

# Application for student membership



I would like to become a member of TK as of \_\_\_\_\_

**Personal information**  Mr  Ms

Last name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_ (DD.MM.YYYY)

Street, No. \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

Please give us the following details, so that we can apply for a German Pension Insurance Number on your behalf.

Last name at birth \_\_\_\_\_

Place and country of birth \_\_\_\_\_

Nationality \_\_\_\_\_

## Details of previous insurance

I was last insured with health insurance fund \_\_\_\_\_

Location \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

- compulsory insurance  voluntary insurance  
 private insurance  dependants' insurance

## Details for insurance cover with TK

University/college \_\_\_\_\_

Speciality \_\_\_\_\_

Current academic semester \_\_\_\_\_

as of \_\_\_\_\_ expected graduation date \_\_\_\_\_

Please hand in later your current certificate of enrolment.

I have already studied \_\_\_\_\_ semesters/terms in another country.

Please enclose a copy of your academic record.

## Income details

I am receiving or have applied for benefits from the Agentur für Arbeit [Federal Employment Agency].

I am employed or self-employed during my studies.

Working hours per week \_\_\_\_\_

Study hours per week \_\_\_\_\_

Gross monthly income from employment EUR \_\_\_\_\_

Monthly profit from self-employment EUR \_\_\_\_\_

I employ at least one employee for a period of more than three months paying him/her/them remuneration above the applicable marginal employment remuneration threshold (no "mini-job").

I employ several employees on a marginal employment basis at the same time whose aggregate remuneration exceeds the applicable marginal employment remuneration threshold (currently EUR 450 per month).

## Retirement benefits

I currently receive or have applied for a state pension.

I currently get a pension and related benefits (e.g. company pension, pension).

## Benefits in kind from abroad

I am entitled to benefits in kind pursuant to foreign law.

## Details for TK long-term care insurance

I am exempt from social long-term care insurance. Please send us a copy of your confirmation of exemption.

I am mother/father of one child/several children. We need this information to correctly calculate your contributions to long-term care insurance. Please submit the relevant proof, e.g. a copy of the birth certificate.

## Queries and signature

The following details help us in case of queries:

Phone number\* \_\_\_\_\_

E-mail\* \_\_\_\_\_

Date \_\_\_\_\_ Signature  \_\_\_\_\_

We need your personal data ("social data") to correctly perform our tasks for you. This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security Code].

\* Optional information.

## Your spokesperson

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