

Yes, I want to join from

### Personal information

First and last name

male  female  diverse

Street and house number

Date of birth

Post code and town

Place of birth

Pension insurance number(if at hand)

Name at birth

Email\*

telephone (daytime availability)\*

### Further details

#### My previous insurance

compulsory  voluntary  family

with

Name of the health insurer

privately insured  insured abroad  not insured at all

I am

a trainee  employed  registered unemployed

others

with

Employer name/employment agency

since

Start of the job/benefits

#### I receive pension payments

state pension  foreign pension

superannuation benefits  others

#### I have family to be co-insured with me:

Yes, please send me an application  no

#### Data protection notice

We need basic data such as your name and address for your declaration of membership. Fields marked with (\*) are voluntary additional information to facilitate our processing.

yes  no

I agree to energie-BKK processing my data for the purpose of the stated contacting purpose. I can withdraw this permission at any time.

Please note that persons under 16 need a legal guardian's consent for the data processing. Further data protection information is available at [www.energie-bkk.de](http://www.energie-bkk.de) (data protection section).

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#### Date and member signature

We will take care of all the other steps required to change health insurers for you.