

Questionnaire Membership Application Family Insurance

Fragebogen für die Aufnahme in die Familienversicherung

Member's First Name Vorname des Mitglieds

Member's Last Name Name des Mitglieds

HI Number KV-Nummer

1. General Member Information Allgemeine Angaben des Mitglieds

I was previously Ich war bisher

- Within the scope of my own membership im Rahmen einer eigenen Mitgliedschaft
 in a family insurance plan im Rahmen einer Familienversicherung

insured with
versichert bei

Name of the Health Insurance Plan
Name der Krankenkasse

- Not a member of any statutory health insurance plan nicht gesetzlich krankenversichert

Family status Familienstand

- Single ledig Married verheiratet Separated getrennt lebend Divorced geschieden Widowed verwitwet
 Registered Life Partnership in accordance with the German Life Partners' Act - LPartG (in this case, please make sure you provide the information requested in Section "Spouses") Eingetragene Lebenspartnerschaft nach dem Lebenspartnerschaftsgesetz - LPartG (In diesem Fall sind die Angaben unter der Rubrik „Ehepartner“ zu machen.)

Occasion for Application for Membership in the Family Plan Anlass für die Aufnahme in die Familienversicherung

- Start of my membership Beginn meiner Mitgliedschaft
 Termination of the family member's prior own membership Beendigung der vorherigen eigenen Mitgliedschaft des Angehörigen
 Marriage (please enclose marriage certificate) Heirat (Bitte Heiratsurkunde beifügen.)
 Birth of a child (please enclose birth certificate) Geburt des Kindes (Bitte Geburtsurkunde beifügen.)
 Other Sonstiges

Activation date family insurance plan Beginn der Familienversicherung

I can be reached at the following phone number during the daytime*
Bei Rückfragen bin ich tagsüber unter folgender Telefon-Nr. zu erreichen*

(optional information)
(freiwillige Angabe)

My e-mail address is* Meine E-Mail-Adresse lautet*

(optional information) (freiwillige Angabe)

2. Information About Family Members Angaben zu Familienangehörigen

The following data are generally required only for those relatives who are to be insured with us as family members. **By way of exception, we also require individual details of your spouse/life partner if family insurance for your children is to be carried out with us exclusively and your spouse/life partner is related to these children.** In this case, in addition to the general information, we require the information on the insurance of the spouse/life partner and - if the spouse/life partner is not insured by law - additionally information on his/her income; in this case, it is mandatory to substantiate the income by means of a proof of income statement and to disregard supplements paid with regard to the marital status in the information on income.

Nachfolgende Daten sind grundsätzlich nur für solche Angehörigen erforderlich, die bei uns familienversichert werden sollen. **Abweichend hiervon benötigen wir einzelne Angaben zu Ihrem Ehe-/Lebenspartner auch dann, wenn bei uns ausschließlich die Familienversicherung für Ihre Kinder durchgeführt werden soll und Ihr Ehe-/Lebenspartner mit diesen Kindern verwandt ist.** In diesem Fall sind neben den allgemeinen Angaben die Informationen zur Versicherung des Ehe-/Lebenspartners und - sofern dieser nicht gesetzlich versichert ist - zusätzlich Angaben zu seinem Einkommen erforderlich; hierbei sind die Einnahmen zwingend durch Einkommensnachweise zu belegen und Zuschläge, die mit Rücksicht auf den Familienstand gezahlt werden, bei den Angaben zu den Einkünften unberücksichtigt zu lassen.

Please remember that it is illegal to file for simultaneous family insurance coverage with different health insurance plans. Consequently, please make absolutely certain that the information you provide will make it possible to rule out that duplicate family insurance coverage is obtained.

Bitte beachten Sie, dass eine gleichzeitige Durchführung der Familienversicherung bei unterschiedlichen Krankenkassen rechtlich unzulässig ist. Stellen Sie deshalb bitte mit Ihren Angaben sicher, dass eine doppelte Familienversicherung ausgeschlossen ist.

