

Personal data

Surname		First name	
Date of birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street, house number		Postal code	City
Marital status		<input type="checkbox"/> Yes (please attach documents) <input type="checkbox"/> No	
Telephone/mobile number		E-mail	
Pension insurance number ¹		Single insurance number ²	
Name at birth	Place of birth	Citizenship	

Insurance agreement

Employer	Address
Employer contact (if known)	Telephone/E-mail
Standard company number of employer (if known)	Unemployed as of/since (Please attach documents.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Drawing a pension as of/since (Please attach documents.)	Pension payments (Please attach documents.)

Other Information

Compulsorily insured Voluntarily insured Insured as dependent Privately insured Yes No

Last time, I was Self-employed

I was last insured from _____ to _____ At (name of health insurance company) _____

Membership has been applied for as at _____

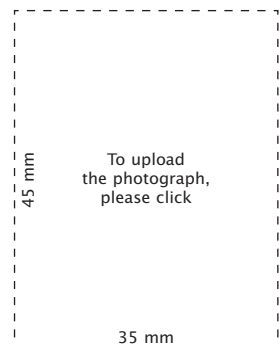
Photograph for the Electronic Health Card (eGK)

I uploaded it on the Internet at: www.ikk-suedwest.de Is available at IKK Südwest I will hand it later

The photograph for the Electronic Health Card

You can upload digital images by entering the **Webcode 1000** at: www.ikk-suedwest.de. The photograph for the Electronic Health Card (eGK) is mandatory for all insured persons. Children under the age of 15 do not need to submit a photo. If you submitted a photograph before, it is still stored. In this case, submitting another photo is unnecessary.

- Yes, I agree that IKK Südwest provides advice and information to me in writing (including by e-mail) as well as by phone. This consent can be revoked at any time. The revocation has no impact on my insurance with IKK Südwest.
- Yes, I agree that IKK Südwest communicates the amount of my premiums within the meaning of the Citizens Relief Act (Bürgerentlastungsgesetz) to the fiscal authorities via data transmission and obtains for this purpose the necessary tax ID from the Federal Central Tax Office, if required.³



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	Comments
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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

PM-05-18
 1 If pension insurance number is not known, please enter name at birth, place of birth and nationality.
 2 Please refer to your previous Health Card for your single insurance number that is valid for life.
 3 Without consent, premiums for health insurance and long-term care insurance cannot be taken into account as expenses for tax reduction in the computation of your income tax.