Student membership application form

I would like to become a member of TK as of Day Month Year

Personal information

☐ Ms ☒ Mr

Surname

First name

Kolpingstr. 4

Street, Street no.

c/o Akademikerfinanz Mannheim

Address line 2

68165 Mannheim

Post code, city

Date of birth: DDMMYYYY

Insurance no.

German pension insurance number

If no insurance number or German pension insurance number has been assigned, we will require the following information:

Surname at birth

Place of birth

Nationality

Your health insurance cover details

☒ I was last insured or lived abroad.

Name of country

I was last

☐ compulsorily insured ☐ voluntarily insured

☐ privately insured ☐ insured as dependant

from to

Name of health insurance, town/city

Important: Please send us a confirmation of cancellation in case you most recently had voluntary or compulsory insurance cover.

☐ I have been exempted from compulsory insurance cover.
Important: Please send us a copy of your exemption letter.

☐ I am entitled to benefits in accordance with foreign law.

Details on income

I am employed or self-employed during my studies.

Weekly study time _____ hours

Weekly working hours _____ hours

Monthly gross pay (employment) _____ EUR

Monthly profit (self-employment) _____ EUR

☐ I draw or have applied for benefits from the Federal Employment Agency [Agentur für Arbeit].

☐ I have employed at least one person for more than three months and in more than marginal employment.

☐ I simultaneously employ several people in marginal employment whose gross pay together exceeds the minor employment threshold (currently 450 EUR)

Details on your studies

Important: Please send us your current registration letter.

I have studied from/since _____

University / Fachhochschule

Details on pension payments

☐ I draw a pension or have applied for a pension.

☐ I receive pension payments e.g. company pension, lump-sum payments/instalments.

Details on dependants

☐ I would like to insure my dependants exempted from contributions. Please send me an application for non-contributory dependants' insurance.

☐ I am married or live in a civil partnership and my married partner/civil partner[1] is not insured with a statutory health insurance fund.

Details on long-term care insurance

☐ I am mother/father to at least one child.
Important: Please send us proof (e.g. copy of the birth certificate).

For queries

Telephone, optional information

E-Mail, optional information

Date, signature (legal representative, if applicable)

We require personal data (social data) in order to carry out our tasks correctly. The legal basis for this is Section 284 German Social Security Code, Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI]. The information about TK's data processing pursuant to Article 13 DSGVO [EU General Data Protection Regulation] is available on tk.de/dataprotection.

Hereby I am informed that TK informs the sales partner for billing purposes about a membership that has come about.

Daten des Beraters

Gesellschaft, Name	Akademikerfinanz Mannheim, Reza Abadi
PLZ, Standort	68165 Mannheim
Telefon	0621-97692890
TK-Partnernummer	T8905698K3, Prof. Franz Sander Quintana

Daten fixieren

1 civil partner pursuant to the German Civil Partnership Act [Lebenspartnerschaftsgesetz]

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