



Mercedes-Benz **BKK**:
Become a member now
and enjoy the benefits

Mercedes-Benz





Welcome

Mercedes-Benz BKK is your competent partner when it comes to your health. Your family will also be optimally insured with us. You can look forward to our premium service, exclusive services, and extra services.

Changing to Mercedes-Benz BKK couldn't be easier

Simply inform us that you want to change to Mercedes-Benz BKK – and we will do the rest, including dealing with the paperwork with your employer and your current health insurance fund. .

It's quick and easy to become a member of Mercedes-Benz BKK online. Follow this to get to the online application





Here you can go to our customer center overview.

We have a lot to offer – in person ...

We offer you fair consultation – just as we would our best friend. As trained social insurance experts, we know our stuff. You can trust our experience



In the Kundenmonitor® Deutschland 2023 survey, our customers voted us **first place in the overall satisfaction category** out of 33 statutory health insurance companies.

Individual, personal support

People are at the center of everything we do. We take care of the concerns of our policyholders as we do with our own. Our customers appreciate this personal touch:

The vast majority of our members are satisfied with us and recommend us to others.

We are close to our customers and know what's going on in the Mercedes-Benz and Daimler Truck operations. We can therefore tailor our offerings precisely to the needs of our customers.

Close at hand

The way to us is short, because we are local. We are there for you with customer centers at all major Mercedes-Benz and Daimler Truck locations. And if you wish, we can also come to your workplace.



Here you can go
to our free app.

... und digitally

”Meine Mercedes-Benz BKK“ (My Mercedes-Benz BKK) stands for the smart service of Mercedes-Benz BKK. Regardless of whether via our website or via the Mercedes-Benz BKK app – with ”Meine Mercedes-Benz BKK“, you will be able to do many things yourself in next to no time. Whenever and wherever you want.

Our tip

If you register now for ”Meine Mercedes-Benz BKK“, you will have direct access to the many practical services.

The advantages

- Digital Mailbox
- Upload doctor’s notes, bills, and other documents
- Create a member certificate and health insurance document for abroad on your own
- Enter a change of address yourself
- Special digital health care offers: Online doctor TeleClinic (medical video consultation), online skin check via photo upload, Tinnitracks app for tinnitus, 7Mind mindfulness app, BabyCare app for the prevention of premature births, online services from Novego for mental stress

Extra services exclusively for you

Our extra services for your health

- **Activity weeks and Well-Aktiv programs**
An active break in the mountains or by the sea on all health topics. We pay a subsidy of up to €200.
- **7Mind mindfulness app**
Insured members of Mercedes-Benz BKK can use the premium version of this app for twelve months free of charge.
- **100 PRO AKTIV bonus program**
We will reward you and your family if you complete various health-enhancing measures and activities within a calendar year. You will receive €10 for adults and €5 for children per completed measure.
- **Family Doctor+ trusting care**
The special program for care by your family doctor. Your family doctor will receive more money and will have more time for you thanks to the simple processes involved..
- **Homeopathic remedies and naturopathic treatment**
We cover the costs of initial and follow-up homeopathic medical histories, analyses and consultations with doctors who participate in our special care contract. We will reimburse up to a total of €100 per year for many non-prescription drugs used in homeopathy, phytotherapy, and anthroposophy that are available only from pharmacies, provided they were prescribed by a doctor on a private prescription.
- **Personal nutrition counseling**
We support you with personalised nutritional counseling if you need a special diet due to an illness.
- **Compass Psyche in Balance**
Quick help with mental stress
We support you with various programmes and offer you help to help yourself. If you don't know which programme is right for you we will be happy to advise you individually – by phone or in person at the customer centre. So that you can get help quickly and easily.
- **Mercedes-Benz BKK RückenPlus program**
This program is aimed at helping those with back, shoulder, hip, and knee problems. All you have to do is get a certificate from the company doctor confirming that you have a medical need.
- **Osteopathy**
We will cover 80 percent of the costs for up to six quality-assured osteopathy sessions (maximum of €60 per treatment) per calendar year, i.e. up to €360.

Quality-assured health-care courses

Keep yourself fit and we'll pay 90 percent of the course fees, up to a maximum of €150 per course.