3. General Information about family members Allgemeine Angaben zu Familienangehörigen

	Spouse (Ehepartner)	Child 1 (Kind 1)	Child 2 (Kind 2)	Child 3 (Kind 3)
Name ¹ <small>Name¹</small>				
First name <small>Vorname</small>				
Date of birth <small>Geburtsdatum</small>				
Gender <small>Geschlecht (m = male männlich, f = female weiblich, d = diverse divers, x = undetermined unbestimmt)</small>	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> x	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> x	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> x	<input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/> x
If different from member's address, enter family member's address <small>Ggf. vom Mitglied abweichende Anschrift</small>				
Relationship of the member and the child. Please attach a birth certificate for the child to be insured under this plan. <small>Verwandtschaftsverhältnis des Mitglieds zum Kind. Bitte fügen Sie eine Geburtsurkunde/einen Abstammungsnachweis für das zu versichernde Kind bei.</small>	_____	<input type="checkbox"/> Biological child ² <small>leibliches Kind</small> <input type="checkbox"/> Step child <small>Stiefkind</small> <input type="checkbox"/> Grandchild <small>Enkel</small> <input type="checkbox"/> Foster child <small>Pflegekind</small>	<input type="checkbox"/> Biological child ² <small>leibliches Kind</small> <input type="checkbox"/> Step child <small>Stiefkind</small> <input type="checkbox"/> Grandchild <small>Enkel</small> <input type="checkbox"/> Foster child <small>Pflegekind</small>	<input type="checkbox"/> Biological child ² <small>leibliches Kind</small> <input type="checkbox"/> Step child <small>Stiefkind</small> <input type="checkbox"/> Grandchild <small>Enkel</small> <input type="checkbox"/> Foster child <small>Pflegekind</small>
Is your spouse related to the child? (please check this section only if your spouse is not related to the child) <small>Ist der Ehegatte mit dem Kind verwandt? (Bitte nur beim fehlenden Verwandtschaftsverhältnis ankreuzen)</small>	_____	<input type="checkbox"/> No <small>Nein</small>	<input type="checkbox"/> No <small>Nein</small>	<input type="checkbox"/> No <small>Nein</small>

¹ If the member and the family member do not have the same name, the civil status must be proven once via suitable documents (e.g. marriage certificate, civil partnership certificate, birth certificate) or – if it is not possible to present such documents – via other suitable documents (e.g. notice of child benefit). *Bei fehlender Namensgleichheit zwischen dem Mitglied und dem Familienangehörigen sind die Personenstandsverhältnisse durch geeignete Urkunden (z. B. Eheurkunde, Lebenspartnerschaftsurkunde, Geburtsurkunde) oder – sofern deren Vorlage nicht möglich ist – durch andere geeignete Unterlagen (z. B. Bescheid über Kindergeld) einmalig nachzuweisen.*

² Use the term "biological child" also for any adopted children. *Die Bezeichnung „leibliches Kind“ ist auch bei Adoption zu verwenden.*

4. Information on Most Recent Insurance Coverage or Existing Insurance Coverage of Family Members

Angaben zur letzten bisherigen oder zur weiter bestehenden Versicherung der Familienangehörigen

	Spouse (Ehepartner)	Child 1 (Kind 1)	Child 2 (Kind 2)	Child 3 (Kind 3)
Insurance coverage held to date <small>Die bisherige Versicherung</small> <ul style="list-style-type: none"> ▪ Ended on: <small>endete am</small> ▪ Was provided by: (name of the health insurance plan) <small>bestand bei: (Name der Krankenkasse)</small> 				
Type of insurance coverage held to date: <small>Art der bisherigen Versicherung</small>	<input type="checkbox"/> Membership family <small>Familienversicherung</small> <input type="checkbox"/> insurance plan <small>Mitgliedschaft</small> <input type="checkbox"/> Voluntary <small>nicht gesetzlich</small>	<input type="checkbox"/> Membership family <small>Familienversicherung</small> <input type="checkbox"/> insurance plan <small>Mitgliedschaft</small> <input type="checkbox"/> Voluntary <small>nicht gesetzlich</small>	<input type="checkbox"/> Membership family <small>Familienversicherung</small> <input type="checkbox"/> insurance plan <small>Mitgliedschaft</small> <input type="checkbox"/> Voluntary <small>nicht gesetzlich</small>	<input type="checkbox"/> Membership family <small>Familienversicherung</small> <input type="checkbox"/> insurance plan <small>Mitgliedschaft</small> <input type="checkbox"/> Voluntary <small>nicht gesetzlich</small>
If the most recent insurance coverage was a family plan, enter the name and first name of the individual from whose membership the family plan originated <small>Sofern zuletzt eine Familienversicherung bestand, Name und Vorname der Person, aus deren Mitgliedschaft die Familienversicherung abgeleitet wurde</small>	First name <small>Vorname</small> _____ Last name <small>Name</small> _____	First name <small>Vorname</small> _____ Last name <small>Name</small> _____	First name <small>Vorname</small> _____ Last name <small>Name</small> _____	First name <small>Vorname</small> _____ Last name <small>Name</small> _____
The existing insurance plan will remain active with: (name of the health insurance plan) <small>Die bisherige Versicherung besteht weiter bei: (Name der Krankenkasse/Krankenversicherung)</small>	_____	_____	_____	_____

