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| First name and last name of the member Health insurance number |

Questionnaire for the assessment of family insurance

General information provided by the member

I have previously been/am currently

insured as a member of my own right with the

Name of health insurance

insured under a family insurance at:

Name of health insurance

not had statutory health insurance

Marital status: single married separated divorced widowed

Registered civil partnership according to the German Civil Partnership Act (LPartG)
(please ensure that in these cases you provide all the information about your spouse/civil partner under the category "spouse/civil partner")

Reason for including my family members in the family insurance:

Start of my membership Birth of the child Marriage Other

Ending of the family member's previous own membership

Start of the family insurance:

My daytime telephone number for contacting me with any queries is: (optional)

My email address is: (optional)

Information regarding family members

The following details are in principle only required for those family members who are to be insured with us under a family insurance. We do however require separate information about your spouse / civil partner even if only family insurance for your children is to be taken out with us. As well as the general information we also need in this case to have the information for the insurance of your spouse / civil partner and – if the spouse / civil partner is related to the child and does NOT have statutory insurance – about his/her income; the income must be verified by means of proofs of income, and any supplements which are paid in relation to marital/family circumstances must be left out of the information relating to income. Please note that it is legally prohibited to take out or have family insurance with different health insurance providers simultaneously. Therefore please ensure that there is no possibility of dual family insurance when providing your information.

General information regarding family members

| | Spouse | Child | Child | Child |
|---|------------|----------------|----------------|----------------|
| last name* | | | | |
| first name | | | | |
| * Please enclose a marriage certificate and/or a proof of descent if your spouse/civil partner or children has/have another name and if you have not already submitted these documents. | | | | |
| Sex (m = male, f = female) | (m) (f) | (m) (f) | (m) (f) | (m) (f) |
| Date of birth | | | | |
| Address, if different from address of the member | | | | |
| Relationship to the member | | Natural child* | Natural child* | Natural child* |
| The term „natural child“ should also be used in case of adaption. | | Stepchild | Stepchild | Stepchild |
| | | Grandchild | Grandchild | Grandchild |
| Is the spouse related to the child? | | (no) | (no) | (no) |

Information relating to the most recently held insurance for the family members

| | Spouse | Child | Child | Child |
|---|---|---|---|---|
| The previous insurance ended on: | | | | |
| was with: (Name of the health insurance provider) | | | | |
| Type of the previous insurance: | Membership Family- insurance not statutory | Membership Family- insurance not statutory | Membership Family- insurance not statutory | Membership Family- insurance not statutory |
| If family insurance has recently been in place, name and first name of the person from whose membership the family insurance was derived. | (First name) (Last name) | (First name) (Last name) | (First name) (Last name) | (First name) (Last name) |
| The previous insurance is still in force with: (Name of the health insurance scheme/insurer) | | | | |

Other information regarding family members

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Self-employed | yes | yes | yes | yes |
| Profit from self-employment (monthly) Please enclose a copy of the current income tax assessment notice | € | € | € | € |
| Gross earnings from marginal employment (monthly) | € | € | € | € |
| Are you receipt of Arbeitslosengeld (unemployment benefit) II? | yes | yes | yes | yes |
| Statutory pension, pension benefits company pension, foreign pension, other pensions (amount of monthly payment) | € | € | € | € |
| Other regular income within the meaning of the German Income Tax Law (e.g. gross earnings from employment which is in excess of marginal employment, rental and leasing income, investment income) | € (Type of income) | € (Type of income) | € (Type of income) | € (Type of income) |
| school attendance/studies (please enclose a school attendance/leaving certificate or matriculation certificate for children aged 23 or over) | | from to | from to | from to |
| National military or civilian service (Please enclose proof of period of service) | | from to | from to | from to |

Information for assigning a health insurance number for family members insured under a family insurance

Own pension insurance number

The following details are required only if a pension insurance number has not yet been assigned

Place of birth

Country of birth

Nationality

I confirm that the information provided is correct. I will inform you of any changes without delay and of my own accord. This applies in particular if the income of my family members shown above changes (e.g. new income tax assessment notice in the case of self-employment) or if these family members become members of (another) health insurance scheme.

Date

Signature of the member

signature of the family member, if required

Date protection notice (Art. 13 DSGVO, for more information on privacy and data safety protection see our page on data protection <https://www.pronovabkk.de/datenschutz/>): To help us assess the family insurance, your cooperation is required in accordance with Section 10 et seq. (6), 289 of part V of the SGB. The data has to be collected for the assessment of the insurance contract (Section 10 et seq., 284 of part V of the SGB, Section 7 German Agricultural Workers Health Insurance Act 1989, Section 25 of part XI of the SGB). Voluntary information to contact data shall exclusively be used for queries regarding your insurance relationship.

Info Sheet on Family Insurance

Who is entitled to contribution-free family insurance?

- › Children; stepchildren; grandchildren and foster children
- › Spouse; civil partner

What prerequisites must be met by the family members?

- › they must live in Germany
- › they are not member of a health insurance scheme themselves
- › they are not in full time self-employment
- › they have a total monthly income of 445.00 € maximum (as of 2019). The limit amounts to 450.00 € for the marginally employed.

Up to which age can children be insured with in the free family insurance?

- › up to the 23th birthday, if not employment
- › up to the 25th birthday, if attending school or in vocational training.

If you are serving a voluntary social or ecological year under the terms of the Jugendfreiwilligendienst (Young People's Voluntary Service) or Bundesfreiwilligendienst (German Federal Voluntary Service) within the meaning of the Bundesfreiwilligendienstgesetz (German Act on the Promotion of Voluntary Services), please contact us immediately prior to start of service. We will clarify whether you are still qualified for family insurance.

Are there any options for extension of the family insurance?

Family insurance extends beyond the age of 25 for the period of official service. Services under the terms of the German Acts on the Promotion of Voluntary Services or Young People's Voluntary Services (Jugendfreiwilligendienstgesetz or Bundesfreiwilligendienstgesetz) are also included in an extension beyond the age of 25. The period of insurance is extended by the period actually served up to a maximum of 12 months.

Insurance for children is provided with no age limit if they are unable to look after themselves because of disability. The disability must have occurred, however, at the time of family insurance.

What else ist important?

If your spouse has taken out private insurance, your children can only be included in the family insurance subject to the following conditions:

- › The spouse covered by private insurance is not related to the child to be insured *or*
- › has a total monthly income of less than 5.062,50 € (limit for 2019) *or*
- › has a lower total income than the member insured with pronova BKK.

Which proofs should you provide us with?

| | |
|--|---|
| For children aged 23 or over: | Current school attendance/leaving certificate or matriculation certificate or a certificate of rendering voluntary services in the framework of a voluntary social/ecological year |
| For extension beyond the age of 25: | Certificate of time served pursuant to the German Act on the Promotion of Voluntary Services or Young People's Voluntary Services, for military or civilian service served prior to 1 July 2011: Proof of service |
| For stepchildren: | Proof(s) of maintenance payments; proof(s) of monthly net income of all family members |
| For stepchildren: | Proof of the precise date of child adoption |
| For family members with their own income: (except for income from marginal employment) | Copy of current tax assessment |
| For family members with their own pension income: (including pensions from abroad) | Copy of current notice of pension entitlement |
| In case of different last names: - for spouses: - for children: | Copy of marriage certificate Copy/copies of birth certificate(s) |

Important!

Please notify us in your own interest of any changes, i.e. taking up employment of a family member, exit of a spouse from statutory health insurance or divorce.