Vaccinations

We'll cover the cost of vaccinations required by law as well as any vaccinations recommended by a doctor.

Selective tariff, premium reimbursement (premium payment)

You will be reimbursed up to one month's premium (maximum of €465,75 retroactive for 2024) if you do not make any claims outside of check-ups and health-enhancing services.

Our extra services for your health care

Check-ups for those under 35

We reimburse costs of up to €30 every two years.

Supplementary breast cancer screening via palpation examination (discovering hands)

We cover the costs of this special breast examination by blind women for up to up to €60.

Skin cancer screening

We pay up to €25 for an annual skin cancer screening for anyone under the age of 35. From the age of 35, we also reimburse to the statutory screening every two years up to €25 every two years. The prerequisite in each case is that the service is not billed via the insurance card or card or as part of a healthcare contract. was billed. There are additional options via additional regional or special care contracts for obtaining skin cancer screening. We will be happy to advise you on this.

Online skin check via the TeleClinic app

With this online skin check you will receive a first medical assessment and therapy recommendation.

Cancer prevention for men under 45

We contribute up to €15 per year.

PSA-Test für Männer ab 20 Jahren

Versicherten ab 20 Jahren erstatten wir bis zu 20 Euro im Jahr.

Our extra services

Specialist appointment service

If you need a (faster) appointment with a specialist, you can call the appointment service on **+49 711 49 09 12 00** from Monday to Friday from 7.00 am to 10.00 pm. Online around the clock.

Healthcare telephone +49 711 49 09 11 11

This number will put you in touch with a reliable team of experts around the clock – even at weekends and on public holidays.

- **Mercedes-Benz BKK app**

The digital mailbox, self-services, online participation in the **100 PRO AKTIV** bonus program, digital care offers, and much more.

- **Online doctor via TeleClinic app**

There are illness-related occasions when a digital visit to the doctor can be a useful addition to a visit to the doctor's surgery. The digital offer includes general practitioner and specialist services via app – personal, convenient and independent of time and place. If you have a private prescription, you must pay the full cost of your medication yourself.

- **Podcasts and videos**

Based on the theme of "Do something for yourself", we provide entertaining tips on the topics exercise, relaxation and nutrition.

- **Supplementary insurance**

Take advantage of the enticing options offered by **Mercedes-Benz Vorsorge und Versicherungsdienst GmbH**.

Our extras for your pregnancy

- **Medications for pregnant women**

We cover costs for non-prescription proprietary medicines containing the active ingredients iron, magnesium and/or folic acid and available only from pharmacies if prescribed by a doctor.

- **Prenatal classes for partners**

We will reimburse up to €50 per year for the attendance of your partner if he/she is insured with us.

- **Midwife standby service**

For each pregnancy, we grant a subsidy of up to €250.

- **Fertility treatment**

In addition to the legally regulated cost sharing, we assume further costs arising from the treatment plan.

- **Apply for maternity benefits online**

A quick service in "My Mercedes-Benz BKK": Photograph the certificates "Presumed date of delivery" and "Birth certificate", upload them and receive the maternity benefit more easily than by conventional mail.

- **Toxoplasmosis test**

We reimburse the cost for a toxoplasmosis test during the early stages of pregnancy. If there is no sign of immune protection, we will also carry the cost of another two tests at up to €30 per test.

**It's worth it for you,
to be insured with us.**

In the case of a four-person family, you can easily end up with a **cost benefit of over €1,000** in the year via the use of the extra services.

Calculate your individual benefits directly online with our **"Vorteilsrechner"**



Our extras for your family

- **Babybonus**

Parents will receive up to €200, if they insure their newborn with us. After the birth, simply provide proof of all check-ups for mum (during pregnancy) and baby (U1 and U2) and apply for a bonus from us.

- **Home assistance**

You can apply for help with the cost of home assistance if you are unable to run your household due to a serious illness. Our benefits exceed the legal requirements.

- **Online vision training „Spielend besser sehen“ for kids with amblyopia**

This innovative visual training on the computer screen is an ideal supplement if the standard therapy – masking the healthy eye to train the weaker eye (occlusion) – does not produce a satisfactory result.

