



Application for insurance cover – I wish to take out pronova BKK insurance cover

Cover to commence on	Surname, Firstname	Date of birth
Street, House number	Postcode	Place of residence
Telephone	Mobile	Email
German pension insurance No. (if known or if to hand)	Maiden name/Place of birth (if pension insurance No. not available)	
Nationality	Sex: <input type="radio"/> Female <input type="radio"/> Male	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Registered partnership according to the law on Life Partnership (LPartG)
Account no.	Bank code	
Bank		
Previous health insurance/Town	From/to	
Insured <input type="radio"/> as main policy holder <input type="radio"/> Cancellation confirmation enclosed <input type="radio"/> as spouse/child of main policy holder		
Will family members be included in your free family cover with pronova BKK? (If you have ticked YES you will receive a questionnaire about family cover)	<input type="radio"/> Yes <input type="radio"/> No	

Please only complete applicable fields	Employer	Self employed	Student
	I will be/have been employed from/since ...	I will be/have been self-employed from/since	Name of university
	as (job title)	as	Proposed course completion date
	Name of employer	<input type="radio"/> I am applying for voluntary membership	Which semester are you in?
	Employer number (request no. from HR)	I also receive a <input type="radio"/> small business grant	Employment seeker
	Tel./Contact person (if known)		From/Since
	Street, House number	Voluntary member	Job Centre number (if known)
	Postcode, Town	I will/have had voluntary insurance cover from/since	Job Centre branch
	Trainee <input type="radio"/> Yes, until <input type="text"/> <input type="radio"/> no	I am applying for insurance cover as a <input type="radio"/> Civil servant <input type="radio"/> Unemployed person <input type="radio"/> Pupil <input type="radio"/> Housewife/man <input type="radio"/> Benefit recipient <input type="radio"/> Other	Pension recipient/Pension applicant
			<input type="radio"/> I have applied for a pension <input type="radio"/> I receive state pension* <input type="radio"/> I receive supplementary income (professional pension, private pension, lump-sum settlement or similar)* *(Please enclose most recent statement or in the case of pension applicants please forward a copy of confirmation upon receipt)

Date, Signature

„Mitglieder werben Mitglieder“ special: I have recommended pronova BKK to the above-mentioned person. I am an existing pronova BKK customer.

Surname, Firstname, Tel.

Health insurance number

Please tick your choice of free gift:

Sauna/bath towel Year's ticket for the AKTION MENSCH lottery 20 EUR in cash

(Account no. and bank code)