

Yes, I want to join from

Personal information

Male female diverse

First and last name

Date of birth

Street and house number

Name at birth

Post code and town

Place of birth

Pension insurance number(if at hand)

Country of birth

Email*

Telephone (available in the daytime)*

Further details

My previous insurance

compulsory

voluntary

family insurance

with

name of the health insurer

privately insured

insured abroad

uninsured

I am

a trainee

employed

registered unemployed

others

with

name of the employer / employment agency

since

Start of the job/benefits

I receive pension payments

state pension

foreign pension

superannuation benefits

others

I have family to be co-insured with me:

yes, please send me an application

no

How did you find out about us? (e.g. friends, colleagues, company event, posters, social media, internet, ...)

Data protection information

We need basic information such as your name and address for your membership application. Fields marked with (*) are voluntary additional data to facilitate our processing

yes

no

I consent to energie-BKK processing my data for the stated contacting purposes. I can withdraw this permission at any time.

Please note: Persons under 16 need a legal guardian's consent for the data processing. Further data protection information is available at www.energie-bkk.de (data protection section).

Date and member signature

We will take care of all the further processes required to change health insurers for you.