

### Personal information

Gender f = female  
m = male  
d = diverse  
u = undefined

f  m  d  u

\_\_\_\_\_  
Last name, first name, title Date of birth

\_\_\_\_\_  
Street, house number Telephone number (optional) Email address (optional)

\_\_\_\_\_  
Postcode Town/city Last name at birth Nationality

\_\_\_\_\_  
German Social Security Number (if available) City/town of birth Country of birth

### Information on my occupation in Germany

I am / have been, starting from \_\_\_\_\_

\_\_\_\_\_  
with employer / company, address

Due to the amount of my salary/wages:

I am obliged to take out public health insurance

I choose voluntary public health insurance

in training

working / employed

studying at the university / college, or similar \_\_\_\_\_ Please enclose proof

self-employed, school student, not working \_\_\_\_\_ Declaration of income on separate form

unemployed and receive unemployment benefit / citizens benefit of \_\_\_\_\_ Please enclose proof

receiving a statutory pension / I have applied for a statutory pension (also applies to foreign pensions). Please enclose proof

receiving income similar to a pension (e.g. company pension, annuity) or have received a one-off lump-sum payment in the last ten years. Please enclose proof

### Information on previous insurance

I was last, from \_\_\_\_\_ to \_\_\_\_\_ with the health insurance provider \_\_\_\_\_

self-insured If you were co-insured as a family member, please state the first name and family name of the main insured person. If you were not insured with public health insurance, please state the reason (e.g. privately insured, lived abroad)

co-insured as a family member

not insured with public health insurance \_\_\_\_\_

Reason for changing health insurance  Change in my insurance status (e.g. Start/change of employment)  Expiry of the statutory commitment period  Increase in additional contribution rate by the previous health insurance company

### Family insurance

I would like free BARMER family insurance for my family members

### General information

I have children (also applies to stepchildren, adopted children or foster children; information is required to determine the long-term care insurance contribution)

I know other people who might be interested in a BARMER membership

I prefer communication in English

### Signature



Date, signature \_\_\_\_\_

Membership of the health insurance also generally establishes membership of the long-term care insurance fund, unless an exemption from this exists.

**Please note:** Your data will be processed for the purpose of clarifying the insurance relationship in accordance with Sections 5 ff. Social Security Code V (SGB V) and for collecting contributions in accordance with Sections 226 ff. Social Security Code V (SGB V), 57 Social Security Code XI (SGB XI). BARMER stores this data for 9 years. Data related to the insurance membership (Sections 288 Social Security Code V (SGB V) 99 Social Security Code XI (SGB XI)) are stored for a maximum of 30 years.

Provided that the legal requirements are met, you have a right to information, correction and deletion or restriction as well as the right to data portability.

You can lodge a complaint against the processing of your personal data with us or with the Federal Commissioner for Data Protection and Freedom of Information. You can reach our Data Protection Officer at [datenschutz@barmer.de](mailto:datenschutz@barmer.de) or Lichtscheider Str. 89, 42285 Wuppertal.

To be completed by BARMER

GS number

GP number of sales partner