- **Preventive medical checkups U10, U11, and J2**

We offer a €50 subsidy for each of these examinations.

- **Tooth sealant**

For children and youth between the ages of 6 and 17, we subsidize the cost of sealant for baby molars and the remaining (small) molars 4 and 5 for a maximum amount of €7.50 per tooth.

Convinced?

Then you are just a few clicks away from becoming a member!

It's quick and easy to become a member online.

Follow this to get to the online application



Or complete the application form and send it to

Mercedes-Benz BKK, 28178 Bremen, Germany.

We will take care of the rest.



Mercedes-Benz BKK: Membership application Ihr Aufnahmeantrag

Personal details Persönliche Angaben

Health insurance number (found on your health card/Gesundheitskarte) Versichertennummer (Diese finden Sie auf Ihrer Gesundheitskarte)

Pension insurance number (1) Rentenversicherungsnummer

Gender Geschlecht female weiblich male männlich other divers undefined unbestimmt

Last name Nachname First name Vorname

Date of birth (DD/MM/YYYY) Geburtsdat. Place of birth Geburtsort Country of birth Geburtsland Nationality Staatsangehörigkeit

Street house number Straße Hausnummer Postcode town/city PLZ Ort

Telephone/mobile phone number¹ Telefon-/Handy-Nr.¹ Email address¹ E-Mail-Adresse¹ ¹This information is optional ¹Die Angaben sind freiwillig

I would like to register with the customer centre at:
 Ich möchte vom Kundencenter in ... betreut werden

Insurance details Angaben zum Versicherungsverhältnis

My membership with the Mercedes-Benz BKK is to begin: Meine Mitgliedschaft soll beginnen am: (DD/MM/YYYY) **due to a:** **Change of health insurance fund (cancellation notice process)** wegen Krankenkassenwechsel (Kündigungsverfahren)
 Change of employer (immediate right of choice) (2) Arbeitgeberwechsel (Sofortwahlrecht)

I am an employee Ich bin Arbeitnehmer/-in **I am a trainee/a dual student** Ich bin Auszubildende/-r/Dualstudent/-in
 at Mercedes-Benz Group AG bei der Mercedes-Benz Group AG **at Daimler Truck Holding AG** bei der Daimler Truck Holding AG
 at a subsidiary bei einer Tochtergesellschaft **Plant/branch/location:** Werk/Niederlassung/Ort:
 at another company (3): bei einem anderen Arbeitgeber:

Name of employer Name des Arbeitgebers Street house no., postcode town/city Str. Nr., PLZ Ort Telephone number Telefonnummer

I am an intern/a diploma student (4) Ich bin Praktikant/-in/Diplomand/-in **I am completing voluntary social service** Ich absolviere ein Freiwilliges Soziales Jahr (FSJ)
 I am self-employed as (5): Ich bin selbstständig als:
 I am on parental leave (6) Ich bin in Elternzeit **I am in full-time education (7)** Ich bin Student/-in/Schüler/-in **I am unemployed (8)** Ich bin arbeitslos
 I am retired (9) Ich bin Rentner/-in **I am a civil servant (10)** Ich bin Beamter/Beamtin
 I am the spouse/child of BKK member: Ich bin Ehepartner/-in/Kind des BKK-Mitglieds:

Name of the spouse or parent who is already insured with Mercedes-Benz BKK Name der Ehepartner/-in/des Ehepartners oder Elternteils, die/der bei der Mercedes-Benz BKK bereits versichert ist Date of birth (DD/MM/YYYY) Geburtsdatum (Tag/Monat/Jahr)

I was ensured so far Ich war bislang versichert **as compulsory member** als Pflichtmitglied **as voluntary member (11)** als freiwilliges Mitglied
 privately insured privat versichert **included in family insurance** familienversichert

at: bei der: Name of the health insurance fund Name der Krankenkasse Address of the health insurance fund Anschrift der Krankenkasse

