



Family insurance application
2017

For Children, Spouses and Partners

The Premium-Free Family Insurance Policy.

Bertelsmann BKK
Exceptional performance and service



Benefits for Families

Find out about our services tailored especially to families:

- Family insurance**
 The key difference – compared to private health insurance – is that no premiums are payable by children and spouses (partners).
- „FAMILIES.EXTRA“ active week**
 Our offer for families and single parents (with children 6 years or older) who want to take a break from their careers and recharge their batteries
- Household support**
 For when the “head of the household” is affected by ill health and a child in the household is under the age of 12 or has a disability or special need
- Sickness benefits if your child falls ill**
 For when you need to stay home from work because you have a child under the age of 12 who is ill and needs you to look after them
- Parent-child treatment course**
 For when a parent or child is prescribed a three-week treatment at a health resort

Our tariff also includes special, expanded versions of some of the above services, so that we can provide better care for families.

Find out more at ➔ www.bertelsmann-bkk.de or in our service catalog

TIP: Clever for Kids

Is your child in shape for school?

Our “Clever for Kids” program offers both special care for young children and additional health checks for primary school children under 10 (7–8 years) and under 11 (9–10 years).

More info available at ➔ www.bertelsmann-bkk.de/kids





A) GENERAL MEMBER INFORMATION

Member's last name and first name

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Health insurance number

Phone number

E-mail address

Marital status:

Single Married Separated Divorced Widowed
 Civil partnership in accordance with the German Civil Partnership Act (LPartG)
 (In this case, details should be entered under the heading "Spouse")

My spouse:

is insured with me on a family plan	does not have health insurance
has his/her own health insurance with the following provider	has private health insurance with following provider

Name of the health insurance provider/private health insurance

B) WHY YOU ARE APPLYING FOR FAMILY HEALTH INSURANCE

Please enter your details carefully so that we can ensure that you are not paying for family insurance with more than one health insurance company. **We will be happy to help if you are uncertain about anything.**

Thank you! Your BKK team

New membership Birth of a child Marriage/civil partnership

Separate insurance for my family member has ended.

Other

For spouses/civil partners and children aged 15 or older who are to be covered by the insurance policy, please attach a photo to this page or upload it to www.bertelsmann-bkk.de/egk. Children younger than 15 will receive a card without a photo. Photos can also be submitted at a later date if you do not currently have one on hand.

Spouse/partner
 Please attach photo for health insurance card here
 (if you have one at hand).

Or upload to
www.bertelsmann-bkk.de/egk

Child 1
 For children aged 15 and older.

Or upload to
www.bertelsmann-bkk.de/egk

Child 2
 For children aged 15 and older.

Or upload to
www.bertelsmann-bkk.de/egk

Child 3
 For children aged 15 and older.

Or upload to
www.bertelsmann-bkk.de/egk

C) GENERAL INFORMATION ON FAMILY MEMBERS

We also require information about your spouse/partner if you are only applying for insurance for your children. You only need to enter information about your children if they are to be included in our family insurance.

	Spouse/partner	Child 1	Child 2	Child 3
Name*				
*Please enclose a marriage certificate/proof of descent (e.g. birth certificate).				
First name				
Sex (m=male, f=female)	m f	m f	m f	m f
Date of birth				
Requested start date for family insurance				
Address (if different from member's address)				
Child's relationship to member *The term "biological child" should also be used in case of adoption.		Biological child* Step-child Grandchild Foster child	Biological child* Step-child Grandchild Foster child	Biological child* Step-child Grandchild Foster child
Is your spouse related to the child?		yes no	yes no	yes no

D) DETAILS OF FAMILY MEMBER'S EXISTING OR PREVIOUS INSURANCE POLICY

	Ehegatte/LP	Kind 1	Kind 2	Kind 3
The previous insurance policy ended on:				
Insurer: (Name of the health insurance provider)				
Type of previous insurance	Mitgliedschaft Familienversicherung	Mitgliedschaft Familienversicherung	Mitgliedschaft Familienversicherung	Mitgliedschaft Familienversicherung
If the previous insurance policy was also a family insurance policy, please provide the last name and first name of the person whose membership the family insurance was covered by	_____ First name _____ Last name	_____ First name _____ Last name	_____ First name _____ Last name	_____ First name _____ Last name
The previous insurance policy is still active with: (Name of health insurance provider)				

E) OTHER INFORMATION ON FAMILY MEMBERS

The law requires that documentary proof of income be provided. Additional sums paid with regard to family status are not taken into account.

