Good to know: The data will be processed for clarification of the insurance relationship in accordance with Sections 10 Social Security Code V (SGB V) and 25 Social Security Code XI (SGB XI). BARMER stores this data for 9 years and then deletes it. Provided that the legal requirements are met, the right exists to information, correction and deletion or restriction, as does the right to data portability.

BARMER

Sender

BARMER
73523 Schwäbisch Gmünd

Date
Insurance Number

Questionnaire for the inclusion of family members in the family insurance as of

▶ Reason for including the family member in the family insurance

☐ Beginning of my membership	☐ Birth of a child	☐ Marriage	☐ Termination of my family member's previous membership	☐ Other (e.g. previous family insurance elsewhere, moved from abroad, etc.) _____

▶ Marital status of the BARMER member

☐ Single	☐ Married	☐ Registered civil partnership[1]	☐ Separated	☐ Divorced	☐ Widowed

Important note. Please enter the details of your family members to be included in the family insurance in sections 1 to 4 below.
sollen.
If you only require family insurance for children, we always need information about your spouse or civil partner[1] under section 1 and section 2 if they are related to at least one of the children. If your spouse or civil partner[1] does not have public insurance (e.g. they have private insurance), additional information is required under section 3. Please attach appropriate supporting documents.

1. General information about family members

	Spouse or civil partner[1]	Child	Child	Child
Last name*				
* If the last names of the BARMER member and their family members are different, the relationship must be demonstrated by supporting documents (e.g. marriage certificate, civil partnership certificate, birth certificate).				
First name				
Gender (m = male, f = female, d = diverse, o = other)	☐ (m) ☐ (d) ☐ (f) ☐ (o)	☐ (m) ☐ (d) ☐ (f) ☐ (o)	☐ (m) ☐ (d) ☐ (f) ☐ (o)	☐ (m) ☐ (d) ☐ (f) ☐ (o)
Date of birth				
Address if different from that of the BARMER member				
Relationship between the BARMER member and the child (* "Biological child" should also be selected in the case of adoption.)		☐ Biological child* ☐ Stepchild ☐ Grandchild ☐ Foster child	☐ Biological child* ☐ Stepchild ☐ Grandchild ☐ Foster child	☐ Biological child* ☐ Stepchild ☐ Grandchild ☐ Foster child
Is your spouse or civil partner[1] related to the child? (Please only cross if they are not related)		☐ No	☐ No	☐ No

Please return documents loose and not stapled or bound.

BARMER

Name

Insurance Number

2. Information about family members' previous or current insurance

	Spouse or civil partner[1]	Child	Child	Child
The previous insurance ended on:				
The previous insurance is still in place:	☐ Yes			
Name of the health insurance:				
Type of previous insurance:	☐ Membership ☐ Family insurance ☐ Not public (e.g. private)	☐ Membership ☐ Family insurance ☐ Not public (e.g. private)	☐ Membership ☐ Family insurance ☐ Not public (e.g. private)	☐ Membership ☐ Family insurance ☐ Not public (e.g. private)
If the family member was previously covered by family insurance with another health insurance provider, please state the last name and first name of the person on whose membership the family insurance was based.	(first name) (last name)	(first name) (last name)	(first name) (last name)	(first name) (last name)

3. Additional information about family members

	Spouse or civil partner[1]	Child	Child	Child
Self-employed?	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Self-employment accounts for more than 20 hours per week on average?	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Monthly income from self-employment (Please attach a copy of the most recent income tax assessment)	euro	euro	euro	euro
Monthly gross income from marginal employment ("mini job"). Please include payments such as Christmas bonuses at a rate of 1/12.	euro	euro	euro	euro
Monthly gross income from more than marginal employment ("mini job"). Please include payments such as Christmas bonuses at a rate of 1/12.	euro	euro	euro	euro
Statutory pension, civil servant payments, company pensions, foreign pensions or other pensions (amount paid monthly)	euro	euro	euro	euro
Other monthly income as defined by income tax law (e.g. income from renting and leasing, income from capital investments, severance pay for loss of job).	euro (Type of income)	euro (Type of income)	euro (Type of income)	euro (Type of income)
School/studies (for children aged 23 and over, please provide confirmation of (school) student status)		from to	from to	from to
Are they doing/Have they done voluntary service or German military service regulated by law? (Please attach a certificate of service)		☐ Yes[2]	☐ Yes[2]	☐ Yes[2]

4. Information for the allocation of a health insurance number for family members covered by family insurance

	Spouse or civil partner[1]	Child	Child	Child
Own German Social Security Number (RV-Nr.)				
Last name at birth				
City/Place of birth				
Country of birth				
Nationality				

I can be reached during the daytime at:	Telephone number[2]	My email address[2]

I confirm that the information provided is accurate. I will inform you immediately of any changes. This applies in particular if the income of my above-mentioned family members changes (e.g. new income tax assessment in the case of self-employment) or if they become a member of another health insurance company.

Date Signature of BARMER member

If applicable, signature of family member*

*The signature of the family member is sufficient only in the case of separated family members.

With my signature I declare that my family members consent to me providing the information required.

1) Same-sex civil partnership as defined by the German Civil Partnership Act (LPartG).
2) Optional information.