

Declaration relating to mandatory health and care insurance as a student with energie-BKK

1

Name, first name	Date of birth
Street, postcode, town	Marital status
Term-time address (if different)	
Pension insurance number	Health insurance number
<input type="radio"/> A pension insurance number has not yet been allocated.	

2

Name and address of the university	
When does the university term/ semester start	<input type="radio"/> 01.02./01.08 <input type="radio"/> 01.03./01.09. <input type="radio"/> 01.04./01.10.
Date of initial enrolment	Current number of terms studied to date (Please enclose a current matriculation certificate with the declaration.)

3

I have completed national military or civilian service	<input type="radio"/> Yes <input type="radio"/> No	_____ <small>from / to</small>
Type of service	<input type="radio"/> Military service <input type="radio"/> Civilian service	

4

According to civil service rules or principles in the event of illness I am entitled to continue to have the contributions paid, and to receive financial assistance or free medical care.

I am a cleric within a religious community which is recognised as a body governed by public law, and according to civil service rules or principles I am entitled to continue to have the contributions paid and to receive financial assistance in the event of illness.

I have been granted a retirement pension / a comparable allowance. I am entitled to financial assistance in the event of illness according to civil service rules or principles.

I am a nun or registered member of a religious community, or a deaconess.

I have enclosed corresponding proofs
 I will submit corresponding proofs shortly

5

My place of residence is abroad and I am entitled to benefits under transnational or inter-state law.

No
 Yes

The certificate of entitlement is enclosed.
 I will submit the certificate of entitlement shortly.

Name, first name

6

During my studies I undertake full-time gainful employment on a self-employed basis as:	
_____	€
Weekly hours of work (hours)	Amount of monthly income

7

During my studies I am employed as _____	Start date of employment _____
_____	€
Weekly hours of work (hours)	Amount of monthly income
Name and address of the employer	

8

I am in receipt of the following (additional) income	
_____ €	€
A pension payable under statutory pension insurance of (per month)	A pension benefit (e.g. occupational pension) of (per month)

9

Verification of parental status I have no children I **do** have children

(irrespective of their age, children means natural children, stepchildren, foster children or adopted children). Please enclose corresponding certificate (e.g. a copy of the birth certificate)

I wish to take out family insurance for the members of my family No Yes, please send me the application form.

10

Payment of contributions

The contributions should be deducted from my account on the 15th of each the month for the previous month.
(Please complete the enclosed form for this and return it to us with the application)

The contributions are transferred by me in advance for each semester/term.

I have noted the information in the enclosed „small print“. (ssbid)

Date, Signature

Telephone number (optional)

SMALL PRINT

Name, first name

Have you decided to take out students' health insurance (KVdS) with energie-BKK, and would you still like to have a bit more information? No problem:

How much are the „KVdS“ contributions actually?

The current monthly contribution is € 87,83 for health insurance and € 24,82 for members with no children for care insurance. Members with children or under the age of 23 have to pay monthly € 22,94 for care insurance.

Will I have my contributions subsidised?

If you are in the category of people who are entitled to receive a student loan or grant, the monthly amount of your loan/grant will increase once you start having to pay contributions.

When does student health insurance end?

Student health insurance or „KVdS“ continues in principle up to the completion of your 14th term/semester of study, but not beyond the end of the semester in which you reach the age of 30. Student health insurance may continue after that if an extension of the period is justified by the type of training/education or for family or personal reasons.

Student health and care insurance ends sooner in the following cases:

- once you begin employment which is subject to mandatory health insurance contributions,
- if you are in receipt of unemployment benefit or unemployment benefit II (Arbeitslosengeld II) or a maintenance allowance,
- when pensioners' health insurance starts,
- once you are enrolled in contribution-free family insurance,
- one month after the end of the final term/semester for which are enrolled or have re-enrolled,
- at the end of the term/semester in which you de-register as a student.

Has this answered all your questions?

If not, please simply contact our English speaking specialists for support

Ms. Daniela Bierschwale Tel. 0511 91110 - 411

Ms. Cassandra Eicker Tel. 0511 91110 - 426

Ms. Rebecca Lammers Tel. 0511 91110 - 425

You can rely on us!

An die
energie-BKK
Membership
30134 Hannover

Creditor identification code:
DE 43ZZZ00000058171

Mandate reference:
After returning the completed form, a mandate reference code will be assigned for you. You can find this code on your account statement for each direct debit.

SEPA direct debit mandate

Would you like to issue a SEPA direct debit mandate to energie-BKK? To do so, please fill out this form completely and send it to the above address or by e-mail to Mitgliedschaft@energie-BKK.de or by fax: 0511 / 91110 - 277.

I (we) revocably authorise the payee to collect recurring payments from my (our) account.

At the same time, I (we) instruct my (our) credit institution to honour the direct debits collected by energie-BKK from my (our) account. Note: I (we) can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my (our) credit institution apply.

SEPA Direct Debit Mandate valid:		<input type="checkbox"/> immediately	<input type="checkbox"/> as of	<input type="text"/>
Name	<input type="text"/>			
First name	<input type="text"/>			
Insured person number	<input type="text"/>	Date of birth	<input type="text"/>	
Street	<input type="text"/>			No. <input type="text"/>
Postcode	<input type="text"/>	City	<input type="text"/>	
Phone	<input type="text"/>			
Credit institution (name)	<input type="text"/>			
IBAN	<input type="text"/>			(22 digits)
Date	<input type="text"/>	Place	<input type="text"/>	
Signature account holder	<input type="text"/>			
Only complete if payment is being made for another person:				
<input type="checkbox"/> This SEPA debit note applies to the legal or contractual payment obligation with: (different payment obligor)				
Name	<input type="text"/>			
First name	<input type="text"/>			
Postcode	<input type="text"/>	City	<input type="text"/>	