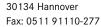




Declaration relating to mandatory health and care insurance as a student with energie-BKK

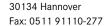
| Name, first name | | Date of birth | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------|--|--|--|--|--|--|
| Street, postcode, town | | Marital status | | | | | | | |
| Term-time address (if different) | | | | | | | | | |
| Pension insurance number | | Health insurance number | | | | | | | |
| A pension insurance number has not yet been allocated. | | | | | | | | | |
| | | | | | | | | | |
| Name and address of the university | | | | | | | | | |
| When does the university term/ semester start | 01.02./01.08 | 01.03./01.09. | 01.04./01.10. | | | | | | |
| Date of initial enrolment | Current number of terms studie certificate with the declaration. | terms studied to date (Please enclose a current matriculation declaration.) | | | | | | | |
| | | | | | | | | | |
| I have completed national military or civilian service | O Yes | ○ No | from / to | | | | | | |
| Type of service | Military service | O Civilian service | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| According to civil service rules or principles in the event of illness I and to receive financial assistance or free medical care. | am entitled to continue to hav | e the contributions paid, | | | | | | | |
| | body governed by public law, a | and according to civil servi | ce rules or | | | | | | |
| 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, a and to receive financial assistar | and according to civil servince in the event of illness. | | | | | | | |
| and to receive financial assistance or free medical care. I am a cleric within a religious community which is recognised as a principles I am entitled to continue to have the contributions paid at I have been granted a retirement pension / a comparable allowance. | body governed by public law, a and to receive financial assistar ce. I am entitled to financial ass | and according to civil servince in the event of illness. | | | | | | | |
| and to receive financial assistance or free medical care. I am a cleric within a religious community which is recognised as a principles I am entitled to continue to have the contributions paid at I have been granted a retirement pension / a comparable allowance according to civil service rules or principles. | body governed by public law, and to receive financial assistance. I am entitled to financial ass | and according to civil servince in the event of illness. | | | | | | | |
| and to receive financial assistance or free medical care. I am a cleric within a religious community which is recognised as a principles I am entitled to continue to have the contributions paid at I have been granted a retirement pension / a comparable allowance according to civil service rules or principles. I am a nun or registered member of a religious community, or a deal | body governed by public law, and to receive financial assistance. I am entitled to financial ass | and according to civil servince in the event of illness. | | | | | | | |
| and to receive financial assistance or free medical care. I am a cleric within a religious community which is recognised as a principles I am entitled to continue to have the contributions paid at I have been granted a retirement pension / a comparable allowance according to civil service rules or principles. I am a nun or registered member of a religious community, or a deal | body governed by public law, and to receive financial assistance. I am entitled to financial ass | and according to civil servince in the event of illness. | | | | | | | |



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| Name, first name | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| During my studies I undertake full-time gainful employment on a self-employed basis as: | |
| Weekly hours of work (hours) | Amount of monthly income |
| | |
| | |
| | |
| 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 | |
| | |
| | |
| | |
| 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) |
| | |
| | |
| Verification of parental status | O I <u>do</u> have children |
| irrespective of their age, children means natural children, stepchildren, foster children or adopted o | hildren). Please enclose corresponding certificate (e.g. a copy of the birth certificate) |
| | |
| wish to take out family insurance for the members of my family | No Yes, please send me the application form. |
| | |
| | |
| 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 | |
| The contributions are transferred by me in advance for each semester | /term. |
| have noted the information in the enclosed "small print". (ssbid) | |
| | |
| | |
| | |
| ate, 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 (2023) is \in 95,90 for health insurance and \in 32,48 for members with no children for care insurance. Members with children or under the age of 23 have to pay monthly \in 27,61 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. Kassandra 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 | e valid: | | immedi | ately | | as of | | | | | | | | | | | |
|---------------------------------------------------|----------|-----|--------|-------|-------------|----------|-------|------|------|-------|---|--|---|-----|---|---|--|
| Name | | | | | | | Γ | | | | | | | | | | |
| First name | | | | | | | | | | | | | | | | | |
| Insured person number | | | | | | | | Date | e of | birth | า | | | | | | |
| Street | | | | | | | | | | | | | N | lo. | | | |
| Postcode | C | ity | | | | | | | | | | | | | | | |
| Phone | | | | Ш | | | L | | | | | | | | | | |
| Credit institution (name) | | | | | Ι | Ι | Ι | | | | | | | | | | |
| IBAN | | | | | (22 digits) | | | | | | | | | | | | |
| Date | | | Place | | | | Ι | | | | | | | | | | |
| Signature account holder | | | | | | | | | | | | | | | | | |
| Only complete if payment This SEPA debit note ap | | | | | ient o | oligatio | n wit | :h: | | | | | | | | | |
| (different payment obligor) | | | | | | | | | | | | | | | | | |
| Name | | | | | | + | | | | | | | | | _ | 4 | |
| First name | | | | | | - | | | | | | | | | _ | 4 | |
| Postcode | | | | | | | | | | | | | | | | | |