

Application form for family insurance

Antrag für die 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* _____

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.

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:*

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

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 _____ Widowed *Verwitwet*
- Registered life partnership* *Eingetragene Lebenspartnerschaft**

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.

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*

6. Child/children

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

General family member details

Allgemeine Angaben zum Familienmitglied

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)

Date of birth *Geburtsdatum*
(Tag/Monat/Jahr)

Address if different from that of member _____

Street house number/postcode town/city _____

Ggf. abweichende Adresse _____

Straße Hausnummer, PLZ Ort _____

Last name *Nachname*

First name *Vorname*

Health insurance number *Versichertennummer*

General family member details
Allgemeine Angaben zum Familienmitglied

Spouse/life partner
*Ehe-/Lebenspartner*in*

Child 1
Kind 1

Child 2
Kind 2

Child 3
Kind 3

How is the child related to the member?
Verwandschaftsverhältnis zum Mitglied

- | | | |
|---|--|--|
| <input type="checkbox"/> Biological child ²
<i>Leibliches Kind*</i> | <input type="checkbox"/> Biological child ² | <input type="checkbox"/> Biological child ² |
| <input type="checkbox"/> Stepchild
<i>Stiefkind</i> | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Stepchild |
| <input type="checkbox"/> Grandchild
<i>Enkelkind</i> | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Foster child
<i>Pflegekind</i> | <input type="checkbox"/> Foster child | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Yes <i>ja</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No <i>nein</i> | <input type="checkbox"/> No | <input type="checkbox"/> No |

²Biological child* should also be used if the child is adopted ²*Bei adoptiertem Kind auch hier ankreuzen*

Is the spouse/life partner the natural parent of the child?
*Ist der/die Ehe-/Lebenspartner*in der leibliche Elternteil des Kindes?*

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

Angaben zur bisherigen Krankenversicherung der Familienmitglieder

Spouse/life partner

Child 1

Child 2

Child 3

Current health insurance
Art der bisherigen Krankenversicherung

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Membership | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Family insurance | <input type="checkbox"/> Family insurance | <input type="checkbox"/> Family insurance |
| <input type="checkbox"/> Non-statutory | <input type="checkbox"/> Non-statutory | <input type="checkbox"/> Non-statutory |

Period of insurance cover from *von* (Tag/Monat/Jahr)
Versicherungszeitraum Day Month Year

to *bis* (Tag/Monat/Jahr)
Day Month Year

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 Rentenversicherungsnummer vorliegt, bitte angeben:

Birth name *Geburtsname* _____

Place of birth *Geburtsort* _____

Country of birth *Geburtsland* _____

Nationality *Staatsangehörigkeit* _____

Last name <i>Nachname</i>	First name <i>Vorname</i>	Health insurance number <i>Versichertennummer</i>
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Income <i>Einkünfte</i>	Spouse/life partner	Child 1	Child 2	Child 3
The family member has an own income <i>Das Familienmitglied hat ein eigenes Einkommen</i>	<input type="checkbox"/> Yes <i>Ja</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 income ³ <i>Durchschnittliches monatliches Bruttoarbeitsentgelt</i>	€ _____	€ _____	€ _____	€ _____
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Average monthly gross income from marginal employment/mini-jobs <i>Durchschnittliches monatliches Bruttoarbeitsentgelt aus Minijob</i>	€ _____	€ _____	€ _____	€ _____
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Average monthly profit from self-employed work ³ <i>Durchschnittlicher monatlicher Gewinn aus selbstständiger Tätigkeit</i>	€ _____	€ _____	€ _____	€ _____
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Monthly income from statutory pension and related benefits, company pension, pension from another country, other pensions ³ <i>Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländ. Rente, sonstige Renten (monatlich)</i>	€ _____	€ _____	€ _____	€ _____
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Other regular monthly income <i>Sonstige regelmäßige Monatseinkommen</i>	€ _____	€ _____	€ _____	€ _____
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Type of income ³ For example, income from property, leasing, investment income, or severance pay <i>Z. B. Einkünfte aus Vermietung, Verpachtung, Kapitalvermögen oder Abfindung</i>	_____	_____	_____
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³Please attach copy of latest income tax assessment (in full) *Bitte vollständige Kopie Ihres aktuellen Einkommensteuerbescheids beifügen*

Recipient of unemployment benefit II <i>Bezug von Arbeitslosengeld II</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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Self-employed <i>Selbstständige Tätigkeit liegt vor</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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School or higher education	<input type="checkbox"/> School <input type="checkbox"/> Studies	<input type="checkbox"/> School <input type="checkbox"/> Studies	<input type="checkbox"/> School <input type="checkbox"/> Studies
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For children aged 23 or over, please enclose certificate of schooling or studies <i>Schul- oder Studienzeit</i> <i>Bitte bei Kindern ab 23 Jahren Schul- oder Studienbescheinigung beifügen</i>	from von (Tag/Monat/Jahr)	_____	_____	_____
		Day Month Year	Day Month Year	Day Month Year
		_____	_____	_____
		Day Month Year	Day Month Year	Day Month Year