5. Additional Information Concerning Family Members Sonstige Angaben zu Familienangehörigen

	Spouse (Ehepartner)	Child 1 (Kind 1)	Child 2 (Kind 2)	Child 3 (Kind 3)
5.1 Is Citizen's Basic Income being received? <small>Wird Bürgergeld bezogen?</small>	<input type="checkbox"/> Yes Ja	<input type="checkbox"/> Yes Ja	<input type="checkbox"/> Yes Ja	<input type="checkbox"/> Yes Ja
5.2 School attendance/studies (enclose enrollment certificate for students older than 23) <small>Schulbesuch/Studium (Bitte bei Kindern ab 23 Jahren Schul- oder Studienbescheinigung beifügen.)</small>	_____	from vom _____ to bis _____	from vom _____ to bis _____	from vom _____ to bis _____
5.3 Military service or legally regulated voluntary service (please enclose service time certificate) <small>Wehrdienst oder gesetzlich geregelter Freiwilligendienst (Bitte Dienstzeitbescheinigung beifügen.)</small>	_____	from vom _____ to bis _____	from vom _____ to bis _____	from vom _____ to bis _____
5.4 Self-employed <small>Selbstständige Tätigkeit liegt vor</small> Profit from self-employment (monthly). Please attach a copy of the current income tax return <small>Gewinn aus selbstständiger Tätigkeit (monatlich). Bitte Kopie des aktuellen Einkommenssteuerbescheides beifügen.</small>	<input type="checkbox"/> Yes Ja _____ Euro	<input type="checkbox"/> Yes Ja _____ Euro	<input type="checkbox"/> Yes Ja _____ Euro	<input type="checkbox"/> Yes Ja _____ Euro
5.5 Gross wages from low income job (monthly). Please attach respective documentation <small>Bruttoarbeitsentgelt aus geringfügiger Beschäftigung (monatlich)</small>	_____ Euro	_____ Euro	_____ Euro	_____ Euro
5.6 Statutory regular retirement benefits, pensions, corporate pensions, foreign retirement benefits, other retirement benefits (monthly payment amount). Please attach documentation <small>Gesetzliche Rente, Versorgungsbezüge, Betriebsrente, ausländische Rente, sonstige Renten (monatlicher Zahlbetrag). Bitte entsprechende Nachweise beifügen.</small>	_____ Euro	_____ Euro	_____ Euro	_____ Euro
5.7 Other periodic monthly income as defined by the German income tax act (e.g. gross wages from more than low paying jobs, income from rentals and lease holds, income from capital assets), other income (e.g. severance pay for loss of job). Please include corresponding verification. <small>Sonstige regelmäßige monatliche Einkünfte im Sinne des Einkommensteuerrechts (z. B. Bruttoarbeitsentgelt aus mehr als geringfügiger Beschäftigung, Einkünfte aus Vermietung und Verpachtung, Einkünfte aus Kapitalvermögen), sonstige Einkünfte (z. B. Abfindung für den Verlust des Arbeitsplatzes). Bitte entsprechende Nachweise beifügen.</small>	_____ Euro (type of income) <small>(Art der Einkünfte)</small>	_____ Euro (type of income) <small>(Art der Einkünfte)</small>	_____ Euro (type of income) <small>(Art der Einkünfte)</small>	_____ Euro (type of income) <small>(Art der Einkünfte)</small>

