☐ **Yes, I am choosing BARMER as from** _____

I provide the following information in order to apply for membership:

BARMER

Personal details

Last name, first name | Title | Gender ☐ f ☐ m | Date of birth

Address | Phone number [1] | Mobile number [1]

Postcode | Town | Email address [1]

State pension insurance no. | Health insurance no. | Name at birth [2]

Marital status | Place of birth [2] | Nationality [2]

☐ Single/not married ☐ Married ☐ Civil partner [3]

Details of eligibility for membership

I have been ☐ trainee/apprentice ☐ employee ☐ managing partner/manager since _____

employed/work as | at employer/company

since

Due to the sum of my earnings, I am
☐ subject to compulsory insurance
☐ exempt from insurance
in terms of health insurance.
☐ I am related to my employer, related by marriage, etc.

☐ I have been a student since _____ Expected date of graduation _____ Please attach proof of enrollment!

☐ I have been (e.g. self-employed, at school, not working) _____ since _____ [4]

☐ I have been unemployed since _____ and have been drawing/expect to draw _____ unemployment benefits/unemployment benefits II [5]

☐ I have been drawing a state retirement pension since _____ or applied for my retirement pension on _____ (also applies to foreign retirement pensions [5])

☐ I have income similar to a retirement pension, (company pension, pension etc.) or I have received a lump-sum payment within the last ten years [5]

☐ I own a farming business or I work in a family-run farming business

Details of previous health insurance

☐ I was last insured from _____ until _____ by _____ Health insurance provider

☐ insured as individual → Confirmation of cancellation from previous health insurance provider ☐ is enclosed ☐ will be sent later

☐ covered by family insurance policy of | Last name, first name | Date of birth | Health insurance number

☐ have not been covered by statutory health insurance since _____ Reason (e.g. privately insured, abroad):

General information

☐ I have a physical injury/health impairment [6]

☐ I have children (also applies to stepchildren, adopted or foster children; details are needed to calculate the contributions for long-term care insurance)

☐ I know other people who might be interested in joining BARMER.

Signature

✘ Date, Signature

In general, joining a health insurance fund also entails joining long-term care insurance, provided you are not exempted from this.

[1] Voluntary information.
[2] Information not required unless no pension insurance number provided.
[3] Same-sex partnership as defined by the law governing civil partnerships [Lebenspartnerschaftsgesetz].
[4] Statement of income on separate form.
[5] Please attach documentation.
[6] The purpose of this question is exclusively to check possible reimbursement or compensation claims against third parties (e.g. damages resulting from an accident, malpractice, occupational illness – Sections 102 et seqq., 116 German Social Code, Title X [SGB]). BARMER stores these data for 6 years and then deletes them.

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 premiums in accordance with Sections 226 et seqq. SGB Title V and 57 SGB Title XI. BARMER stores these data for 9 years. The data relating to the insurance contract (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.de or at Lichtscheider Str. 89, in 42285 Wuppertal, Germany.

GS number | GP number sales partner

16 0418

Family insurance cover – I hereby apply for free co-insurance from the month of accession for the following family members

We also need details of your spouse even if family insurance cover is only required for your children. Data is collected under the provisions of the Fifth Book of the German Social Insurance Code (§§ 10, 284, 289 SGB V) and required in order to provide family insurance cover.

	Spouse/partner [1]	Dependent	Dependent	Dependent
First name				
Last name				
Address if different				
Date of birth				
Name at birth [2]				
Place of birth [2]				
Nationality [2]				
State pension insurance no.				
Gender	☐ female ☐ male	☐ female ☐ male	☐ female ☐ male	☐ female ☐ male
Relationship (please complete: daughter, son, stepchild, foster child, grandchild, adopted child)				
Is the spouse related to the child? (Please tick only if there is no family relationship)		☐ no	☐ no	☐ no
Previous insurance cover: ☐ ended on:				
☐ was at: (name of health insurance provider)				
Type of previous insurance	☐ Policyholder ☐ Family insurance cover ☐ Not statutory	☐ Policyholder ☐ Family insurance cover ☐ Not statutory	☐ Policyholder ☐ Family insurance cover ☐ Not statutory	☐ Policyholder ☐ Family insurance cover ☐ Not statutory
Providing there was a recent family insurance policy, last name and first name of the person who was the policyholder for the family insurance cover.	First name / Last name	First name / Last name	First name / Last name	First name / Last name
The previous insurance policy is still with: (name of health insurance fund/ health insurance provider)				
Are there any physical injuries/health impairments?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
Type				
Type of employment/self-employed?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
If yes, please give from/until dates and answer questions a) to c)				
a) regular gross monthly income In the case of self-employment: Please enclose current income tax statement	€	€	€	€
b) gross earnings from marginal part-time work	€	€	€	€
c) marginal part-time work from/until				
Other monthly income as defined by income tax laws (e.g. retirement pension, retirement benefits, rent, leases, income from interest)	€	€	€	€
Attending school/university from/until (for children under the age of 23, please attach certificate or submit later)				
Type of school/university (e.g. Hauptschule, Realschule, Gymnasium)				
Class/subject-specific semester [4]				
Military/civilian service from/until (please attach certificate of service or submit later)				

I will inform you of any future changes immediately. This is of particular importance if the gross income of the family dependents listed above increases or if one of these dependents takes out a policy with a (different) health insurance fund. In signing this document, I confirm that my dependents agree to submit the required details. In the case of family dependents who live separately from the policyholder, either the policyholder or this family member can sign.

Date	Signature	Signature of family members over the age of 15

[1] Same-sex partnership as defined by the law governing civil partnerships (Lebenspartnerschaftsgesetz) [2] Information not required unless no pension insurance number provided
[3] This question is only for checking any claims for reimbursement and compensation against third parties (e. g. damages resulting from an accident, occupational illness) [4] Voluntary information