

# Welcome to SBK

Health care made personal.



Yes, I will be insured with SBK \_\_\_\_\_.

Your contact person \_\_\_\_\_

Telephone \_\_\_\_\_

## Personal Details:

Mrs.  Mr.

Surname, First Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Street, House number \_\_\_\_\_

Postcode \_\_\_\_\_ Town \_\_\_\_\_

Private telephone\* \_\_\_\_\_ Mobile telephone\* \_\_\_\_\_

E-Mail\* \_\_\_\_\_

Social security number or German national health insurance number \_\_\_\_\_

Other: Birth place (city and country) and maiden name \_\_\_\_\_

Nationality \_\_\_\_\_

Marital status \_\_\_\_\_

## Information Concerning SBK Insurance:

I am:  Employed  A trainee  
 Self-employed  A student  
 Other: \_\_\_\_\_

Name of employer / University \_\_\_\_\_

Street / House number \_\_\_\_\_

Postcode \_\_\_\_\_ Town \_\_\_\_\_

I have been working as a \_\_\_\_\_

Since / from \_\_\_\_\_

My annual gross income exceed the current effective annual earning limit (57.600 EUR)

No  Yes

## Family members:

My spouse/domestic partner

Surname, First Name \_\_\_\_\_ Date of birth \_\_\_\_\_

is currently insured with \_\_\_\_\_  
Health service provider

I have one or more children who are covered under a statutory family insurance.

## Information regarding your insurance over the last 18 months:

My former health insurance provider \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

Compulsorily insured  Voluntarily insured  Family insurance

If you were on a joint family insurance please provide the following:

Surname, First name of member \_\_\_\_\_ Date of birth \_\_\_\_\_

## Proof of cancellation:

is attached  
 will be provided later

## Photo for healthcare card:

by online upload  
 by mail (photo form)

## Further important information:

I receive a state pension or have applied for one.

I receive a service similar to a pension (e.g. company pension, pension benefits).

I receive money from freelance work.

Yes, I would like to use exclusive online services. Please register me for „Meine SBK“ with my email address stated above. I agree with the terms of use, which can be found under [sbk.org/meinesbk](http://sbk.org/meinesbk) (German only).

Data protection notice (§ 67a Abs. 3 SGB X): In order to be able to deal with your application legitimately it is necessary that you cooperate in accordance with §206 and §289 of the fifth book of the Social Security Code (SGB V). The data is collected for the purposes of ascertaining information about the person to be insured (§§ 5 ff., 2 84 1 Nr. 1 SGB V). I will notify the SBK immediately about any changes.  
\* Telephone numbers / email addresses are provided voluntarily.

Would you recommend us?  Yes  No

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_