6. Information Required for Assignment of a Health Insurance Identification Number for Family Members Covered by the Family Plan

Angaben zur Vergabe einer Krankenversichertennummer für familienversicherte Angehörige

	Spouse (Ehepartner)	Child 1 (Kind 1)	Child 2 (Kind 2)	Child 3 (Kind 3)
Own retirement insurance number (RV No) Eigene Rentenversicherungsnummer (RV-Nr.)				
Name given at birth Geburtsname				
Place of birth Geburtsort				
Country of birth Geburtsland				
Nationality Staatsangehörigkeit				

I herewith confirm that the information provided is correct. I will immediately notify you if any of the information provided should change. This will apply in particular if my above-mentioned family members' income should change (e.g. new income tax return if self-employed) or if they become members of a (different) health insurance plan.

Ich bestätige die Richtigkeit der Angaben. Über Änderungen werde ich Sie umgehend informieren. Das gilt insbesondere, wenn sich das Einkommen meiner o.a. Angehörigen verändert (z. B. neuer Einkommensteuerbescheid bei selbstständiger Tätigkeit) oder diese Mitglied einer (anderen) Krankenkasse werden.

I agree to my application data being used by IKK classic to inform me of current offers in the areas of health and insurance on the phone, by fax, SMS, or email. I can revoke my consent at any time with effect for the future by contacting IKK classic.

Ich bin damit einverstanden, dass meine Antragsdaten von der IKK classic genutzt werden, um mich telefonisch, per Fax, SMS oder E-Mail über aktuelle Angebote aus dem Gesundheits- und Versicherungsbereich zu informieren. Dieses Einverständnis kann ich jederzeit für die Zukunft bei der IKK classic widerrufen.

Place Ort	Date Datum	Member's signature Unterschrift des Mitglieds	If applicable, family member's signature Ggf. Unterschrift der Familienangehörigen
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing this document I declare to have obtained my family members' consent to provide the required data.

Mit der Unterschrift erkläre ich, die Zustimmung der Familienangehörigen zur Abgabe der erforderlichen Daten erhalten zu haben.

If family members live in separate households, the signature of the family member shall suffice.

Bei getrennt lebenden Familienangehörigen reicht die Unterschrift des Familienangehörigen aus.

Data protection notice: In order for us to be able to assess family insurance, your cooperation is required in accordance with Sections 10, 289 SGB V [5th Book of the German Social Code]. The data must be collected to establish the insurance relationship (Sections 10, 284 SGB V, § 7 KVLG [Second Act on Health Insurance for Farmers]1989, Sections 25 and 94 SGB XI [10th Book of the German Social Code]). Data marked with an * are voluntary and are used exclusively for queries regarding your insurance relationship. You can object to the use of these data at any time in the future by contacting IKK classic. The data will not be passed on to third parties. For more information, please visit ikk-classic.de/datenschutz

Datenschutzhinweis: Damit wir die Familienversicherung beurteilen können, ist Ihr Mitwirken nach §§ 10, 289 SGB V erforderlich. Die Daten sind für die Feststellung des Versicherungsverhältnisses (§§ 10, 284 SGB V, § 7 KVLG 1989, §§ 25 und 94 SGB XI) zu erheben. Die Angabe der mit * gekennzeichneten Daten ist freiwillig und dient ausschließlich für Rückfragen zu Ihrem Versicherungsverhältnis. Der Nutzung dieser Daten können Sie jederzeit für die Zukunft bei der IKK classic widersprechen. Eine Weitergabe der Daten an Dritte erfolgt nicht. Weitere Informationen dazu finden Sie unter ikk-classic.de/datenschutz

Family insurance – Important information on the questionnaire

As of: January 2023 | For more information, please visit ikk-classic.de/familienversicherung

Please keep in mind that it is absolutely prohibited to obtain simultaneously family insurance coverage from multiple health insurance plans.

Family insurance is an option only if certain income limits (e.g. total income limit 2023: 485.00 EUR/month) are not exceeded. Please enter the present income of your family members.

