I know other people who might	be interested in joining BARMI	ER
Signature (Please sign or type	in your name)	① Optional ② Only required if no state pension insurance number provided ③ Same-sex partnership as defined by the law governing civil partnerships For information: Your data are processed for the purpose of clarifying the insurance contract in accordance with Sections 5 et seqq. SGB Title V, and for collection of
Joining a health insurance scheme generally invocare insurance, unless otherwise exempted.	lves taking out long-term	premiums in accordance with Sections 226 et seqq. SGB Title V and 57 SGB Title XI. BARMER stores these data for nine years. The data relating to the insurance contra (Sections 288 SGB Title V, 99 SGB Title XI) will be stored for a maximum of 30 years. If the legal conditions are met, you are entitled to view this information, to seek correction and deletion or limitation, and to data portability.
		You may file an objection against the processing of your personal data with us or with the German Federal Commissioner for Data Protection and Freedom of Information. Our Data Protection Officer can be reached at datenschutz@barmer.do or at Lichtscheider Str. 89, in 42285 Wuppertal, Germany.

GP-Nummer Vertriebspartner