IKK Südwest

IKK Family insurance

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

Up to now, I was,

- ☐ based on my own membership, insured with: _____ (Name of the health insurance company)
- ☐ based on a family insurance, insured with: _____ (Name of the health insurance company)
- ☐ not insured by the statutory health insurance

Marital status

☐ unmarried ☐ married ☐ separated ☐ divorced ☐ widowed

☐ registered civil partnership according to the Civil Partnership Act – LPartG (In this case, the information has to be provided under "Spouse" heading.)

The reason for the inclusion in the family insurance

☐ Start of my membership ☐ Birth of a child ☐ Marriage ☐ Termination of the previous own membership of the family member

☐ Other: _____

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 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.

IKK Südwest

Name, First Name Member | Health insurance number

General information about your family members with photographs

Please attach a marriage certificate or a birth certificate if your spouse / life partner and your children have a different surname and you have not previously submitted this documentation.

Spouse

To upload the photograph, please click
45 mm
35 mm

Surname | First name

Date of birth | Place of birth | Name at birth

Pension insurance number

Member of a health insurance company himself/herself: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Insured himself/herself as: ☐ Employee ☐ Self-employed ☐ Public servant ☐ Other, namely: ____________

Different address (if applicable)

The photograph for the Electronic Health Card: ☐ I uploaded it on the Internet at: www.ikk-suedwest.de ☐ Is lable at IKK Südwest ☐ hand it in later

Child

To upload the photograph, please click
45 mm
35 mm

Surname | First name

Date of birth | Place of birth | Name at birth

Pension insurance number | School/university attendance from/to | Military service from/to

Family relationship with the member: ☐ Son ☐ Daughter ☐ Grandchild ☐ Stepchild ☐ Adopted child ☐ Foster child

Different address (if applicable)

The photograph for the Electronic Health Card: ☐ I uploaded it on the Internet at: www.ikk-suedwest.de ☐ Is lable at IKK Südwest ☐ hand it in later

Child

To upload the photograph, please click
45 mm
35 mm

Surname | First name

Date of birth | Place of birth | Name at birth

Pension insurance number | School/university attendance from/to | Military service from/to

Family relationship with the member: ☐ Son ☐ Daughter ☐ Grandchild ☐ Stepchild ☐ Adopted child ☐ Foster child

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To upload the photograph, please click
45 mm
35 mm

Surname | First name

Date of birth | Place of birth | Name at birth

Pension insurance number | School/university attendance from/to | Military service from/to

Family relationship with the member: ☐ Son ☐ Daughter ☐ Grandchild ☐ Stepchild ☐ Adopted child ☐ Foster child

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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 ☐ Family insurance ☐ Not statutorily insured	☐ Membership ☐ Family insurance ☐ Not statutorily insured	☐ Membership ☐ Family insurance ☐ Not statutorily insured	☐ Membership ☐ Family insurance ☐ Not statutorily insured
If a family insurance recently existed, last name and first name of the person from whose membership the family insurance was derived.	First name Last name	First name Last name	First name Last name	First name Last name
The previous insurance continues to exist with: (Name of the health insurance company)				

Other particulars of family members

	Spouse	Child	Child	Child
Self-employed	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Net income from self-employment (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 earnings from more than marginal employment, income from rental and leasing income, income from capital assets)	EUR Type of income	EUR Type of income	EUR Type of income	EUR Type of income
School/university (For children of at least 23 years of age, please attach school/university enrolment certificate.)		from to	from to	from to
German federal volunteer service, military service or civilian service (Please attach length of service certificate)		from to	from to	from 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

FA-05-18

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 XI). 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