

**BOSCH****BKK**

Application for health insurance and long-term care insurance – for college and university students

Personal details

Surname		First name	
Date of birth	Place of birth	Sex	
Street address		Postal code	Town
Marital status	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality	
Telephone number/mobile ¹		E-mail ¹	
Pension scheme number		Standardised insurance number ²	

Insurance status details

I was previously insured from _____ to _____ with (name of insurance provider) _____

I previously had compulsory insurance voluntary insurance family insurance private insurance Start of membership from _____

I am a student a master's student in second-chance education Technical/vocational student Other

Please provide suitable proof of your college/university (e.g. enrolment certificate).

College/university course start date _____

Name and address of college/university _____

Part-time job and income details

I do **not** have a part-time job I have a part-time job I work _____ hours per week. Name of employer _____

I am also self-employed I work _____ hours per week and my monthly income is: _____ euros

I receive a statutory pension Yes No I receive pension-related payments Yes No

Payment method for contributions

The monthly contributions are to be debited from the following account: The contributions will be transferred. I understand that the total contribution for the semester for students is due before the start of the semester.

BIC _____ IBAN DE _____

Name of bank/credit institution _____ Name of account holder _____

Signature

Direct debit mandate/SEPA Core direct debit mandate

By signing this mandate form, you authorise Bosch BKK to send instructions to your bank to debit your account, as stated above, and your bank to debit your account in accordance with the instructions from Bosch BKK. This direct debit will expire if the payment is returned by the bank. You hereby acknowledge that you will be liable for the costs and fees incurred by Bosch BKK in the event of a returned payment. You are entitled to request a refund of the debited amount within eight weeks, starting from the date on which your account was debited. The conditions agreed with your bank apply.

Place, date _____

Signature of account holder _____

Declaration of intent for the application

I declare that I have answered all questions in full and to the best of my knowledge. I will inform Bosch BKK of any changes immediately. I wish for my application for health insurance for students to be processed. If insurance is not compulsory for students, I wish to apply for voluntary membership.

Place, date _____

Signature of member _____

Your details are treated as confidential and are governed by data protection. The details are required for legitimate fulfilment of the duties of the health insurance provider; they are collected based on the regulations of the German Social Security Code (SGB) and are stored on a storage medium (sections 10, 284, 289 SGB V, sections 50, 94 SGB XI). Further information about how we process your personal data and your rights in accordance with the EU's GDPR is available on our website at www.BoschBKK.de/Datenschutz.

¹ This voluntary information will help us with queries. | ² Your standardised insurance number, which is valid for life, can be found on your previous health insurance card.