This will be my first job in Germany Ich nehme erstmals eine Beschäftigung in Deutschland auf
 I have just started working and do not yet have a social security ID Ich bin erstmals berufstätig und verfüge noch nicht über einen Sozialversicherungsausweis
 I have children (including fostered or adopted children – attach any documentary evidence) (12) Ich habe Kinder (auch Pflege- oder Adoptivkinder – ggf. Nachweis beifügen)
 I have dependents (spouse/children) who need to be covered at no additional charge (we will send you another form to complete) (13) Ich habe Angehörige (Ehepartner/-in/Kinder), die beitragsfrei mitversichert werden sollen (Sie erhalten von uns einen weiteren Fragebogen)
 I would like to receive the monthly newsletter (please enter your email address above) Ich möchte den monatlichen Newsletter erhalten (Bitte oben Ihre E-Mail-Adresse eintragen)

So that your membership with the Mercedes-Benz BKK can begin, we will get in contact with your previous health insurance fund via the electronic notification procedure. Damit die Mitgliedschaft bei der Mercedes-Benz BKK beginnen kann, treten wir mit Ihrer bisherigen Krankenkasse über das elektronische Meldeverfahren in Verbindung.

Date (DD/MM/YYYY) Datum Signature Unterschrift

Data protection notice: We need your personal data (social data) to do our job properly for you. According to § 284 of the Social Security Code (SGB) V in conjunction with § 60 SGB I we are entitled to collect the data and you are obliged to cooperate. The entry of telephone number and e-mail address is voluntary. Your information will be treated confidentially and subject to data protection. Further information about the processing of your personal data by us and your rights under the EU General Data Protection Regulation can be found on our homepage mercedes-benz-bkk.com, webcode 139d. Datenschutzhinweis: Ihre persönlichen Daten (Sozialdaten) benötigen wir, um unsere Aufgaben für Sie ordnungsgemäß erledigen zu können. Nach § 284 Sozialgesetzbuch (SGB) V in Verbindung mit § 60 SGB I sind wir berechtigt, die Daten zu erheben, und Sie zur Mitwirkung verpflichtet. Die Nennung von Telefonnummer und E-Mail-Adresse ist freiwillig. Ihre Angaben werden vertraulich behandelt und unterliegen dem Datenschutz. Weitere Informationen über die Verarbeitung Ihrer personenbezogenen Daten durch uns und Ihre Rechte nach der EU-Datenschutz-Grundverordnung finden Sie auf unserer Homepage mercedes-benz-bkk.com, Webcode 139d.

Important information about your application

Please read the accompanying notes before filling out the application in order to prevent errors and delay to your membership certificate.

**(1) Pension insurance number
(Rentenversicherungsnummer)**

Your pension insurance number can be found on your social security ID card. If you do not have this card available, please confirm your birth name, place of birth and nationality.

(2) Change of employer

If you change employer, you can directly become a Mercedes-Benz BKK member without first having to give notice to your previous health insurance fund. We will take over the electronic notification procedure for you.

(3) Employer information

We require full details of your employer so that we can send them the membership certificate. This ensures that your health insurance cover switches over on time.

(4) I am an intern/a diploma student

Please enclose your intern/diploma student contract.

(5) I am self-employed

Please enclose your most recent available tax assessment notice and your business registration notice (if available).

(6) I am on parental leave

Please enclose confirmation of your parental allowance.

(7) I am in full-time education

Please enclose your university or school enrollment certificate.

(8) I am unemployed

Please enclose confirmation from the Federal Employment Agency/Jobcenter (e.g. certificate of benefits granted/Bewilligungsbescheid).

(9) I am retired

Please enclose your pension approval certificate and, if applicable, your company pension certificate.

(10) I am a civil servant

Please enclose your most recent payslip and proof of your entitlement to aid (if available).

**(11) During the last 18 months I was a
voluntary member (without employment)**

Please enclose proof of your income and, if your spouse/life partner is not covered by statutory health insurance, please also enclose proof of his/her income.

(12) Evidence of children

To ensure your long-term care insurance premium is correct, we require proof of your parental status (e.g. birth certificate).

(13) Family insurance

If your dependents (e.g. spouse/life partner and children) are currently insured on your policy, we will check your eligibility for family insurance with Mercedes-Benz BKK. To enable us to do this, please complete the enclosed family insurance application form (online or in paper form).

