



**Free** IKK Service-Hotline 0800/0 119 119

#### General information of the member

Last name, first name	Health insurance no.
Street, number	Postal code City
based on a family insurance, insured with:	health insurance company) health insurance company)
	eparated divorced widowed (In this case, the information has to be provided under "Spouse" heading.)  age Termination of the previous own membership of the family member
The reason for the inclusion in the family insurance	
Beginning of the family insurance  I am available at the following telephone number during the day.	
E-mail address	

#### Instructions for completing the form

The following data is required only for those family members who are to be co-insured under the family insurance policy. Notwithstanding this, we need some individual information about your spouse/life partner even if only a co-insurance for your children is taken out with us. In this case, information on the insurance of the spouse/ partner and - if the spouse/partner is not statutorily insured and is related to the children - information on his or her income is required in addition to the general information. It is mandatory that proof of income be provided. Supplements that are paid in consideration of marital status have to be disregarded with respect to the information concerning income.

Please note that a simultaneous implementation of family insurance at different health insurance companies is legally inadmissible. Please make sure that your information excludes the possibility of a double family insurance.

#### Pension insurance number

Please fill in. If this is not known, please enter name at birth and place of birth.

### Different address (if applicable)

If the family member no longer lives with you, please enter their current address.

#### Photograph

Enter the web code 1000 at www.ikk-suedwest.de to upload digital images. An electronic health data card photo is compulsory for all insured persons. Children aged under 15 do not have to submit a picture. If you have previously submitted a picture, this will still be saved. In this event, you are not required to submit an additional photo.

## School/university attendance, military service

Please enter the beginning date of your children's school education and/or studies together with the anticipated end date. If your child has undertaken alternative service, please enter the time period. For children aged 23 or over, please enter a attach a current school or study certificate or a service certificate for military or alternative. tive service, as family insurance in principle ends at the age of 23/25.

#### Self-employment

If a family member is self-employed, please enter the time period and their earnings. Please attach a copy of their most recent income tax assessment as proof.

#### Net income, type of income

Please enter the total gross earnings for your family member and details of the income to which this relates. Please attach copies of relevant proof of income. Please note that family insurance in principle ceases with an income of more than 1/7 of the monthly reference value.

#### Signature

Please sign the questionnaire, as it is not valid without a signature. For family members living separately from the insurance holder, the signature may be supplied by the holder or by the family member living separately.



Health insurance number Name, First Name Member

# General information about your family members with photographs

this documentation.								
Spouse								
[	Surname		First name					
	Date of birth	Place of birth	No	Name at birth  Male  Female				
To upload	Pension insurance number	Yes Member of a health insura	nce company himself/herself					
the photograph,	Employee Self-emp			r, namely:				
	Insured himself/herself as							
35 mm	Different address (if applicable)							
	I uploaded it on the Internet at: www		Is available at I	IKK Südwest I will hand it in later				
	The photograph for the Electronic Health C	.aru						
Child								
	Surname		First name					
	I I I Date of birth	Place of birth		Name at birth				
	I	Thace of Silen		Name at Sitti				
E To upload	Pension insurance number	School/university at	tendance from/to	Military service from/to				
F please click	Son Daughter	Grandchild	Stepchild	Adopted child Foster child				
	Family relationship with the member							
	Different address (if applicable)							
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Child	The photograph for the Electronic Health C	Card						
Child	The photograph for the Electronic Health C	Card	First name					
Child		ard	First name					
Child		Place of birth	First name	Name at birth				
	Surname  Date of birth	Place of birth						
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Name, First Name Member Health insurance number

# Information on the last previous or still existing insurance of family members

	Spouse	Child	Child	Child		
Previous insurance - ended on:						
	Date	Date	Date	Date		
· existed with:	(Name of the health insurance company)	(Name of the health insurance company	(Name of the health insurance company	(Name of the health insurance company)		
Type of previous insurance	Membership	Membership	Membership	Membership		
	Family insurance	Family insurance	Family insurance	Family insurance		
	Not statutorily insured	Not statutorily insured	Not statutorily insured	Not statutorily insured		
If a family insurance recently existed, last name and first						
name of the person from whose membership the family insur- ance was derived.	First name	First name	First name	First name		
	Last name	Last name	Last name	Last name		
The previous insurance contin- ues to exist with: (Name of the health insurance company)						
Other particulars o	f family members					
	Spouse	Child	Child	Child		
Self-employed	Yes	Yes	Yes	Yes		
N						
Net income from self-employ- ment (monthly) Please attach a copy of the						
latest income tax statement.	EUR	EUR	EUR	EUR		
Gross earnings from marginal employment (monthly)						
	EUR	EUR	EUR	EUR		
Did you get Unemployment Benefits II?	Yes	Yes	Yes	Yes		
Statutory pension, pension benefits, company pension,						
foreign pension, other pensions (monthly amount paid)	EUR	EUR	EUR	EUR		
Other regular monthly income						
within the meaning of income tax legislation (e.g. gross ear- nings from more than marginal	EUR	EUR	EUR	EUR		
employment, income from ren- tal and leasing income, income						
from capital assets)	Type of income	Type of income	Type of income	Type of income		
School/university (For children of at least 23						
years of age, please attach school/university enrolment		from	from	from		
certificate.)		to	to	to		
German federal volunteer ser-						
vice, military service or civilian service (Please attach length of service		from	from	from		
certificate)		to	to	to		
Signature						
I declare that I have answered all questions fully and correctly. I will notify IKK Südwest immediately about any changes. I attach the confirmation of termination obtained from my health insurance company.						
City, date, signature Signature of the family member, if necessary						

Data Protection Notice: As a self-governing body incorporated under public law, IKK Südwest, Berliner Promenade 1, 66111 Saarbrücken requires personal data in accordance with § 4 section 1 SGB V (the 5th book of the social security statute book) in order to conduct the insurance relationship. This information is necessary in order to fulfil the functions of health insurance funds. It is collected on the basis of the provisions in the social security statute book and stored on data carriers (§ 284 SGB V, § 94 SGB X). Your information will be treated in strict confidence and is subject to data privacy. The provision of a telephone number and e-mail address is voluntary. Further information on data processing and on your rights can be found on our homepage in the section 'Information from IKK Südwest relating to the protection of your data' (web code: 18207). Contact details for the data protection officer: IKK Südwest Data Protection Officer, Isaac-Fulda-Allee 7, 55124 Mainz, E-mail: datenschutz@ikk-sw.de

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