

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		Tax Identification No. (tax ID)	
Telephone/mobile number		E-mail	
Pension insurance number ¹		Single insurance number ²	
Name and address of the employer (if known)		Details of work	
Name at birth		Place of birth	Citizenship

Insurance agreement

Compulsorily insured Voluntarily insured Insured as dependent Privately insured

Last time, I was _____

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

Membership has been applied for as at _____ I would like health insurance Without a sickness benefit entitlement With a sickness benefit entitlement

Current/future (gross) monthly income

Member (please enclose documentary evidence)

Self-employment _____ Employment _____ Retirement pension _____ Other work-related benefits and pensions _____ Other income _____

Spouse³ (please enclose documentary evidence)

Self-employment _____ Employment _____ Retirement pension _____ Other work-related benefits and pensions _____ Other income _____

I do not have any personal income.
My subsistence is provided by: _____ Spouse's health insurance scheme _____

Premiums

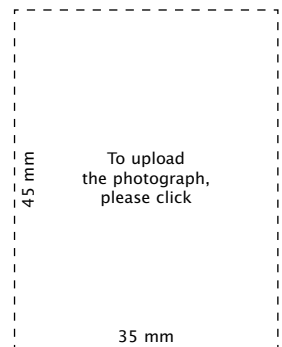
Are to be debited (please fully complete and sign the SEPA direct debit mandate form). Spouse's health insurance scheme: _____

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.

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 _____

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

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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 Information about the spouse is only required if said spouse does not have statutory health insurance