Once we have received all the necessary documents, we will send you your personal health card (Gesundheitskarte) and your membership certificate without delay. If we do not have a photograph of you on file, you will receive a separate letter requesting this.



Mercedes-Benz BKK: Your application form for family insurance

Ihr Aufnahmeantrag zur Familienversicherung

1. Member's details Angaben zum Mitglied

Last name Nachname

First name Vorname

Daytime telephone number/Email (this information is optional)
Telefon tagsüber/E-Mail (Die Angaben sind freiwillig)

Health insurance number (found on your health card/Gesundheitskarte)
Versichertennummer

3. Reason for inclusion in family insurance

Anlass für die Aufnahme in die Familienversicherung

- Start of my membership**
Beginn meiner Mitgliedschaft
- Birth of child**
Geburt des Kindes
- Marriage**
Heirat
- End of family member's individual membership**
Beendigung der vorherigen eigenen Mitgliedschaft des/der Angehörigen
- Other:**
Sonstiges

5. Spouse/life partner

Ehe-/Lebenspartner/-in

Even if your spouse/life partner does not need to be covered with us, we still require the following information.

Auch wenn Ihr/-e Ehe-/Lebenspartner/-in nicht bei uns mitversichert werden soll, benötigen wir folgende Angaben.

General family member details
Allgemeine Angaben zum Familienmitglied

Spouse/Life partner
Ehe-/Lebenspartner/-in

Last name Nachname

If last name differs from that of the member, please enclose birth certificate or marriage/genealogical certificate (Abstammungsurkunde) as appropriate
Bei vom Mitglied abweichendem Nachnamen bitte Geburts- bzw. Heirats-/Abstammungsurkunde beifügen

First name Vorname

Gender (female/male/
other/undefined)
Geschlecht (weibl./männl./
divers/unbestimmt)

(f) (m) (o) (u)

Date of birth Geburtsdatum
Tag Monat Jahr

_____ Day Month Year

Address if different from that of member
Ggf. abweichende Adresse

Street house number
Straße Hausnummer

Postcode town
PLZ

2. Details about the additional person/people to be insured on the member policy

Angaben zur Person, die mitversichert werden soll

My spouse/life partner¹ needs to be covered at no additional charge from:
Mein/-e Ehe-/Lebenspartner/-in¹ soll beitragsfrei mitversichert werden ab:

_____ Day Month Year
(Tag/Monat/Jahr)

My child/children need/s to be covered at no additional charge from:
Mein/-e Kind/-er soll/-en beitragsfrei mitversichert werden ab:

_____ Day Month Year
(Tag/Monat/Jahr)

¹As per the German Life Partnership Act (LPartG)

¹Eingetragene Lebenspartnerschaft nach dem Lebenspartnerschaftsgesetz (LPartG)

4. Marital status of member

Familienstand

- Single**
Ledig
- Married**
Verheiratet
- Separated**
Getrennt lebend
- Divorced since** _____
Geschieden seit
- Widowed**
Verwitwet
- Registered life partnership¹** Eingetragene Lebenspartnerschaft¹

6. Child/children

Kind/-er

I would like child/children to be covered on my insurance
Ich möchte Kind/-er mitversichern

Child 1
Kind 1

Child 2
Kind 2

Child 3
Kind 3

(f) (m) (o) (u)

(f) (m) (o) (u)

(f) (m) (o) (u)

_____ Day Month Year

_____ Day Month Year

_____ Day Month Year

Street house number
Straße Hausnummer

Street house number
Straße Hausnummer

Street house number
Straße Hausnummer

Postcode town
PLZ

Postcode town
PLZ

Postcode town
PLZ

Why do we need this information for family insurance?

For dependents to qualify for insurance cover at no additional cost, certain legal requirements must be fulfilled. This is why we need information about your spouse/life partner even if you only want to insure your children on your policy - this ensures, among other things, that insurance is not held with more than one health insurance fund at the same time. If your spouse/life partner is related to the child/children, but not a member of any statutory health insurance fund, we require proof of income. In line with legal requirements you will receive a questionnaire from us each subsequent year, which must be completed to continue family insurance.