	Spouse/partner	Child 1	Child 2	Child 3
Self-employment	Yes	Yes	Yes	Yes
Earnings from self-employment (monthly) (please provide a copy of current income tax assessment)	€	€	€	€
Gross earnings from marginal employment (monthly)	€	€	€	€
Does this person receive the "Arbeitslosengeld II"	Yes	Yes	Yes	Yes
State pension, pension benefits, company pension, foreign pension, other pensions (monthly amount)	€	€	€	€
Other regular monthly income as defined under German Income Tax Law (Einkommensteuerrecht) (e.g. gross salary for jobs in excess of marginal employment, income from rental and leasing or capital income)	_____ € Type of income	_____ € Type of income	_____ € Type of income	_____ € Type of income
School/higher education (please enclose a certificate of study for children aged 23 or older)		from _____ to _____	from _____ to _____	from _____ to _____
Military service, alternative service or federal volunteer service (Bundesfreiwilligendienst) (please enclose proof of time served)		from _____ to _____	from _____ to _____	from _____ to _____

F) DETAILS FOR THE PROVISION OF A HEALTH INSURANCE AND/OR PENSION NUMBER

	Spouse/partner	Child 1	Child 2	Child 3
Own pension number (RV-No.)				
The following details are only required if no pension number has been assigned yet:				
Birth name				
Place of birth				
Country of birth				
Citizenship				

I hereby confirm that the information provided is correct. I shall notify you immediately of any changes to the information provided, in particular of changes to the income of my aforementioned family members (e.g. new income tax assessment for self-employment), or if my family members become members of a (different) health insurance company.

 _____

Location/date

I hereby confirm that my family members have agreed to the submission of the required data.

Member's signature

Signature of family members (where applicable)

For family members living at different addresses, the family member's signature is sufficient.

Data protection notice (Section 67a, Para. 3 of the German Social Security Code (SGB X): In order to assess your application for family insurance, we require your cooperation in accordance with Section 10, Para. 6, 289 of the SGB V. The data must be collected in order to define the insurance relationship (Section 10, 284 of the SGB V; Section 7 of the German Health Insurance Law for Farmers (KVLG) 1989; Section 25 of the SGB XI). Contact data provided on a voluntary basis will be used solely for questions relating to your insurance relationship.

Information on Family Insurance

Under state **health and long-term care insurance**, **spouses, civil partners** (for registered partnerships), **the member's children, and the children of children** covered under the family insurance can be insured free-of-charge under the member's policy, under certain conditions.

The following are classified as children:

- **All children as defined by the German Civil Code (BGB)** (children born both inside and outside of wedlock, and adopted children).
- **Step-children/the civil partner's children and grandchildren** who live with the member the majority of the time (= more than half of the time)
- **Foster children** who live with the parents as children in a common household
- **Adopted foster children**, if the parents have provided the consent required for acceptance

The following requirements must be met in order for an applicant to qualify for family insurance:

- Permanent **residency in Germany**
- **No other, higher-priority entitlements** (e.g. own insurance policy)
- **No exemption from insurance or exemption from compulsory insurance** (with the exception of marginal employment in accordance with Section 8 of the SGB IV)
- **Self-employment must not be the applicant's main source of earnings.**
- **The applicant's total income must not exceed €425 per month, or €450 per month for marginal employment** (thresholds apply for 2017). "Total income" refers to all income as defined under German Income Tax Law (Einkommensteuerrecht), e.g. salary, income from self-employment, capital income or income from rental and leasing. Payments from state pensions, pensions and related benefits, company pensions, and other pensions are also included in the total income.

Children are covered

- **until the age of 18,**
- **until the age of 23 if they are unemployed,**
- **until the age of 25 if they are enrolled in academic or vocational education** or providing a **voluntary social or ecological service** as defined under the German Voluntary Youth Services Act (Jugendfreiwilligendienstgesetz). If academic or vocational education is interrupted or delayed due to a state service obligation, the insurance policy will continue to apply after the age of 25 for a period corresponding to the duration of the service in question.
- **without age restrictions if they suffer from a physical, mental or emotional disability and are unable to provide for themselves**, providing said disability already existed at a time when the child in question was covered by family insurance. If the applicant meets the requirements for a family insurance policy with different insurers, the member can choose which health insurance company they want to provide the family insurance. This is not affected by the parents' income.

Note on private health insurance

Premium-free family insurance will be terminated under certain conditions. If one parent is not state-insured (e.g. he/she has a private insurance policy), this may disqualify the applicant from receiving premium-free family insurance.

This shall apply if the spouse related to the child is not state-insured and

- his/her regular income is over €4,800 per month (threshold for 2017) and
- his/her total income regularly exceeds that of the state-insured member.

The income threshold drops from €4,800 to €4,350 if the spouse related to the child is in regular employment and already had private health insurance on December 31, 2002.

Family insurance is excluded for the duration of legal protection periods following maternity and paternity leave if the applicant did not have state health insurance prior to the protection period/maternity/paternity leave (e.g. for privately insured civil servants or employees).

Bertelsmann BKK, Health and Long-Term Care Insurance

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Feedback:

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