

Become a member of our family!

Yes! I will become a member!

Membership start date

Application for BKK SBH membership

Surname, First name

Street, house number

Postcode, city

E-mail address

Available by phone at

m f x
Gender

Birth name

Date of birth

Country & place of birth

Nationality

Marital status

☐ single ☐ married ☐ divorced ☐ widowed ☐ registered partnership

National insurance number (optional)

previous health insurance

Type of insurance ☐ Member ☐ Family ☐ Privat insurance

Family members insured free of charge? ☐ yes ☐ no

Details as pensioner

Pension type

Pension insurance number

Pension insurance institution

My bank account

Account holder (if not identical with debtor)

Credit institution

IBAN

I became aware of the BKK SBH through

Recommendation or advice from

internal note (SBID)

Street, house number

Postcode, city

Secure a 25 € referral bonus

Details of the employer

Name of the employer

Address (street, house number + postcode, town/city)

Amount of the annual gross income

☐ up to 6.672 € ☐ 6.673 € - 73.800 € ☐ over 73.800 €

Start of employment

Information in case of unemployment

Unemployed since/as of

Customer number

Name of the service provider

Address (street, house number + postcode, town/city)

Privacy policy

☐ **yes!** I agree that the BKK SBH may provide me with information in writing (also by e-mail & SMS) and by telephone. This consent can be revoked at any time.

Signature

Place

Date

X

Signature



Photo for your health card the QR code with your smartphone or conveniently at bkk-sbh.de/egk.



Would you like to become a member and have questions? Please give us a call:



+49 7425 94003-0

All benefits and information at:
bkk-sbh.de

Information about the processing of your personal data by BKK SBH and your rights under the EU General Data Protection Regulation (GDPR) can be found at bkk-sbh.de/datenschutz

BKK SBH

MA-A (11/24)