Warum sind Ihre Angaben zur Familienversicherung wichtig?

Für eine beitragsfreie Mitversicherung von Angehörigen gelten bestimmte gesetzliche Auflagen. Deshalb benötigen wir die Angaben zu Ihrem/Ihrer Ehe-/Lebenspartner/-in auch dann, wenn Sie nur Ihre Kinder bei uns versichern wollen - u.a. damit ausgeschlossen ist, dass eine gleichzeitige Versicherung bei verschiedenen Krankenkassen besteht. Ist Ihr/-e Ehe-/Lebenspartner/-in mit den Kindern verwandt, aber nicht Mitglied einer gesetzlichen Krankenkasse, benötigen wir Einkommensnachweise. Im Rahmen der gesetzlichen Auflagen erhalten Sie künftig einmal jährlich von uns einen Fragebogen für die Weiterführung der Familienversicherung.

Mercedes-Benz BKK: Your application form for family insurance

Ihr Aufnahmeantrag zur Familienversicherung

Last name Nachname

First name Vorname

Health insurance number Versichertennummer

General family member details

Allgemeine Angaben zum Familienmitglied

How is the child related to the member?

Verwandtschaftsverhältnis zum Mitglied

Is the spouse/life partner the natural parent of the child?

Details of the last insurance or any existing insurance held by the family members.

Current health insurance
Art der bisherigen Krankenversicherung

- Membership Mitgliedschaft
- Family insurance Familienversicherung
- Non-statutory Nicht gesetzlich

Period of insurance cover
Versicherungszeitraum

from von Day Month Year
to bis Day Month Year

Held with (name and address of the health insurance fund) Name und Adresse der Krankenkasse

Health insurance number (found on your health card/ Gesundheitskarte)
Versichertennummer

Pension insurance number
Rentenversicherungs-Nr.

If pension insurance number not yet available, please state:
Falls noch keine Rentenversicherungs-Nr. vorliegt, bitte angeben:

Birth name Geburtsname

Place of birth Geburtsort

Country of birth Geburtsland

Nationality Staatsangehörigkeit

5. Spouse/life partner

Ehe-/Lebenspartner/-in

6. Child/children

Kind/Kinder

Child 1
Kind 1

Child 2
Kind 2

Child 3
Kind 3

Biological child
Adopted child
Leibliches Kind
Adoptiertes Kind

Stepchild
Stiefkind

Grandchild
Enkelkind

Foster child
Pflegekind

Yes Ja
 No Nein

Biological child
Adopted child

Stepchild

Grandchild

Foster child

Yes
 No

Biological child
Adopted child

Stepchild

Grandchild

Foster child

Yes
 No

Membership

Family insurance

Non-statutory

Membership

Family insurance

Non-statutory

Membership

Family insurance

Non-statutory

Mercedes-Benz BKK: Your application form for family insurance

Ihr Aufnahmeantrag zur Familienversicherung

Last name *Nachname* _____ First name *Vorname* _____ Health insurance number *Versichertennummer* _____

7. Income

Spouse/Life partner

Ehe-/Lebenspartner/-in

Child 1

Kind 1

Child 2

Kind 2

Child 3

Kind 3

The family member has an own income Yes *Ja*

Das Familienmitglied hat ein eigenes Einkommen

Yes

Yes

Yes

If yes, please answer the following details. Details required for children aged 14 or over

Wenn ja, bitte folgende Punkte beantworten. Angaben für Kinder ab 14 Jahren erforderlich

Average monthly gross income³ € _____ Durchschnittliches monatliches Bruttoarbeitsentgelt

Average monthly gross income from marginal employment/mini-jobs € _____ Durchschnittliches monatliches Bruttoarbeitsentgelt aus Minijob

Average monthly profit from self-employed work³ € _____ Durchschnittlicher monatlicher Gewinn aus selbstständiger Tätigkeit

Monthly income from statutory pension and related benefits, company pension, pension from another country, other pensions³ € _____ Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländ. Rente, sonstige Renten (monatlich)

