Declaration of accession for employees

Deutsche Post
ANTWORT

SBK
80227 München

☐ **Yes, I will be a member as of** ☐☐.☐☐.☐☐☐☐

Your contact person:

Telephone:

Personal details:

☐ Ms ☐ Mr ☐ Mx ☐☐.☐☐.☐☐☐☐ Date of birth

Surname First Name

Street, no.

Postcode Town

Landline phone number private*

Mobile phone number private*

Email*

Pension insurance number or
name at birth and town/country of birth

National health insurance number*

Nationatlity

Marital status

Family members:

☐ My spouse/civil partner ☐☐.☐☐.☐☐☐☐ Date of birth

Surname First Name

is currently insured by

Health insurer

☐ My spouse/civil partner is to be included in my family insurance with SBK free of charge.

☐ I have one or more children who will be included in my family insurance with SBK free of charge.

In order to ensure free-of-charge family insurance for your relatives, please provide information in a separate form.

* The information you provide is voluntary and is being collected for the purpose of providing insurance. You can withdraw your consent at any time, such as by emailing widerruf@sbk.org.

We are on your side.

SBK

Information about your job:

☐ I have been employed since: ....

Name and address of employer

My gross annual salary is above the income threshold for compulsory insurance (€66.600):

☐ Yes
☐ No

Contributions to voluntary health insurance and nursing care insurance:

☐ are transferred by me personally

☐ are transferred by my employer

☐ Please send my employer a membership certificate.

☐ My occupation is my first employment in Germany.

☐ I will take up a job within two months of my return to Germany, having had statutory insurance in Germany before relocating abroad for work with:

Name of health insurer

Information regarding your insurance over the last 12 months:

....
From To

☐ Mandatory ☐ Voluntary

☐ Family

If you were part of a joint family insurance, please provide the following:

Surname of member First name of member

.....
Date of birth

Declaration for nursing care insurance contribution:

Do you have children?

☐ No

☐ Yes, evidence is included

Place for your comments:

Data protection notice

Your help is required to ensure that we can fulfil our legal obligations under sections 206 and 289 of the German Social Code, Book V (SGB V). This data must be collected in order to establish the insurance relationship (sections 5 ff., 284, paragraph 1, no. 1, of the SGB V). I will inform SBK immediately if any information changes. Find out more about the data processed by SBK at sbk.org/datenschutz.

Would you recommend us?	☐ Yes	☐ No

Place, date

Signature (where applicable, of statutory representative)