

Application for student membership

(TK-Welcome)



I would like to become a member of TK as of _____

Personal information Mr Ms

Last name _____

First name _____

Date of birth _____

Street, No. _____

Postcode and town/city _____

Please give us the following details, so that we can apply for a German Pension Insurance Number on your behalf.

Last name at birth _____

Place and country of birth _____

Nationality _____

Details of previous insurance

I was last insured with health insurance fund _____

Location _____

from _____ to _____

compulsory insurance voluntary insurance

private insurance dependants' insurance

Details for insurance cover with TK

University/college _____

Speciality _____

Current academic semester _____

as of _____ expected graduation date _____

Please hand in later your current certificate of enrolment.

I have already studied _____ semesters/terms in another country.

Please enclose a copy of your academic record.

Income details

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

I am employed or self-employed during my studies.

Working hours per week _____

Study hours per week _____

Gross monthly income from employment EUR _____

Monthly profit from self-employment EUR _____

I employ at least one employee for a period of more than three months paying him/her/them remuneration above the applicable marginal employment remuneration threshold (no "mini-job").

I employ several employees on a marginal employment basis at the same time whose aggregate remuneration exceeds the applicable marginal employment remuneration threshold (currently EUR 450 per month).

Retirement benefits

I currently receive or have applied for a state pension.

I currently get a pension and related benefits (e.g. company pension, pension).

Benefits in kind from abroad

I am entitled to benefits in kind pursuant to foreign law.

Details for TK long-term care insurance

I am exempt from social long-term care insurance. Please send us a copy of your confirmation of exemption.

I am mother/father of one child/several children. We need this information to correctly calculate your contributions to long-term care insurance. Please submit the relevant proof, e.g. a copy of the birth certificate.

Queries and signature

The following details help us in case of queries:

Phone number* _____

E-mail* _____

Date _____ Signature **X** _____

We need your personal data ("social data") to correctly perform our tasks for you. This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security Code].

* Optional information.

Please forward the signed application to:

Valerie Seile-Henard
Fax 0800 - 28 58 58 96 31 73
or e-mail to:
Valerie.Seile-Henard@tk.de



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