Deutsche Post
ANTWORT

Techniker Krankenkasse
20903 Hamburg

Last Name

First Name

Street, No.

Postcode, City

Health Insurance No.

Please choose one of the following options for returning the form

☒ by mail
☐ by fax
☐ by e-mail

Please note: The application form needs to be signed by hand.

Non-contributory Dependants Co-insurance

Start date of non-contributory dependants co-insurance cover for my spouse/life partner* Day Month Year

Start date of non-contributory dependants co-insurance for my child/children Day Month Year

Please indicate a date. If you do not specify a date or indicate "as of now" this information is not legally valid.

Reason for applying for non-contributory dependants co-insurance

☐ Commencement of my own membership
☐ Marriage ☐ Birth of my child
☐ Termination of previous membership of my dependant
☐ Other _____

Marital status

☐ Married ☐ Separated ☐ Widowed
☐ Single ☐ Divorced
☐ Registered Partnership*

Previous health insurance

☐ Membership
☐ Non-contributory dependants co-insurance
☐ Not covered by statutory health insurance

Health insurance _____

Spouse or Life Partner*

We need the following details, even if you do not wish to have your spouse/life partner* co-insured with us.

Last Name _____

Please enclose marriage certificate if different from member's last name.

First Name _____

TK Insurance Number, if applicable

Date of birth Day Month Year

Pension Insurance No

Please give the following details if your spouse/life partner* does not have a German Pension Insurance Number yet:

Last Name at birth _____

Place and country of birth _____

Nationality _____

Different address, if applicable

Street, No. _____

Postcode and city _____

Previous health insurance of spouse/life partner*

☐ Membership
☐ Non-contributory dependants co-insurance
☐ Not covered by statutory health insurance

from Day Month Year - Day Month Year

Health insurance _____

Non-contributory dependants co-insurance of membership of:
Last Name, First Name

_____

My spouse/life partner* has a personal income ☐ yes ☐ no

If so, please answer the following questions for your spouse/life partner*

Date paid employment (including mini-job) started Day Month Year

Average monthly gross income from marginal employment EUR _____

Date self-employment started Day Month Year

Average monthly profit EUR _____

Average working hours per week _____

* pursuant to the Lebenspartnerschaftsgesetz [German Life Partnership Law] (LPartG)

W307001E

Self-employed childminder ☐ yes ☐ no

Date Unemployment Benefit II started
Day Month Year

Pensions and related benefits/ company pensions, foreign, national or other pensions monthly amount payable EUR _____

Other average monthly income EUR _____

Type of income (e. g. income from lease, interest)

_____

Please send us a complete copy of your last income tax assessment.

	1st child	2nd child
Last Name		
First Name Please enclose birth certificate in case of different last names.		
Gender	☐ male ☐ female	☐ male ☐ female
Date of birth or TK Insurance No.		
Different address, if applicable:		
Street, No.		
Postcode and city		
Relationship	☐ Birth child ☐ Foster child ☐ Stepchild ☐ Grandchild	☐ Birth child ☐ Foster child ☐ Stepchild ☐ Grandchild
My spouse/life partner is child's birth parent	☐ yes ☐ no	☐ yes ☐ no
Pension Insurance Number		
Please give the following details if you do not have a Pension Insurance Number yet:		
Last Name at birth		
Place and country of birth		
Nationality		
Previous insurance	☐ Membership ☐ Non-contributory dependants co-insurance ☐ Not covered by statutory health insurance	☐ Membership ☐ Non-contributory dependants co-insurance ☐ Not covered by statutory health insurance
Period of cover	Day Month Year - Day Month Year	Day Month Year - Day Month Year
Name of health insurance		
Postcode and city		
Average monthly gross income EUR		
Average monthly gross income from mini-job EUR		
Monthly profit from self-employed work EUR		
Self-employment as childminder	☐ yes ☐ no	☐ yes ☐ no

Pension and related benefits/
company pensions, foreign, national,
or other pensions;
monthly amount payable EUR _____ _____

Other average monthly income EUR _____ _____

Entitlement to Unemployment Benefit II ☐ yes ☐ no ☐ yes ☐ no

School attendance
Please enclose certificate of school attendance for children 23 and over.
Day Month Year - Day Month Year Day Month Year - Day Month Year

Type of school (optional information) _____ _____

Higher education
Please enclose current enrolment receipt for children 23 and over.
Day Month Year - Day Month Year Day Month Year - Day Month Year

Type of university/college
(optional information) _____ _____

Basic military service or
alternative community service
Please enclose a certificate of service.
Day Month Year - Day Month Year Day Month Year - Day Month Year

Contact details

Phone _____

E-mail _____

Date
Day Month Year

Signature _____
I hereby declare that my dependants have given their consent to the processing of the required data.

Signature of Dependant if applicable _____
In case you are separated, you have to sign only.

We need your personal data ("social data") to correctly perform our tasks for you. Based on the Sozialgesetzbuch (SGB V) [Social Security Code book V], we have legal responsibility to comprehensively protect your personal data.

Your photograph for the electronic health card

We need your passport photo (except for insurees under age 15) so that you get your electronic health card in time for the beginning of your insurance cover.

Please print this form and stick your original photo onto the box provided.

Unfortunately, we may not accept any photos submitted by e-mail.

Personal Information ☐ Mr ☐ Ms

Last Name

First Name

Date of Birth
Day Month Year

Postcode, town/city

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.

Date
Day Month Year

Signature

Information on the photograph

It would be best to submit a photograph that corresponds to a passport photo. However, it must not meet the biometric requirements of the new passports. The specifications are as follows:

- approx. 45 mm x 35 mm in size
- preferably a neutral background
- clearly recognisable full face and front view

It is your choice to send us a colour or black-and-white photo. Please do not use any copies or do not print out the photo yourself. These cannot be used because it is unlikely that they meet the quality requirements.

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20901 Hamburg