Military, civilian or voluntary service	from von (Tag/Monat/Jahr)	_____	_____	_____
		Day Month Year	Day Month Year	Day Month Year
	to bis (Tag/Monat/Jahr)	_____	_____	_____
		Day Month Year	Day Month Year	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 <i>Datum</i>	Member's signature <i>Unterschrift des Mitglieds</i>	Family member's signature (if applicable) <i>Ggf. Unterschrift des/der Familienangehörigen</i>
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By signing this document, I confirm that I have obtained the consent of the family member/s to supply the necessary information. <i>Mit der Unterschrift erkläre ich, die Zustimmung des/der Familienangehörigen zur Angabe der erforderlichen Daten erhalten zu haben.</i>	Where family members are living separately, the signature of the family member/s is sufficient. <i>Bei getrennt lebenden Familienangehörigen reicht die Unterschrift des/der Familienangehörigen aus.</i>
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Data protection notice: In order for us to be able to assess the family insurance, your participation according to §§ 10 Abs. 6, 289 SGB V is required. The data are to be collected for determining the insurance relationship (§§ 10, 284 SGB V, § 7 KVLG 1989, § 25 SGB XI). The details of contact details (e-mail and telephone number) are voluntary and will only be used for queries regarding your insurance relationship. 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 www.daimler-bkk.com, webcode 139.
Datenschutzhinweis: Damit wir die Familienversicherung beurteilen können, ist Ihr Mitwirken nach §§ 10 Abs. 6, 289 SGB V erforderlich. Die Daten sind für die Feststellung des Versicherungsverhältnisses (§§ 10, 284 SGB V, § 7 KVLG 1989, § 25 SGB XI) zu erheben. Die Angaben zu Kontaktdaten (E-Mail und Telefonnummer) sind freiwillig und werden ausschließlich für Rückfragen zu Ihrem Versicherungsverhältnis verwendet. Weitere Informationen über die Verarbeitung Ihrer personenbezogenen Daten durch uns und Ihre Rechte nach der EU-Datenschutz-Grundverordnung finden Sie auf unserer Homepage www.daimler-bkk.com, Webcode 139.

Information on Data Processing by Daimler BKK under Art. 13 and Art. 14 of the GDPR

Daimler BKK and BKK-Pflegekasse Daimler collect, process, store and use social insurance information to fulfill their statutory mandates. Pursuant to Art. 13 and Art. 14 of the EU's General Data Protection Regulation (GDPR), these organizations are required to provide certain information when collecting personal data. In compliance with those obligations, this page gives an overview of the purposes and legal basis for processing.

Name of Data Controller and Contact Information

Daimler BKK
28178 Bremen

Represented by its Board of Management member
Benjamin Plocher
Tel.: 07 11 17-5 95 82
Fax: 04 21 3 30 72-1 88
benjamin.plocher@daimler-bkk.com

Contact Information for Data Protection Officer

Hartmut Steffens
Tel: 04 21 4 19-46 16
Fax: 04 21 3 30 72-2 77
datenschutz@daimler-bkk.com

Purposes and Legal Basis of Processing

Daimler BKK collects, processes, stores and uses social insurance information to fulfill their statutory mandates. The lists below provide you with an overview of the purposes for which the medical insurance company (Daimler BKK) and the nursing insurance company (BKK-Pflegekasse) process your information and the legal basis of such processing.

I. Daimler BKK

1. Establishment of insurance coverage
2. Issuance of health insurance cards and electronic health care cards
3. Dealing with matters involving insurance premiums
4. Evaluating and granting benefits
5. Supporting insured persons in cases of malpractice
6. Reimbursement of expenses
7. Determining copayment status and out-of-pocket limits
8. Refunding of premiums
9. Consultation with the medical service
10. Billing of service providers
11. Cost effectiveness and quality audits of service providers
12. Settlement of invoices from other service providers
13. Filing claims for reimbursement and compensation from third parties

14. Preparing, concluding agreements on and implementing agreements on morbidity-based compensation structures
15. Preparing, concluding agreements on and quality assurance of model projects and integrated care
16. Implementation of the structural risk compensation plan and risk pool
17. Preparing and conducting structured treatment programs (disease management programs, or DMP)
18. Conclusion and execution of nursing care pay rate, compensation, as well as service and quality agreements
19. Advice on preventive measures and rehabilitation
20. Coordination of nursing aids
21. Statistical purposes
22. Acquisition of members
23. Implementation of the *Aufwendungsausgleichsgesetz* (AAG – German Act on Compensation of Employer Expenses for Employee Sickness Benefits)

