

First name and last name of member / Health Insurance Num

## Questionnaire for the inclusion in family insurance plan

### General details of the member

#### I am / I have previously been

insured as a member in my own right with:

Name of health insurance provider

insured under a family insurance policy with:

Name of health insurance provider

not covered by statutory health insurance

#### Marital status

single

married

separated

divorced

widowed

Registered civil partnership in accordance with the German Law on Civil Partnership (LPartG) (in this case, please specify details under "Spouse")

#### Reason for the inclusion in family insurance plan

Start of my membership

Birth of child

Marriage

other

Termination of the family member's previous own membership

Start of family insurance:

Daytime phone number:

(optional)

My e-mail address:

(optional)

### Details of family members

The following information is only required for those family members who are to be covered by our family insurance plan. Notwithstanding this, we also require detailed information about your spouse/partner, if only your children are to be included in our family insurance plan. In this case, in addition to the general details, information on the insurance of the spouse/partner and - if the spouse/partner is not covered by statutory health insurance and is related to the children - income is required; in this case, the income must be substantiated by proof of income, allowances that are paid based on the marital status may be disregarded.

Please note that it is prohibited by law to take out family insurance with different health insurance providers at the same time. When providing information, please ensure that double family insurance is excluded.

### General details of family members

	Spouse/partner	Child	Child	Child
Surname*				
First name				
* Please attach a marriage certificate or proof of parentage, if the name of your spouse/partner or your children is different and you have not already provided these documents.				
Gender (m = male, f = female, d = diverse)	m f d	m f d	m f d	m f d
Date of birth				
Address different from member, if applicable				
Relationship of the member to the child The term "biological child" is also to be used in case of adoption		biological child* stepchild grandchild	biological child* stepchild grandchild	biological child* stepchild grandchild
Is the spouse related to the child?		(no)	(no)	(no)

## Information on the last previous or continuing insurance of the family members

	Spouse	Child	Child	Child
<b>The previous insurance ended on:</b>				
<b>Was taken out with:</b> (Name of health insurance provider)				
<b>Type of previous insurance:</b>	Membership Family insurance not statutory	Membership Family insurance not statutory	Membership Family insurance not statutory	Membership Family insurance not statutory
<b>If previous insurance was a family insurance, please indicate the name and surname of the person on whom membership of the family insurance is based:</b>	(Name)  (Surname)	(Name)  (Surname)	(Name)  (Surname)	(Name)  (Surname)
<b>The previous insurance will continue to exist with:</b> (Name of health insurance provider)				

## Other information on family members

<b>Self-employed</b>	yes	yes	yes	yes
<b>Profit from self-employment</b> (monthly) Please enclose a copy of the current income tax assessment.				
<b>Gross pay from marginal employment</b> (monthly)				
<b>Does the family member receive unemployment benefit II?</b>	yes	yes	yes	yes
<b>Statutory pension, pension payments, company pension, foreign pension, other pensions</b> (monthly amount)				
<b>Other regular monthly income within the meaning of the German income tax legislation</b> (e.g. gross wages from more than marginal employment, income from renting and leasing, income from capital assets, severance payments for the loss of work)	(Type of income)	(Type of income)	(Type of income)	(Type of income)
<b>School attendance/studies</b> (for children aged 23 years and older, please enclose a school certificate or enrolment certificate)		from to	from to	from to
<b>Military or civilian service</b> (Please enclose a certificate of service)		from to	from to	from to

## Information for the allocation of a health insurance number for family members covered by family insurance plan

### Own social security number (RV-No.)

The following information is only required if no social security number has been allocated yet

**Name at birth**

**Place of birth**

**Country of birth**

**Nationality**

I hereby confirm that the above information is correct. I will inform you immediately about any changes. This applies in particular to changes in income of family members specified above (e.g. new income tax assessment for self-employment) or if they become members of a (different) health insurance company.

Date

Signature of the member

Signatures of the family members, if applicable

Data protection notice (Art. 13 GDPR; further information is available at <https://www.pronovabkk.de/datenschutz>): In order to enable us to assess the family insurance, your cooperation in accordance with Sect. 10 (6) et seq., 289 German Social Code (SGB V) is required. The data must be collected for the determination of the insurance relationship (Sect. 10 et seq., 284 SGB V, Sect. 7 German Farmers' Sickness Insurance Act 1989, Sect. 25 SGB XI). Voluntary information on contact details is only used for queries regarding your insurance relationship.

## Information sheet on family insurance

### Who can be covered by a family insurance plan free of charge?

- › children; stepchildren; grandchildren and foster children
- › spouses; partners

### Which requirements must be met by your family members?

- › they live in Germany
- › they are not independently insured with a health insurance
- › they are not self-employed full-time
- › their regular maximum total income does not exceed EUR 470.00 per month (limit for 2021).

### Up to what age can children be covered by a family insurance plan?

- › up to their 23rd birthday if they are not gainfully employed
- › up to their 25th birthday if they are in school or vocational training.

If you are completing a voluntary social or ecological year in line with the Voluntary Service for Young People or Federal Volunteers Service according to the Federal Volunteer Service Act, please contact us before the start of your service. We will check whether you are still eligible for family insurance.

### Are there options for extending the family insurance?

We will be pleased to check whether the family insurance can be extended beyond the 25th birthday by the duration of the statutory military and civilian service. Services within the meaning of the German Act on the Promotion of Youth Voluntary Services or Federal Voluntary Service Act that were started from 1 July 2011 will also be taken into account in the event of an extension beyond the 25th birthday. The time of the actually performed voluntary service (maximum of 12 months) will be taken into account if this results in the delay of schooling or vocational training.

Children will be insured without any age restrictions if they are disabled and cannot look after themselves. In this case, however, the disability must have already existed at a time when your child was covered by family insurance.

### What else is important?

If your spouse is privately insured, your children can only be covered by family insurance under the following conditions:

- › The privately insured spouse is not related to the child to be insured  
*or*
- › has a total income of less than EUR 5,362.50 per month (limit for 2021) or
- › has a lower total income than the member of pronova BKK.

## What proofs, if any, do we need from you?

For children from the 23rd birthday onwards:	Current school or enrolment certificate or certificate of the voluntary/social/ecological year
When extending beyond the 25th birthday:	Proof of the period of service in accordance with the German Act on the Promotion of Youth Voluntary Services or Federal Voluntary Service Act, for those who have performed their military and civilian service before 1 July 2011: proof of this period of service
For stepchildren:	Questionnaire: Household intake
For foster children:	Proof of precise start of the foster care
For identification:	Copy of photo ID (alternatively child ID or birth certificate)
When moving from abroad:	Registration confirmation from the registration office
For relatives with own income: (except for wages from marginal employment)	Copy of the current tax assessment
For relatives with own pension: (including pensions from abroad)	Copy of the current pension notification letter
If the surname is different: - for spouses: - for children:	Copy of marriage certificate Copy/Copies of birth certificate(s)

### Please note

In your own interest, please notify us of any changes, such as a family member taking up employment, a spouse leaving the statutory health insurance or a divorce.