Other regular monthly income € _____ Sonstige regelmäßige Monatseinkommen

Type of income³

For example, income from property, leasing, investment income, or severance pay Z.B. Einkünfte aus Vermietung, Verpachtung, Kapitalvermögen oder Abfindung

³Please attach copy of latest income tax assessment (in full) ³Bitte vollständige Kopie Ihres aktuellen Einkommensteuerbescheids beifügen

Recipient of unemployment benefit II Yes *Bezug von Arbeitslosengeld II*

Self-employed Yes *Selbstständige Tätigkeit liegt vor*

8. School or higher education

For children aged 23 or over, please enclose certificate of schooling or studies

Schul- oder Studienzeit

Bitte bei Kindern ab 23 Jahren Schul- oder Studienbescheinigung beifügen

From *Von (Tag/Monat/Jahr)* _____

Day Month Year _____

To *Bis* _____

Day Month Year _____

9. Military, civilian or voluntary service

Please enclose certificate as proof of service period

Bitte Dienstzeitbescheinigung beifügen

From *Von (Tag/Monat/Jahr)* _____

Day Month Year _____

To *Bis* _____

Day Month Year _____

I confirm that the details provided are accurate. I will inform you immediately of any changes. This applies in particular if there is any change in the income of my family member/s shown above (e.g. new income tax assessment for a self-employed person) or if any of the family members themselves join a (different) health insurance fund.

Ich bestätige die Richtigkeit der Angaben. Über Änderungen werde ich Sie umgehend informieren. Das gilt insbesondere, wenn sich das Einkommen meines/meiner o.a. Angehörigen verändert (z.B. neuer Einkommensteuerbescheid bei selbstständiger Tätigkeit) oder diese selbst Mitglied einer (anderen) Krankenkasse bzw. einer anderen Krankenversicherung werden.

Date (DD/MM/YYYY) Datum

Member's signature *Unterschrift des Mitglieds*

By signing this document, I confirm that I have obtained the consent of the family member/s to supply the necessary information. Mit der Unterschrift erkläre ich, die Zustimmung des/der Familienangehörigen zur Angabe der erforderlichen Daten erhalten zu haben.

Family member's signature (if applicable) *Ggf. Unterschrift des/der Familienangehörigen*

Where family members are living separately, the signature of the family member/s is sufficient. Bei getrennt lebenden Familienangehörigen reicht die Unterschrift des/der Familienangehörigen aus.

Data protection notice: We need your personal data (social data) to do our job properly for you. According to § 284 of the Social Security Code (SGB) V in conjunction with § 60 SGB I we are entitled to collect the data and you are obliged to cooperate. The entry of telephone number and e-mail address is voluntary. Your information will be treated confidentially and subject to data protection. Further information about the processing of your personal data by us and your rights under the EU General Data Protection Regulation can be found on our homepage mercedes-benz-bkk.com, webcode 139d. Datenschutzhinweis: Ihre persönlichen Daten (Sozialdaten) benötigen wir, um unsere Aufgaben für Sie ordnungsgemäß erledigen zu können. Nach § 284 Sozialgesetzbuch (SGB) V in Verbindung mit § 60 SGB I sind wir berechtigt, die Daten zu erheben, und Sie zur Mitwirkung verpflichtet. Die Nennung von Telefonnummer und E-Mail-Adresse ist freiwillig. Ihre Angaben werden vertraulich behandelt und unterliegen dem Datenschutz. Weitere Informationen über die Verarbeitung Ihrer personen-bezogenen Daten durch uns und Ihre Rechte nach der EU-Datenschutz-Grundverordnung finden Sie auf unserer Homepage mercedes-benz-bkk.com, Webcode 139d.



Members Get Members

€20
BONUS FOR YOU

Recommend us!

Win over others – from your own satisfaction

If you are happy with our service, then please pass on this to your colleagues. Your good experiences provide the best arguments for becoming a member of Mercedes-Benz BKK.

Or win over your spouse* or your children who are already part of the family insurance and need insurance themselves due to starting their own careers or studies.



You will receive **a €20 bonus** for every new member.

*According to the German Civil Partnership Act - LPartG
Only the applicable laws and our statutes are legally binding.