II. BKK-Pflegekasse Daimler

1. Support for individuals in need of care who require assistance because of the severity of their disability
2. Financing of services and other expenses by collecting premiums from employers and members
3. Determining insurance coverage and membership
4. Determining obligation to pay premiums and what amounts
5. Evaluating entitlement to benefits and providing benefits to insured persons as well as processing of claims for reimbursement and compensation
6. Consultation with the medical service
7. Settlement of invoices from service providers and corresponding reimbursement
8. Monitoring of cost-effectiveness, plus settlement and reimbursement of nursing care provided
9. Conclusion and execution of nursing care pay rate, compensation, as well as service and quality agreements

10. Advice on entitlement to care as well as services and aids
11. Coordination of nursing aids, advice on care and performance of duties at nursing care advisory centers
12. Statistical purposes
13. Support with filing claims for compensation

In addition, Daimler BKK may collect, use, process and store your information on the basis of an express declaration of consent given in accordance with Art. 6, para. 1a of the General Data Protection Regulation (GDPR) in conjunction with Section 67b, para. 2 of the Book 10 of the Code of Social Law (SGB X).

We are permitted, in deviation from the purposes and legal basis stated above, to use your information for other purposes (change of purpose) without informing you in advance, provided the following conditions are met:

1. The action is being taken in accordance with Section 82, para. 2, of SGB X
2. A different legal provision allows a change of purpose without requiring us to inform you
3. You have given your express consent
4. The information has been pseudonymized

Provision of Social Insurance Information

In order for Daimler BKK to fulfill its statutory duties to the fullest extent, please note that you have a duty to cooperate pursuant to Sections 60 et seq. of the Book 1 of the Social Security Code (SGB I). The law states that you are required to provide Daimler BKK with certain information about yourself that is required for the performance of statutory duties on your behalf. A failure to cooperate on your part may result in delays or denial of the benefits requested by you.

Voluntary information such as your telephone number and e-mail address are expressly exempt from the information you are required to provide. If you do not provide us with that information, you will not be in violation of your duty to cooperate, and you will suffer no disadvantages.

Your social insurance information that Daimler BKK is required to collect, process, store and use falls under the data protection provisions of SGB X, the *Bundesdatenschutzgesetz* (BDSG – German Federal Data Protection Act) and, as of May 25, 2018, the EU's General Data Protection Provision (GDPR). Daimler BKK ensures that it complies with the rules governing the secrecy of social insurance information in accordance with Section 35 of SGB I.

Automated Individual Decision-Making

Daimler BKK does not make decisions based on automated processing, including profiling, as defined by Art. 22 of the GDPR.

Categories of recipients

Daimler BKK regularly transmits social insurance information based on the legal requirements of the SGB or other legal regulations to the following recipients:

- Carriers of pension and accident insurance
- Germany's Federal Employment Agency
- Financial institutions as part of payment transactions
- Employers and payment authorities
- Pension administration offices
- Service providers
- Military district administrative offices
- Tax authorities
- Transmission in individual cases in accordance with Sections 67d et seq. of SGB X
- External contract data processors in accordance with Section 80 of SGB X

If we transmit your information to one of these categories of recipients, we will inform you of the recipient, unless one of the exceptions stipulated under Section 82, paras. 1 and 2 of SGB X or the conditions laid out in Art. 13, para. 4, of the GDPR apply.

Retention Period

Various retention periods apply to the purposes of processing social insurance information. Those periods are governed by Section 110a of SGB IV, Section 304 of SGB V, Section 107 of SGB XI and in the General Administrative Regulation on Accounting in the Social Insurance Industry (SRVwV). Once the purpose of processing no longer applies, the relevant social insurance information data will be deleted.

Rights of Data Subjects Regarding Data Processing

By contacting the individuals named above, you can assert the following rights if the legal requirements are met:

- Right to access and information about the processed data (Art. 15 of the GDPR in conjunction with Section 83 of SGB X)
- Right to rectification of incorrect data (Art. 16 of the GDPR in conjunction with Section 84 of SGB X)
- Right to erasure (Art. 17 of the GDPR in conjunction with Section 84 of SGB X)
- Right to restriction of processing (Art. 18 of the GDPR in conjunction with Section 84 of SGB X)
- Right to data portability (Art. 20 of the GDPR)
- Right to object (Art. 21 of the GDPR in conjunction with Section 84 of SGB X)
- In the case of data processing based on consent, you have the right to withdraw your consent permanently at any time

Right to Lodge a Complaint with Supervisory Authorities

As a data subject, you have the right to contact the competent supervisory authorities with jurisdiction over Daimler BKK:

1. Federal Commissioner for Data Protection and Freedom of Information
Graurheindorfer Straße 153
53117 Bonn
poststelle@bfdi.bund.de or
poststelle@bfdi.de-mail.de

2. German Federal Insurance Office
Friedrich-Ebert-Allee 38
53113 Bonn
poststelle@bvamt.bund.de or
poststelle@bvamt.de-mail.de

You can find additional information about data protection and your rights under the EU General Data Protection Regulation on our website at www.daimler-bkk.com, Webcode 139.

