pronova BKK
Partner für Ihre Gesundheit

Membership application

Yes, I want to become a member of pronova BKK as of

Personal details

Family name

First name

Name at birth

Date and place of birth

Social security no.

BIC

IBAN DE Bank sort code

Address

Postal code, city

Phone no.

E-mail

Marital status

Sex

Bank account number

Employer details

Employer

Address

Postal code, city

Phone no. and contact

Employed since

Employed in the EU for the first time? ☐ Yes ☐ No

Profession

I am
- ☐ Employee
- ☐ Trainee
- ☐ Voluntarily insured
- ☐ Freelancer
- ☐ Student (please attach certificate of enrolment)
- ☐ Retiree (please attach pension approval certificate)
- ☐ Unemployed since No.

Location of the agency

Previous insurance

Name of health insurance provider

Address

Postal code, city

Period of insurance from to

Insured:
- ☐ Compulsorily insured
- ☐ Voluntarily insured
- ☐ Insured at a family insurance

Family insurance

I have family members to be included at the family insurance:

☐ Yes ☐ No

My spouse is a member of another health insurance company and is interested in becoming a member of pronova BKK:

☐ Yes, Family name/first name

☐ No

Confirmation of termination of my previous insurance

☐ is enclosed ☐ will be provided shortly

Date, signature of new member

Campaign "Refer us to your friends"

X Yes, i am a member of pronova BKK and have recommended the health insurance company to the above new customer:

Family name

First name

Insurance number

Date, signature of pronova BKK member

Please tick the preferred bonus: ☐ mydays voucher of 20 Euro ☐ Annual lottery ticket of ‚Aktion Mensch' ☐ Cash premium EUR 20 (please provide IBAN)

IBAN DE Bank sort code Bank account number

X Yes, i have been recruited to the pronova BKK by the above member.

Family name

First name

Date of birth

Date, signature of pronova BKK new customer

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