

## Statement of membership for individuals with compulsory insurance

I would like to become a member of IKK Südwest on:

☐ The earliest possible date

### Personal details

<b>Last name</b> <input type="text"/>		<b>First name</b> <input type="text"/>	
<b>Date of birth</b> <input type="text"/>		<b>Gender</b> <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other <input type="checkbox"/> indefinite	
<b>Maiden name</b> <input type="text"/>		<b>Place of birth</b> <input type="text"/>	<b>Country of birth</b> <input type="text"/>
<b>Nationality</b> <input type="text"/>		<b>Marital status</b> <input type="text"/>	
<b>Street name and number</b> <input type="text"/>		<b>Postcode</b> <input type="text"/>	<b>Town/city</b> <input type="text"/>
<b>Optional information: what is the best way to reach you in order to process your requests as quickly as possible?</b>			
Phone no.: <input type="text"/>		E-Mail: <input type="text"/>	

### Other information

Last covered by medical insurance by:

☐ Compulsory insurance ☐ voluntary insurance ☐ family insurance ☐ no statutory insurance

### Employment / benefit receipt information

<b>Employed since:</b> <input type="text"/>	<b>Unemployment benefit drawn since:*</b> <input type="text"/>	<b>Pension drawn since:*</b> <input type="text"/>
<b>Employer / Job centre / employment agency</b> <input type="text"/>		
<b>Address (Street name and number, Postcode, Town/city)</b> <input type="text"/>		

### Other income

**Self-employed / freelance drawn since:**  \*

Monthly earnings:  euros (please attach your current income tax assessment)

**Pension benefits?**  
☐ Yes\* ☐ No

**Comments**

**Place, date, signature**

Information about **family insurance** and our data protection notice can be found on the reverse

\*Please attach evidence



**Information about family insurance**

As a member of IKK Südwest, you have the option of including family members in your insurance upon request, under certain conditions. For further details, please consult our website at [www.ikk-suedwest.de](http://www.ikk-suedwest.de). Simply enter the web code 409 in the search box.

**Data protection notice:**

As a self-governing body incorporated under public law, IKK Südwest requires personal data in order to conduct the insurance relationship. The data is collected and processed in order to undertake our activities in accordance with sections 284 and 175 of the Social Security Code (SGB) V and sections 20 and 94 of SGB XI. You are required to contribute under section 206 SGB V and section 50 SGB XI. Membership cannot be permitted without the required data.

The provision of a telephone number and e-mail address is voluntary, and you can withdraw consent to the use of this data by IKK Südwest at any time with future effect.

Further information about general data processing and your rights can be found on our website at [www.ikk-suedwest.de/datenschutzhinweise](http://www.ikk-suedwest.de/datenschutzhinweise) (web code: 18207). If you have any questions, please contact IKK Südwest, Europaallee 3-4, 66113 Saarbrücken or our data protection officer at [datenschutz@ikk-sw.de](mailto:datenschutz@ikk-sw.de).