1. General information about the member:

The following information must be entered into this section of the questionnaire: current family status, the reason for and the start of family insurance coverage.

2. Information about family members

Special requirement if children are added as new members

Please enclose a birth certificate for each child to be insured.

Disabled children

Children who due to a disability are not able to earn an income of their own, will continued to be covered under the family plan beyond age 23 or 25 under certain circumstances and there will be no premiums due for their coverage. Please attach a physician's certificate for the purpose of documentation.

Special requirements for information about spouses

Information about spouses must also be provided if your spouse will not be covered under your family plan. In these cases we absolutely have to know the name of your spouse's health insurance plan (example: insured with: name of the other health insurance plan or private insurance coverage).

If your spouse has coverage through a statutory health insurance plan, we do not need his income information. If your spouse has private insurance coverage, we need information on your and his/her income (Total income limit of the privately insured spouse 2023: 5,550.00 EUR/month, existing cases who were exempt from insurance and privately insured on 31/12/2002 2023: 4,987.50 EUR/month). Proof of income must be provided in the form of copies of respective records (self-employed individuals = last valid income tax return, employees = last valid income tax return or payroll statement or a current unemployment benefits statement issued by the Federal Department of Labor). However, if your spouse is not related to any of the children covered under your family plan, you do not have to provide any information about him/her. In these cases, please indicate that he/she is not related to any of your children.

3. General information about family members

Field: Relationship between member and child

Simply enter the pertinent information about the relationship between you and the child/children listed, e.g. biological child, stepchild. If stepchildren or grandchildren are supposed to be covered under your family plan, we will have to conduct additional investigations. The related questionnaire will be sent to you as soon as we have received your completed family insurance questionnaire.

Field: Is your spouse related to the child?

If your spouse is related to the respective child, please do not enter anything into this field. You will have to complete this field only if the child is not related to your spouse.

4. Information on most recent or existing insurance coverage of family members

If your spouse has or had coverage under a different health insurance plan or if your children were covered under a different health insurance plan, you will have to complete these fields to rule out accidental duplicate coverage.

5. Other information about family members

5.1 Citizens' Basic Income

Do your family members receive Citizen's Basic Income? Please place a cross mark into the box and enclose the latest notice from the Job Center.

5.2 School attendance/studies

If any of your insured children is 23 years of age or older, we need an up-to-date school or student certificate. This certificate is usually issued by the administrative assistance of the school. Students of colleges or universities receive student certificates at the beginning of each semester, so simply send a copy to us every time you receive one.

5.3 Military or substitute civil service

If your child has served in the military or in civil service, please enter the time period in this field and attach a copy of the service certificate (unless you have already submitted one with previous questionnaires). Family insurance coverage will be available only if certain income limits are not exceeded. Please enter the incomes of your family members into the designated fields.

5.4 Self-employment

If your child/children or spouse are self-employed, please place a cross into the box. Please also provide the income information and attach the latest income tax return. If further issues have to be clarified, we will contact you.

5.5 Low-income (mini) jobs

A low-income job is a so-called mini job (Marginal earnings limit 2023: 520.00 EUR/month). If you are not certain whether one of your family members does actually have a mini job, please ask the employer or attach a copy of the payroll statement. Please remember that you absolutely must not enter self-employment under this section. Information about self-employment must be entered into section 5.4.

5.6 Pensions

In this section, please provide information on your family plan insured children's or spouse's income from pension plans (e.g. survivor's pensions, basic cost of living pension). If they have any such income, we also must receive a copy of e.g. the pension benefits notice. The information and documentation is also a mandatory requirement if pensions are paid by foreign pension insurance plans.

5.7 Other regular income as defined under the German Income Tax Law

If any of your children or yours spouse covered under the family insurance plan do have any other income (e.g. wages or income from mini jobs, income from rentals/lease holds, capital gains), please enter the income amounts into the respective fields. Also attach copies of the latest income tax return or of payroll statements. Please strike through this field if your family members do not have any regular income.

6. Assignment of a retirement insurance identification number

Please enter the pension insurance numbers, names at birth, places of birth, countries of birth and nationalities of your family members here.

Please do not forget to confirm by the correctness of the information provided by signing the form.